U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovation Award – General Data/Technology Innovations (Track One)
Funding Opportunity Number: HRSA-22-089
Funding Opportunity Type(s): New

ARP Act Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovation Award – COVID-19 Related Data/Technology Innovations (Track Two)
Funding Opportunity Number: HRSA-22-102
Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.870

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: November 26, 2021

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, may take up to 1 month to complete.

Issuance Date: September 3, 2021

MODIFIED on October 8, 2021: See next page for details

Rachel Herzfeldt-Kamprath, Policy Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Telephone: (301) 443-2524
Email: RHerzfeldt-Kamprath@hrsa.gov

Authority: 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act) and 42 U.S.C. 711A(c) (Title V, § 511A(c) of the Social Security Act, as added by § 9101 of the American Rescue Plan Act of 2021 (P.L. 117-2)))

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in Section VII. Agency Contacts.

OCTOBER 8, 2021 MODIFICATION DETAILS

- Updated MCHB project officer's phone number on cover and in Agency Contacts section
- Deleted funding contingency language and revised the award numbers throughout the NOFO for each track
- For clarification, deleted two instances of "annually" in **Summary of Funding**
- Added details in **Accessibility Provisions and Non-Discrimination Requirements** regarding non-discrimination legal requirements

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 HRSA-22-089: MIECHV Innovation Awards - General Data/Technology Innovations (Track One) and HRSA-22-102: ARP Act MIECHV Innovation Awards - COVID-19 Related Data/Technology Innovations (Track Two). The purpose of these awards is to fund the development, implementation, and evaluation of innovations that leverage data- and technology-driven strategies to enhance home visiting service delivery through in-person and virtual home visits by state and territory Maternal, Infant, and Early Childhood Home Visiting (MIECHV) recipients. By improving service delivery, home visiting programs will promote safe, nurturing caregiver-child relationships and family well-being essential to the healthy development of young children. The MIECHV Program is administered by HRSA in partnership with the Administration for Children and Families (ACF).

These funding opportunities will support competitive awards to current MIECHV recipients to enhance service delivery through technology and data-driven innovations that improve home visits or virtual visits and to widely disseminate the results of these innovations.

This announcement includes instructions for **two (2) separate funding opportunities:**

HRSA-22-089: MIECHV Innovation Award - General Data/Technology Innovations (Track One), will fund the development, implementation, and evaluation of innovations that aim to leverage data- and technology-driven strategies to enhance home visiting service delivery. Innovations will target program priority areas described in Section 1.

HRSA-22-102: American Rescue Plan Act of 2021 (ARP), MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two), will fund the development, implementation, and evaluation of innovations that aim to leverage data and technology-driven strategies to enhance home visiting service delivery or virtual service delivery with specific reference to the impacts of the COVID-19 public health emergency. Innovations will target program priority areas described in Section 1 in alignment with the required uses of funds specified in the American Rescue Plan Act of 2021 (ARP).

Funding Opportunity Titles | Numbers:	MIECHV Innovation Award – General Data/Technology Innovations (Track One) | HRSA-22-089 ARP Act MIECHV Innovation Award – COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102
Due Date for Applications:	November 26, 2021
Anticipated Total Available Funding:	Track One | HRSA-22-089:Approximately $10,000,000 Track Two | HRSA-22-102: Approximately $12,000,000
Estimated Number and Type of Award(s):	Track One | HRSA-22-089: Up to seven (7) cooperative agreements for Track One Track Two | HRSA-22-102: Up to seven (7) cooperative agreements for Track Two
Estimated Award Amount:	Track One | HRSA-22-089: Up to $2,000,000; or up to $4,000,000 if proposed as a collaboration—See Section III Track Two | HRSA-22-102: Up to $2,000,000; or up to $4,000,000 if

	proposed as a collaboration—See Section III
Cost Sharing/Match Required:	No
Period of Performance:	March 1, 2022 through September 30, 2024
Eligible Applicants:	Track One | HRSA-22-089: Eligible applicants include all states and six 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. Nonprofit organizations currently funded in FY 2021 under the MIECHV Program are also eligible to apply if the state for which they were funded to provide MIECHV services in FY 2021 does not apply. Track Two | HRSA-22-102: As specified in the American Rescue Plan Act of 2021 (P.L. 117-2) (ARP), only current MIECHV recipients as of the time of ARP's enactment (March 11, 2021) are eligible to receive funds for this award. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance for anyone applying to MIECHV Innovation Award - General Data/Technology Innovations (Track One) | HRSA-22-089: **OR** ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102:

Webinar

Day and Date: Thursday, September 16, 2021
Time: 3 – 4:30 p.m. ET
Call-in number and registration for this webinar will be available here: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources.

HRSA will record the webinar and archive the recording on the same webpage.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for two (2) separate funding opportunities, MIECHV Innovation Award – General Data/Technology Innovations (Track One) | HRSA-22-089 and ARP Act MIECHV Innovation Award – COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102. The purpose of these awards is to fund the development, implementation, and evaluation of innovations by MIECHV recipients that leverage new technology and/or data collection and sharing strategies to improve MIECHV service delivery, and extend the impact of MIECHV-funded voluntary early childhood home visiting services. Such innovations must be consistent with the service delivery model(s) being implemented by the awardee. The MIECHV Innovation Awards aim to address HRSA and HHS goals of achieving health equity and advancing population health. Innovations may also respond to the evolving and long-term impact of the COVID-19 public health emergency, or foster a workforce capable of addressing current and emerging needs of communities that historically face structural racisim and discrimination resulting in barriers to accessing resources they need to thrive.

Track One aims to leverage data- and technology-driven innovations in the key priority areas identified below to improve MIECHV service delivery consistent with the service delivery model(s) being implemented by the awardee.

Track Two aims to leverage data- and technology-driven innovations in the key priority areas identified below to improve MIECHV service delivery, including virtual service delivery, in order to address the impacts of the COVID-19 public health emergency, consistent with the service delivery model(s) being implemented by the awardee.

For the purpose of this NOFO, an innovation is defined as a process, product, strategy, or practice that improves (or is expected based on evidence of promise or strong theory[1] to improve) upon the outcomes reached with current or status quo service delivery implementation and that can ultimately reach widespread effective usage. You are strongly encouraged to propose only one innovation, which may consist of multiple strategies and activities (see below for examples of potential innovations).

You may propose to improve, expand, or advance innovations that are currently being developed or implemented through MIECHV programs. MIECHV recipients are already considering how data and technology can advance their programs, and the COVID-19 public health emergency has required recipients to pivot quickly towards new modes of service delivery. These awards aim to build on these advances and innovative strategies.

[1] See Appendix C for definitions of evidence of promise and strong theory.

Program Objectives

Innovations aim to build on a growing body of research and work to better understand how new technology[2], measurement frameworks[3,4], and data sharing strategies[5,6] can improve and streamline home visiting service delivery, and better meet the emerging needs of families. The objectives of both awards are to:

1. Develop and implement innovations that introduce new or scale up technology and/or data sharing, data exchange, and interoperability strategies that are expected to improve the effectiveness of MIECHV-funded voluntary early childhood home visiting services.
2. Develop and implement innovations that are designed to address one or more of the following MIECHV home visiting program priority areas[7]:
    - Priority 1. Integrate administrative data measuring social and structural determinants of health (SSDOH) into home visiting data to better assess existing disparities and measure progress toward advancing health equity;
    - Priority 2. Create or enhance early childhood integrated data systems through data interoperability or other data sharing strategies;
    - Priority 3. Develop data- and technology-driven recruitment and retention strategies, such as centralized intake, to identify and reach families who are historically unserved by home visiting or who face disproportionate barriers to accessing or participating in services; and/or
    - Priority 4. Advance professional and workforce development by identifying, introducing, and evaluating the use of new technologies.
3. Contribute to advances in knowledge about innovations that improve and/or expand home visiting services through:
    a. Evaluation (in coordination with other successful recipients with support of an innovation technical assistance (TA) center);
    b. Identification of further research needs, and;
    c. Dissemination of knowledge to all MIECHV award recipients to scale up successful efforts as appropriate.

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[2] National Home Visiting Resource Center. Technology in Home Visiting: Strengthening Service Delivery and Professional Development Using Virtual Tools. November 2017. Available at https://www.jbassoc.com/wp-content/uploads/2018/03/Technology-Home-Visiting.pdf

[3] Braveman P, Acker J, Arkin E, Bussel J, Wehr K, and Proctor D. *Early Childhood Is Critical to Health Equity*. Princeton, NJ: Robert Wood Johnson Foundation, 2018. Available at https://www.childfirst.org/sites/default/files/RWJF%20Health%20Equity%20Report%20May%202018.pdf

[4] Healthy People 2020. *Social Determinants of Health*. Available at https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

[5] Epstein Richards, Dale, King, Carlise. *Lessons from the Early Care and Education Field for Home Visiting Data Integration*. December 2018. Available at https://www.childtrends.org/blog/shining-a-light-lessons-from-the-early-care-and-education-field-for-home-visiting-data-integration

[6] Office of Planning Research and Evaluation and Maternal and Child Health Bureau. *Developing Data Exchange Standards for MIECHV Home Visiting Programs: Conceptual Brief*. May 2019. Available at https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/data-exchange-standards-miechv.pdf

[7] **Note:** You must ensure that proposed innovations under HRSA-22-102: MIECHV Innovation Award - COVID-19 Related Data/Technology Innovations (Track Two) align with the required uses of funds specified in ARP. For more details about the required uses of funds, please see the COVID-19 Resources and FAQs for Home Visiting webpage.

MIECHV INNOVATION AWARD (TRACK ONE) | HRSA-22-089

Track One innovations must aim to achieve the objectives described above. Examples of innovations include (but are not limited to):

- Leveraging existing administrative data to measure and assess social and structural determinants of health contributing to disparities in access and/or outcomes for families enrolled in home visiting services (priority area 1);
- Integrating data or making data interoperable to better assess SSDOH in the context of home visiting programs (priority areas 1 and 2);
- Establishing early childhood data exchange, interoperability, and sharing strategies (priority area 2);
- Establishing or enhancing centralized or coordinated intake systems that share data to better identify and reach at-risk families historically unserved or facing greater challenges when accessing home visiting programs (priority areas 2 and 3);
- Integrating use of technology for conducting and evaluating high-quality supervision (priority area 4), and;
- Using technology or data-sharing strategies to assess the professional development needs of the home visiting workforce and/or offer professional development opportunities (priority area 4).

ARP ACT MIECHV INNOVATION AWARD (TRACK TWO) | HRSA-22-102

If you are applying for Track Two, you must propose a project that aims to achieve the objectives described above while specifically addressing how the use of technology and data strategies can support service delivery during or in response to the COVID-19 public health emergency. The purpose of section 9101 of the American Rescue Plan Act[8] (ARP) is to provide MIECHV recipients with additional funds to provide home visiting services and engage in other activies to address the needs of expectant parents and families with young children during and in response to the COVID-19 public health emergency (see Section IV.6 for more information on ARP requirements).

ARP identifies seven categories of required uses of funding, including service delivery through home visits or virtual visits ("virtual home visiting") that may be conducted by the use of electronic information and telecommunications technologies, in a service delivery model described in section 511(d)(3)(A) (i.e., through an evidence-based service delivery model or promising approach). Track Two innovations should leverage ARP funds to advance MIECHV service delivery, whether conducted in-person or virtually, through the use of new technology and data strategies.

Examples of Track Two innovations that leverage data and technology to address the impact of the COVID-19 public health emergency could include (but are not limited to):

- Making administrative data interoperable to strengthen understanding of the health equity implications of COVID-19 for families enrolled in home visiting services (priority areas 1 and 2; aligned with ARP funding categories service delivery and/or staff costs);
- Using technology or data-sharing strategies to improve the recruitment and retention of families who have been adversely and disproportionally impacted by

[8]American Rescue Plan Act of 2021 (P.L. 117-2) (ARP)), section 9101

the COVID-19 public health emergency (priority areas 1 and 3; aligned with ARP funding categories service delivery and/or staff costs);
- Evaluating the use of technology to provide virtual home visiting services during the COVID-19 public health emergency (priority area 3; aligned with ARP funding category – service delivery and/or technology), and;
- Evaluating virtual strategies to implement and support high-quality supervision and professional development during the COVID-19 public health emergency (priority area 4; aligned with ARP funding categories – service delivery, technology, and/or staff costs).

2. Background

Statutory Authority

The MIECHV Program is authorized by 42 U.S.C. § 711(c) (Title V, § 511(c) of the Social Security Act) to make grants to enable the provision of home visiting services to eligible families by states, nonprofit organizations serving states, and U.S. territories and jurisdictions. The Bipartisan Budget Act of 2018 (Pub. L. 115-123) (BBA),[9] among other actions, extended appropriated funding for the MIECHV Program through FY 2022. The Consolidated Appropriations Act, 2021 (P.L. 116-260) (CAA),[10] includes new authorities related to use of MIECHV grant funds during the declared COVID-19 public health emergency period. Additionally, the American Rescue Plan (ARP)[11] Act appropriated $150 million in funding for the MIECHV Program and added new statutory authority under 511A of the Social Security Act to support continued response to the COVID-19 public health emergency. ARP specifies that only current MIECHV recipients, as of the time of enactment, are eligible to receive ARP funds, in addition to other eligibility requirements specified in the statute. ARP provides authority for MIECHV recipients to use funding to provide home visiting and virtual services and for other specified allowable activities, which are detailed in Section IV.6.

The MIECHV Program supports voluntary, evidence-based home visiting services for pregnant women and parents with young children up to kindergarten entry. The goals[12] of the MIECHV Program are to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services within at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families[13] living in at-risk communities. MIECHV statute also requires that programs demonstrate improvements for participating eligible families in each of the following benchmark areas: improved 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; improvements in family economic self-sufficiency; and

[9] Bipartisan Budget Act of 2018 (P.L. 115-123) (BBA), sections 50601-50607.
[10] Consolidated Appropriations Act, 2021 (P.L. 116-260) (CAA), Division X, section 10.
[11] American Rescue Plan Act of 2021 (P.L. 117-2) (ARP), section 9101.
[12] Social Security Act, Title V, § 511(a).
[13] Under Social Security Act, Title V, § 511(k)(2), "[t] he term "eligible family" means— (A) a woman who is pregnant, and the father of the child if the father is available; or (B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child's primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child."

improvements in the coordination and referrals for other community resources and supports.[14]

Need for Innovation Awards

In 2017 (through HRSA-16-025), HRSA funded 19 MIECHV state and territory recipients to establish and evaluate new home visiting program, practice, and system innovations to benefit families served by the MIECHV Program.[15] Topics addressed included: family engagement, workforce development, service coordination, and continuous quality improvement. Evaluations of the funded innovations identified positive outcomes in increased home visitor skills, knowledge and abilities; increased referrals to other community services; and increased family retention in home visiting services.

To address needs in the home visiting field, this second cohort of innovation awards will introduce new technology and/or data-sharing, data exchange, and interoperability strategies that are expected to improve the effectiveness of MIECHV-funded voluntary early childhood home visiting services.

Data and technology serve a critical role in advancing and evaluating the impact of home visiting service delivery. Integrating new data and technology into home visiting systems also provides new tools to better assess how best to address historic and emerging challenges facing the populations served by MIECHV. Challenges such as siloed data systems and imprecise metrics often impede programs from answering critical questions and targeting services to families. These challenges can also increase data collection burden on families and home visitors. Additionally, the COVID-19 public health emergency has required MIECHV recipients to rethink how their programs use data and technology to continue to support families and assess the challenges facing communities. COVID-19 has also further exposed critical disparities and inequalities in access to services, population impacts, and health outcomes. Leveraging existing administrative data to measure and assess social and structural determinants of health contributing to disparities in access and outcomes for families enrolled in home visiting services will be critical in fully understanding how to address the health needs of those most affected.

As home visiting programs continue to evolve to meet the changing needs of families, new technology and data solutions can help streamline and improve coordination of services for families. By improving service delivery, home visiting programs will better promote safe, nurturing caregiver-child relationships and family well-being, which are essential to the healthy development of young children. HRSA intends for these innovations to collectively contribute to improved equity among home visiting participants, populations, and systems, and to move award recipients towards better improvements in MIECHV benchmark areas.

[14] Social Security Act, Title V, Section 511(d)(1).
[15] Health Resources and Services Administration. FY 2017 Home Visiting Innovation Awards. Available at https://mchb.hrsa.gov/home-visiting/innovationawards#:~:text=The%20MIECHV%20Innovation%20Awards%20were,MIECHV%2Dfunded%20home%20visiting%20services.

MIECHV home visiting programs work to address new and emerging issues while continuing to address the enduring impacts of inequality on families served. Programs continue to support families that face poverty, family violence, poor family health outcomes, and inequitable access to resources. Now, home visiting programs seek to address the disparate impacts of the COVID-19 public health emergency that have further exacerbated poor and unequal family outcomes. Leveraging new and innovative technology and data strategies will allow programs to more accurately assess the disparate impacts these issues have on families, and identify new solutions to improve family outcomes, increase access to home visiting services, and facilitate engagement and retention. Thus, there is an additional need to develop and implement innovations to harness technology and data strategies within the context of evidence-based home visiting programs and generate and disseminate new knowledge and best practices in order to maximize the impact of MIECHV programs.

Program Priority Areas

HRSA has identified four program priority areas in which to implement technology and data-driven innovation and improvement. Innovations may also address additional priorities of the recipient that are not identified below as long as they also address at least one of the program priority areas and focus on leveraging new technology or data strategies. The four identified program priority areas include:

1. *Integrate administrative data measuring social and structural determinants of health into home visiting data to better assess existing disparities and measure progress toward achieving health equity;*

While ensuring a healthy start to life can establish a trajectory of lifelong well-being, not every family has equitable access to the resources they need to thrive. The root causes of inequity, including poverty, discrimination, and racism, facilitate conditions that lead to poor health outcomes by limiting access to housing, employment, economic security, and high-qualityeducation[16]. Additionally, the COVID-19 public health emergency has further exposed structural and systemic inequalities that harm racial and ethnic minority communities and low-income households. Addressing these social determinants is critical to achieving equity and population health. However, before these issues can be addressed, programs have to understand how they impact families, and approach implementation with a health equity lens. “A health equity lens directs attention to addressing the social determinants of health and the upstream causes of poor well-being and health, including stagnant economic mobility and increasing wealth inequality.”[17] While home visiting is inherently an upstream approach to addressing SSDOH, implementation may benefit from integrating data that can recognize, measure, and evaluate peoples’ experiences with inequality and discrimination. By applying an equity lens, recipients may be able to produce findings that more accurately identify institutional and structural factors that perpetuate inequality, and provide decision

[16] Woolf, S., Braveman, P. 2011. Where Health Disparities Begin: The Role of Social and Economic Determinants – And Why Current Policies May Make Matters Worse. Health Affairs 30(10). https://doi.org/10.1377/hlthaff.2011.0685
[17] Zuckerman, D., V. Duncan, and K. Parker. 2016. Building a Culture of Health Equity at the Federal Level. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201603a.

makers with information that can inform necessary change.[18] Strategies that leverage administrative data to examine SSDOH help programs identify and more precisely address the true root causes, including structural racism and implicit bias, of health disparities. Examining home visiting performance and outcome data using health equity data frameworks or while integrating SSDOH data could allow programs to better evaluate the associations between health disparities and program outcomes, and identify leverage points for more effective home visiting interventions.[19]

2. *Create or enhance early childhood integrated data systems through data interoperability, or other data sharing strategies;*

The burden of data collection continues to emerge as a challenge facing the home visiting workforce and the families served. Recognizing that government agencies serve a common set of families and individuals, there are opportunities to improve agencies' ability to share data across programs in order to improve service delivery and, ultimately, the outcomes for these families and individuals.[20] Given the unique reporting needs of individual programs, privacy requirements, and data systems characteristics, sharing data across programs to support service delivery is not straightforward. Efforts to align and share data could reduce this burden and free up home visitor capacity to focus more on the immediate and long-term goals of the families they work with. Recent efforts across federal, state, and local governments have identified frameworks and strategies for ensuring data interoperability and exchange. One model is the National Information Exchange Model (NIEM). "The NIEM model defines agreed-upon terms, definitions, relationships, and formats—independent of how information is stored in individual systems—for data being exchanged."[21] Additionally, HRSA recently released a toolkit for MIECHV recipients - Developing Data Exchange Standards for MIECHV Home Visiting Programs - to bolster data exchange efforts and make data more interoperable. Leveraging these strategies to improve data sharing and interoperability has the potential to transform how home visiting programs understand their impact and answer critical policy questions. The health and economic impacts of the COVID-19 public health emergency have disproportionately affected minority and low-income families. Sharing data across providers to identify those most affected to target for home visiting services may be a critical first step in supporting families in recovering from this crisis. Enhanced data sharing strategies present an opportunity to improve services to children and families by providing more and better data to assess family outcomes, identify community and family needs, and connect families with the resources that will best serve them.

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[18] HRSA's HV-ImpACT Webinar: Applying a Health Equity Lens to the MIECHV Needs Assessment Update (Transcript) June 2019. Available at https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/HV-ImpACT_Transcript_June2019.pdf

[19] Karen A. Monsen, Joan K. Brandt, Bonnie L. Brueshoff, Chih-Lin Chi, Michelle A. Mathiason, Sadie M. Swenson, Diane R. Thorson, *Social Determinants and Health Disparities Associated With Outcomes of Women of Childbearing Age Who Receive Public Health Nurse Home Visiting Services*, Journal of Obstetric, Gynecologic & Neonatal Nursing, Volume 46, Issue 2, 2017, Pages 292-303, ISSN 0884-2175, https://doi.org/10.1016/j.jogn.2016.10.004.

[20] Office of Planning Research and Evaluation and Maternal and Child Health Bureau. *Developing Data Exchange Standards for MIECHV Home Visiting Programs: Conceptual Brief*. May 2019. Available at https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/data-exchange-standards-miechv.pdf

[21] National Information Exchange Model. Available at https://www.niem.gov/about-niem/niem-model

3. *Develop data- and technology-driven recruitment and retention strategies, such as centralized intake, to identify and reach families who are historically unserved by home visiting or who face disproptionate barriers to accessing or participating in services;*

Recruitment, engagement, and retention of families is a major challenge home visiting programs face, as eligible families are often isolated and marginalized from services due to socio-environmental factors.[22,23] While the families that participate in MIECHV-funded home visiting face many socioeconomic and health risk factors, engaging and retaining families who historically have not received services continues to be a challenge. The Mother and Infant Home Visiting Program Evaluation (MIHOPE) study found that, "families with relatively more challenges and barriers participated in home visiting programs for shorter periods compared with average families in the study."[24] Identifying and connecting these families with the resources they need to fully participate in and benefit from home visiting may support families to engage more fully. Recruitment includes identification, outreach, and enrollment of eligible families for voluntary participation in home visiting services. Family engagement and retention include activities to meet targets for the frequency or number of home visits received, length of program enrollment, and the amount or type of services received relative to the intended amount of services prescribed by the home visiting model.[25] Additionally, family engagement may also include a focus on engagement in the content of visit or increased engagement with the home visitor through activities such as family goal-setting, planning, and attainment as antecedents to family retention. Innovative strategies that aim to improve recruitment and retention through aligned data processes, such as coordinated intake and referral systems, have the potential to reduce duplication across social service programs, better identify appropriate services for families, and improve monitoring and measurement of family outcomes.[26] Additionally, as households are identified for home visiting and other safety net services during the COVID-19 recovery, technology may help recipients to enroll participants in multiple safety net programs more efficiently. Moreover, these coordinated systems may reduce duplication and data collection burden across programs, better identify and refer eligible families, and improve monitoring and measurement of family outcomes.

[22] Anne Duggan, Ximena A. Portilla, Jill H. Filene, Sarah Shea Crowne, Carolyn J. Hill, Helen Lee, and Virginia Knox. (2018). *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2018-76A. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at https://www.acf.hhs.gov/sites/default/files/documents/opre/mihope_implementation_report_2018_10_26_508b.pdf

[23] Folger, A. T., Brentley, A. L., Goyal, N. K., Hall, E. S., Sa, T., Peugh, J. L., & Ammerman, R. T. (2015). Evaluation of a community-based approach to strengthen retention in early childhood home visiting. *Prevention Science*, 1-10.

[24] Anne Duggan, Ximena A. Portilla, Jill H. Filene, Sarah Shea Crowne, Carolyn J. Hill, Helen Lee, and Virginia Knox. (2018). *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2018-76A. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at https://www.acf.hhs.gov/sites/default/files/documents/opre/mihope_implementation_report_2018_10_26_508b.pdf

[25] U.S. Department of Health and Human Services, Health Resources and Services Administration. (2015). MIECHV Issue Brief – Enrollment and Engagement.

[26] New York City Department of Health and Mental Hygiene. Coordinated Intake and Referral for Home Visiting Services (Concept Paper). November 2019. Available at https://www1.nyc.gov/assets/doh/downloads/pdf/acco/2019/intake-referral-home-visiting-concept-paper.pdf

4. *Advance professional and workforce development by identifying, introducing, and evaluating the use of new technologies.*

The benefits of home visiting are realized only if appropriate program staff are hired with required knowledge and skills and receive ongoing training and support.[27] Unfortunately, frequent staff turnover occurs in many home visiting programs[28], which can ultimately result in lower program quality and efficiency. As a result, many home visiting programs conduct activities to increase job satisfaction and retention of skilled home visitors.[29] A recent study of the home visiting workforce found that while a range of training opportunities are available to home visitors, the costs and time associated with receiving training can be significant constraints.[30] New technology-driven strategies have the potential to remove these barriers to effective workforce development. The COVID-19 emergency has also exposed the need to leverage technology to support staff supervision and training activities. Leveraging lessons learned from these efforts may increase the effectiveness and efficiency of workforce development activities in the future.

Program Outcomes

These awards aim to contribute to advances in knowledge about innovations that leverage new technology or data-sharing strategies that improve MIECHV early childhood home visiting services. To achieve this objective, recipients will evaluate their innovation projects, apply new knowledge gained through innovations to advance early childhood policy, and disseminate findings to other MIECHV recipients.

HRSA anticipates that innovations to introduce and integrate new technology and/or data sharing, data exchange, and interoperability strategies for the purposes of improving service delivery may result in changes to a number of metrics collected for MIECHV reporting (MIECHV metrics), including demographic measures or improvement in benchmark performance measures aligned with statutory benchmarks.[31] For example, innovations that focus on data sharing and integration with other early childhood systems providers may improve coordination and referrals for other community resources and supports. Similarly, innovations aimed at recruitment and retention of families may result in changes in demographic program data collected from participants, or data reflecting program participation. Recipients may also see improved health outcome data given the focus on assessing and addressing SSDOH.

Given the breadth of possible innovations, your application has to identify at least two MIECHV metrics that your innovations are intended to improve. These metrics might include MIECHV performance indicators, systems outcome measures, participant

[27] Wasik, B. H. (1993). Staffing issues for home visiting programs. *The Future of Children*, 140-157.
[28] Gill, S., Greenberg, M. T., Moon, C., & Margraf, P. (2007). Home visitor competence, burnout, support, and client engagement. *Journal of Human Behavior in the Social Environment*, *15*(1), 23-44.
[29] Peters, Rebecca, Sarah Benatar, and Heather Sandstrom. 2021. Professional Development Supports for Home Visitors and Supervisors: Strengthening the Home Visiting Workforce. OPRE Report #2021-01, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at https://www.urban.org/sites/default/files/publication/103468/professional-development-supports-for-home-visitors-and-supervisors_0.pdf
[30] Ibid.
[31] Social Security Act, Title V, Section 511(d)(1)

demographics, service utilization, or clinical indicators. While you are expected to identify at least two MIECHV metrics in your application, HRSA acknowledges that recipients will refine or expand on these metrics in their evaluation plans which will be further developed with support from an innovation TA center after award. Recipients will conduct rigorous evaluations of their innovations, which will be collaborative across recipient projects with the support of the innovation TA center, in order to maximize the comparability and applicability of evaluation results. Instructions on performance reporting and required evaluation is available in Appendix B. Recipients will also identify a dissemination strategy, with support from the innovation TA center, to ensure that knowledge gained from the innovation awards is shared broadly with other MIECHV recipients and stakeholders.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

FOR BOTH AWARDS:
HRSA will provide funding for Track One | HRSA-22-089 and Track Two | HRSA-22-102 in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Making available the services of experienced MCHB personnel as requested by the recipient in all phases of the project.
- Participating in some aspects of the development, implementation, and evaluation of innovations, including but not limited to, planning for the project, reviewing activities for compliance with federal law and programmatic requirements as well as best practices, and coordinating technical assistance to support recipients.
- Reviewing activities, measures, and tools to be established and implemented to accomplish the goals of the project.
- Providing feedback on evaluation design and measurement strategies through collaboration with an innovation TA center and other recipients.

The cooperative agreement recipient's responsibilities will include:

- As approved by HRSA, development, implementation, and evaluation of an innovation to strengthen and improve the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services by leveraging new technology or data-sharing strategies, based on evidence of promise or strong theory, to demonstrate improvement in one or more of the program priority areas.
- Completion of activities proposed in response to application review criteria in compliance with all applicable federal law and programmatic requirements, including required status and performance reporting. (See Appendix A for

Program Expectations, Section IV for funding restrictions, and Section VI for reporting requirements.)

- Participation in meetings and conference calls with relevant HRSA representatives and HRSA-supported technical assistance providers conducted during the period of performance.
- Collaboration with relevant HRSA representatives and HRSA-supported technical assistance providers on ongoing review of activities, procedures and budget items, information/publication prior to dissemination, contracts and interagency agreements.
- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds. See Acknowledgment of Federal Funding in Section 2.2 of HRSA's SF-424 Application Guide.

2. Summary of Funding

For both Track One | HRSA-22-089 and Track Two | HRSA-22-102:

For **Track One**, HRSA estimates approximately $10,000,000 to be available to fund up to seven (7) recipients. For **Track Two**, HRSA estimates approximately $12,000,000 to be available to fund up to seven (7) recipients.

You may apply for a ceiling amount of up to $2,000,000 for total costs (includes both direct and indirect, and administrative costs) for a single eligible applicant to develop, implement, and evaluate innovation. However, if the proposal reflects a collaboration of two or more eligible entities (wherein one eligible entity, as the applicant, proposes to receive and expend grant funding for work performed, in whole or in part, through a subaward by contract with one or more other eligible entities to develop, implement, and evaluate an innovation applicable to all of the entities), you may apply for a ceiling amount of up to $4,000,000.

NOTE: For applicants proposing to collaborate, the entity authorizing the application is the lead entity responsible for the programmatic and fiscal oversight of the award. Additionally, applicants must ensure that the necessary relationships, legal agreements, and infrastructure are already in place across recipients to facilitate effective partnerships, if submitting a proposal reflecting a collaboration (see Attachment 7).

The period of performance for both Track One and Track Two is March 1, 2022 through September 30, 2024 (2 years and 7 months).

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

MIECHV Innovation Award (Track One) | HRSA-22-089

Eligible applicants include all states and six 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. Nonprofit organizations currently funded in FY 2021 under the MIECHV Program are also eligible to apply if the state for which they were funded to provide MIECHV services in FY 2020 does not apply.

Applicants must not submit an application with a budget request exceeding $2,000,000 for a single eligible applicant to develop, implement, and evaluate an innovation in accordance with the terms of this NOFO.

However, as noted above, if the proposal reflects a collaboration of two or more eligible entities (wherein one eligible entity, as the applicant and potential funding recipient, proposes to receive and expend grant funding for work performed, in whole or in part, through a subaward by contract with one or more other eligible entities to develop, implement, and evaluate innovation applicable to all of the entities, the applicant may submit an application with a budget request that does not exceed $4,000,000. Applicants must ensure that the necessary relationships, legal agreements (including data rights), and infrastructure are already in place to facilitate effective partnerships if submitting a proposal for funding reflecting a collaboration. In this case, only one eligibile entity should submit an application and should indicate which additional eligible entities they propose to collaborate with through subawards.

ARP Act MIECHV Innovation Award (Track Two) | HRSA-22-102

Current MIECHV recipients, as of March 11, 2021 (the date of the enactment of the American Rescue Plan Act of 2021), are eligible to apply for HRSA-22-102: MIECHV Innovation Award Track Two - COVID-19-Related Data/Technology Innovations. ARP identifies additional eligibility requirements. Specifically, to be eligible to receive ARP funds:

- Recipients must establish modifications to contracts and other agreements with LIAs/subrecipients as necessary to ensure that during the period of performance:
    - Funding or staffing levels of a funded local implementing agency (LIA) will not be reduced on account of reduced enrollment in the program.
    - Recipients will ensure coordination with local diaper banks when using funds to provide emergency supplies to eligible families, to the extent practicable.
- Recipients must reaffirm that, in conducting the program, the recipient will focus on priority populations.[32]

Applicants must not submit an application with a budget request exceeding $2,000,000 for a single eligible applicant to develop, implement, and evaluate an innovation.

[32] See Social Security Act, Title V, § 511(d)(4)

However, as noted above, if the proposal reflects a collaboration of two or more eligible entities (wherein one eligible entity, as the applicant and potential funding recipient, proposes to receive and expend grant funding for work performed, in whole or in part, through a subaward by contract with one or more other eligible entities to develop, implement, and evaluate an innovation applicable to all the entities), the applicant may submit an application with a budget request that does not exceed $4,000,000. Applicants must ensure that the necessary relationships, legal agreements (including data rights), and infrastructure are already in place across recipients to facilitate effective partnerships if submitting a proposal reflecting a collaboration. In this case, only one eligibile entity should submit an application and should indicate which additional eligible entities they propose to collaborate with through subawards.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

Maintenance of Effort/Non-Supplantation - You must supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.[33] You may demonstrate compliance by maintaining non-federal funding for evidence-based home visiting and home visiting initiatives, expended for activities proposed in this NOFO, at a level that is not less than expenditures for such activities as of the most recently completed state fiscal year. **For the purposes of this NOFO, non-federal funding is defined as state general funds, including in-kind, expended only by the recipient entity administering the MIECHV cooperative agreement and not by other state agencies. In addition, for purposes of maintenance of effort/non-supplantation, home visiting is defined as an evidence-based program implemented in response to findings from the most current approved statewide needs assessment that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or caregivers of children birth to kindergarten entry.** Nonprofit entity applicants must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement. The baseline for maintenance of effort is the state fiscal year prior to the fiscal year during which the application is submitted.

You are required to accurately report maintenance of effort in your application (insert detail as requested in Attachment 4). As a reminder, recipients may NOT consider any Title V funding used for evidence-based home visiting as part of the maintenance of effort demonstration. Recipients should only include state general funds expended only

[33] Social Security Act, Title V, § 511(f).

by the recipient entity administering the MIECHV cooperative agreement and not by other state agencies.

HRSA will consider any application that fails to satisfy the requirement to provide maintenance of effort information non-responsive and will not consider it for funding under this notice.

NOTE: Eligible entities are encouraged to apply for only one award, either Track One | HRSA-22-089 or Track Two | HRSA-22-102. It is allowable that one eligible entity may apply for funds to develop, implement and evaluate the innovation and also work with another eligible entity as a proposed subrecipient by contract on a separate proposed innovation.

Where appropriate, and when eligible applicants can demonstrate (as Attachment 7) that the necessary relationships, legal agreements (including data rights), and infrastructure are already in place to facilitate effective partnerships, applicants may collaborate to develop, implement, and evaluate a proposed innovation applicable to all of the eligible entities. HRSA supports such an approach when it appropriately increases efficiency and scale of proposed innovations. In these cases, the application must be submitted by one eligible entity that proposes to receive and expend grant funding for work performed, in whole or in part, through a subaward by contract with other eligible entities to develop, implement, and evaluate an innovation applicable to all the entities. These collaborative proposals must include innovations that are expected to benefit and contribute to the project objectives of every collaborating eligible entity. Recipients of collaborative projects must ensure transfer of funds to contracted subrecipients in accordance with the approved budget and in a timely manner in accordance with the approved work plan.

NOTE FURTHER: No two applications should intentionally propose identical projects.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Please make sure you submit your application to the correct announcement number. Applications submitted to the wrong award will be deemed nonresponsive. If applying to both announcements listed in this NOFO (Track One | HRSA-22-089 or Track Two | HRSA-22-102, two separate applications are required. HRSA will not consider single applications that request funding from both announcement numbers.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. You are required to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files shall not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *SF-424 Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-089 and HRSA-22-102, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 50 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 6.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide*.

Clearly state if you are applying for Track One **OR** Track Two. Clearly state if the application reflects a collaboration across multiple MIECHV recipients.

Provide a summary of the application. The abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application.

Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Web Site Address, if applicable

The project abstract must be **single-spaced, limited to one page in length**, and include the following sections:

Annotation: Provide a three-to-five-sentence description of your project that identifies the project's goal(s), the population and/or community needs that are addressed, and the activities used to attain the goals.

Problem: Describe the principal needs and problems addressed by the project.

Purpose: State the purpose of the project. Succinctly state the proposed innovation. Name one or more of the program priority areas in which the proposed innovation is expected to demonstrate improvement, based on evidence or strong theory (see Appendix C for definitions of these terms).

Goal(s) And Objectives: Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.

Methodology: Briefly describe the major activities used to attain the goal(s) and objectives.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well-organized so that reviewers can understand the proposed project.

Program Expectations

For the purpose of this NOFO, an innovation is defined as a process, product, strategy, or practice that improves (or is expected based on evidence of promise or strong theory to improve) significantly, upon the outcomes reached with current/status quo options, and that can ultimately reach widespread effective usage. 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.

In addition:

- Any innovation funded under these opportunities will strengthen and improve the delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families by leveraging new technology or data-sharing strategies.

- Any **ARP Act MIECHV Innovation Award COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102 -** must leverage new technology or data-sharing strategies to assess or address the impact of the COVID-19 public health emergency among MIECHV served families.

- Innovations are expected to address at least one of the four program priority areas defined above in this section.

- Innovations will be based on evidence of promise or strong theory (see Appendix C for definitions of these terms).

- Innovations must not compromise or conflict with the recipient's compliance with MIECHV formula program requirements (included in Appendix A), including the requirement to ensure fidelity of implementation of evidence-based or promising approach home visiting service delivery models.
    - Prior to implementation, the model developer and HRSA must determine that the innovation does not alter the core components related to program outcomes, and HRSA must determine it to be aligned with MIECHV program requirements.
    - You must secure written prior approval from model developer(s) in order to ensure that any proposed innovation does not alter model core components (submit as Attachment 5).

- Innovations should be responsive to the cultural and linguistic needs of diverse communities, seek to promote health equity, apply gender- and trauma-informed approaches, and apply a two-generation focus on improving the wellbeing of both caregivers and their children (see Appendix C for definitions of these terms).

- Innovations are expected be feasible for replication in other states or territories or among other populations.

- Recipients are expected to partner with state and local entities to improve the sustainability and effectiveness of the innovation and those may include:
    - The state's Early Childhood Comprehensive Systems (ECCS) recipient, if there is one;
    - At least one of the recipient's statewide early childhood systems entities (e.g., Early Childhood Advisory Council, Governor's Children's Cabinet, etc.);
    - The state's Maternal and Child Health Services (Title V) agency;
    - The state's Public Health agency, if this agency is not also administering the state's Title V program;
    - The state's agency for Title II of CAPTA;
    - The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA;
    - The state's IDEA Part C and Part B Section 619 lead agency(ies); and
    - The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program.
    - *As appropriate*, local counterparts and organizations that represent these agencies.

- Recipients are expected to develop and implement a plan, with support from the innovation TA center, to disseminate lessons learned from 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 period of performance based on the evaluation timeline.

- Recipients will conduct an evaluation of the proposed innovation. Recipient evaluations will be collaborative, to the extent practicable, with the evaluations of other recipients and facilitated by the innovation TA center. The goals of a collabroative evaluation approach include:
    - The promotion of aligned evaluation designs across innovations;
    - The promotion of aligned measurement strategies across innovations;
    - The promotion of shared learning and collective impact across recipients;
    - The facilitation of pooling or sharing of evaluation data across recipients, as appropriate and feasible, and
    - The ability for comparability and applicability of evaluation findings across funded projects.

- Recipients may propose projects that rely on collaboration across eligible entities. In these cases, recipients must provide documentation as Attachment 7 in the application that the necessary relationships, legal agreements (including data rights), and infrastructure are already in place across recipients to facilitate effective partnerships.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criteria (1) Need and (2) Response*

  For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
  - Clearly state if the innovation is a Track One **OR** Track Two innovation.
  - State the purpose of the project.
  - Briefly describe the proposed innovation. You are strongly encouraged to propose only one innovation, which may consist of multiple strategies and activities. (See the definition of innovation in Appendix C).
  - Identify the entities that will be directly involved in implementing the innovation (i.e., local implementing agencies, state agencies, home visiting models, the home visiting workforce).
  - Identify the goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list. Objectives should support progress toward goals.
      - Utilize the SMARTIE objective framework[34]: Specific, measurable, achievable, realistic, timebound, inclusive, and equitable are characteristics of SMARTIE objectives.
      - Describe how the goal(s) and objectives align with the three objectives of this program (see Section I).
  - Name one or more of the program priority areas described in Section I that the proposed innovation is expected, based on evidence of promise or strong theory, to improve.

[34] The Management Center. "SMARTIE Goal Worksheet." Last updated: May 10, 2021. Available at: https://www.managementcenter.org/resources/smartie-goals-worksheet/

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*

  For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:

  - Summarize the needs for the proposed innovation, including needs that demonstrate why you have selected to target one or more of the program priority areas identified in Section I. Depending on the selected priority area(s), specifically:
    - Describe the need for integration of administrative data measuring social and structural determinants of health into home visiting data to better assess existing disparities and measure progress toward advancing health equity (priority area 1);
    - Describe the need for greater integration of early childhood data systems (priority area 2);
    - Describe the family- and community-level needs that the innovation aims to address to improve recruitment and retention of families (priority area 3); and/or
    - Describe any organizational and workforce needs of programs to effectively serve families that will be addressed through the innovative use of new technology or data-sharing strategies (priority area 4).
  - Identify the MIECHV-funded home visiting programs that will be targeted or will implement the proposed innovation and describe:
    - The specific community- and family-level needs to be addressed with the proposed innovation and how it relates to the selected program priority area(s);
    - Service gaps or other challenges will be addressed through use of the proposed innovation;
    - Any statewide needs for the innovation to improve service delivery for MIECHV families by supporting linkages and referral networks to other resources and supports.
  - Describe how existing MIECHV data (e.g., performance measurement, service utilization, statewide needs assessment, participant demographics) or other early childhood systems data were used to assess and prioritize need for the project.
  - State whether you have previously developed or implemented the proposed innovation to some degree. If so, describe why funding through this award opportunity is needed to fully develop or implement the proposed innovation to maximize its promise.
  - **If applying for ARP Act MIECHV Innovation Award COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102**, in addition to the above bullets, also describe the specific needs arising from the impact of the COVID-19 public health emergency that the innovation is intended to address.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*

  For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:

  - Propose methods that you will use to address the stated needs that meet each of the program requirements and expectations in this NOFO. Ensure that methods address each of the innovation's stated goal(s) and objective(s) as well as the program objectives listed in Section I.
  - Under each of your proposed innovation objectives, provide a list of the key activities and deliverables proposed to achieve objectives.
  - Describe how the proposed innovation will strengthen and improve delivery of MIECHV-funded coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families by leveraging new technology or data-sharing strategies.
  - Describe how the proposed innovation is expected to improve performance indicators, systems outcome measures, or clinical indicators, or change participant demographics or service utilization, in statutorily-defined benchmark areas and annual MIECHV performance measures reported as part of your MIECHV formula award (see the MIECHV Data, Evaluation, and Continuous Quality Improvement webpage for additional information about MIECHV data collection).
    - List which outcomes and MIECHV performance measures the innovation is intended to improve –you must identify the MIECHV performance measures that you plan to consider in your evaluations.
  - Describe how you will ensure the innovation will not compromise or conflict with fidelity of implementation of evidence-based or promising approach home visiting service delivery models (see Appendix C for definitions).
  - Describe how the proposed innovation is responsive to the cultural and linguistic needs of diverse communities, seeks to promote health equity, and applies a two-generation focus on improving the wellbeing of both caregivers and their children.
  - Describe how you will include involvement or consultation in development, implementation, and/or evaluation by state and local partners identified in Section I, local implementing agencies, and home visiting model developers.
    - Describe plans for consulting with home visitors and families in the development, implementation, and/or evaluation of the innovation.
  - ***If applying for* ARP Act MIECHV Innovation Award COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102**, in addition to the above bullets, also describe how the innovation aims to address the impact of the COVID-19 public health emergency by leveraging new technology and or data-sharing strategies and aligns with the required uses of funds specified in ARP (see Section IV.6 for a description of the allowable uses of funds).

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Response and (4) Impact*

  For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
  Provide a work plan timeline that includes a list of goals and objectives (aligned with those outlined in the Abstract), and activities that include responsible staff and timelines for completion. The work plan timeline must extend across the period of performance (March 1, 2022 to September 30, 2024) and include start and completion dates for activities. Submit the work plan timeline as Attachment 1.

  You must submit a logic model for designing, implementing, and evaluating the proposed innovation. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The logic model must show the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve. While intended outcomes should be identified in the logic model, outcome measurement strategies will be determined as part of the collaborative evaluation approach described below. The logic model should reflect the evidence of promise or strong theory on which the proposed innovation is based. Submit the logic model as Attachment 2.

  While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products or deliverables of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

  Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria (2) Response and (5) Resources/Capabilities*

  For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
  - Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you may use to resolve such challenges.
  - Discuss technical assistance that you may request from HRSA-supported technical assistance providers, the developer(s) of the model(s) you select, and/or other technical assistance providers to support resolution of challenges.
  - Describe, at a high-level, past performance with previous MIECHV awards. If applicable, describe de-obligation of funds, and fiscal and programmatic corrective action. If challenges existed with any of these areas, describe plans to mitigate these challenges and improvement activities underway.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative Measures and (4) Impact*

  For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
  As stated above, recipients of this competitive innovation award must conduct an evaluation of the proposed innovation. Expectations are outlined in Appendix B. Recipients will be expected to engage in at least quarterly facilitated discussions (both through conference calls and in-person meetings, when feasible in response to the COVID-19 public health emergency with other recipients and the innovation TA center throughout the period of performance, with more frequent discussions expected in the first 6 months of the period of performance as evaluation designs and measurement strategies are being developed and finalized. To the extent practical, successful recipients should strive to align theories of change, research designs, and measurement strategies with those of other recipients to promote the greatest comparability and applicability of evaluation findings possible. To the extent possible, HRSA encourages recipients to carry out impact evaluations to identify the outcomes that result from implementing the innovation awards.

  Shared measurement strategies may include agreed upon common measures and metrics for key process and outcome areas, as appropriate and feasible. While intended outcomes should be identified (e.g., performance measures, systems outcomes, participant demographics, service utilization), specific outcome measurement strategies will be determined as part of the collaborative evaluation approach described above. You should propose specific evaluation questions that refer back to the theory of change and logic model included in your application. It is expected that further refinement of these questions and the development of specific research designs, measurement strategies, and analysis plans will be implemented in consultation with the innovation TA center after award. After this process, all evaluation plans must be approved by HRSA. During the implementation of the evaluation, you will be expected to participate in regular evaluation-focused facilitated quarterly calls.

You must:

- Identify specific evaluation questions that refer back to the theory of change and logic model included in your application.
- Identify evaluation staff and describe their relevant, training, skills, and knowledge, including materials published and previous evaluation work. Staff should demonstrate experience in:
  - collaborative evaluation;
  - community-based and participatory evaluation approaches;
  - multi-site and/or cross-site evaluation;
  - qualitative **and** quantitative methods and analysis, and;
  - process, implementation, and impact evaluations.
- Demonstrate evidence of organizational experience and capability to coordinate and support the planning and implementation of rigorous evaluation activities, including by identifying meaningful support and collaboration with key stakeholders in conducting evaluation.
- Demonstrate capacity and capability to engage with federal and technical assistance staff in collaborative evaluation development and engage with other recipients to develop shared evaluation design and measurement strategies through consensus processes.
- Describe how you will engage with national evidence-based home visiting model developer(s) in the evaluation of proposed innovations.
- Provide results of any completed evaluations of the proposed innovation and describe how those findings were used to support the proposed activities included in your application.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria (4) Impact and (5) Resources/Capabilities*

For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:

- Describe how the organization's mission, structure, and scope of current activities contribute to the organization's ability to:
  - Develop and implement an innovation that strengthens and improves the delivery of MIECHV-funded voluntary early childhood home visiting services to eligible families through the use of new technology or data-sharing strategies, to support impacted caregivers in promoting healthy development of their children; and
  - Develop and implement an innovation that is expected to improve one or more of the identified home visiting program priority areas (see Section I).
- If you have previously developed or implemented the proposed innovation to some degree, indicate how lessons learned in that work inform the innovation as proposed in this application.
- Summarize the organizational capacity of key partnering agencies or organizations involved in the implementation of the project. If other MIECHV recipient(s) are named as partnering entities, describe how this increases the capacity and reach of the proposed innovation.
- If you are proposing a collaboration with another eligible entity(ies), provide as Attachment 7, documentation verifying that the necessary relationships,

legal agreements (including data rights), and infrastructure are already in place across eligible entities to facilitate effective partnerships.

- Describe the availability of resources and your organization's demonstrated commitment to home visiting to continue the proposed innovation after the award period ends, provided the project is determined to be successful or well-suited for additional investment.

NARRATIVE GUIDANCE

For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need and (2) Response
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response and (5) Resources/Capabilities
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(4) Impact and (5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The program is not subject to the General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260), as it does not use funds appropriated by this statute.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The current Executive Level II salary is $199,300. See Section 5.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

In addition, the MIECHV Program requires the following:

Period of Availability

Funds awarded to you for a federal fiscal year under this NOFO shall remain available for expenditure through the end of the second succeeding federal fiscal year after award. You must provide a budget that describes the expenditure of cooperative agreement funds at all points during the period of availability. However, maintaining the same rate of expenditure or the same level of home visiting services throughout the full period of availability is not required. Reminder: cooperative agreement funds that have not been obligated for expenditure by the recipient during the period of availability will be deobligated. FY 2022 funds must be obligated no later than September 30, 2024, and must be liquidated by December 31, 2024.

Prior to completing this NOFO, see Section IV for complete descriptions of the following types of expenditures:

- Statutory Limit ("Cap") on Use of Funds for Administrative Expenditures.

NOTE: HRSA recommends that you propose to allocate 10–25 percent of the overall budget to evaluation-related activities to ensure the appropriate level of quality and rigor.

Key Requirements

Costs charged to the award must be reasonable, allowable, and allocable under the MIECHV Program. Documentation must be maintained to support all cooperative agreement expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional gifts and other expenditures which do not support the home visiting initiative are unallowable. Construction costs are unallowable. Salaries and other expenditures charged to the cooperative agreement must be for services that occurred during the cooperative agreement's period of availability. Further information regarding allowable costs is available from the Uniform Administrative Requirements at 45 CFR Part 75.

The recipient accounting systems must be capable of separating the MIECHV awards within a single cooperative agreement by period of availability (i.e., must have a chart of accounts to prevent cooperative agreement expenditures from being commingled with other award periods of availability). All documentation must be maintained by the recipient and the subrecipients in accordance with the federal record retention policy which states documentation must be maintained for a

minimum of 3 years after the submission of the final (accepted) Federal Financial Report.

Budget Forms

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package. **The project/budget period is 2 years and 7 months**. Provide a line item budget narrative using the budget categories in the SF-424A for the period of March 1, 2022 through September 30, 2024. The narrative must explain the amounts requested for each detailed line item in the budget (e.g., personnel, fringe, travel, equipment, supplies, contractual, other, indirect charges, etc.).

Line item information must align with and explain the costs entered in the SF-424A. For additional information on all the object class categories on the SF-424A and information to be included in the budget narrative, please refer to Section 4.1v. of the HRSA SF-424 Application Guide.

- In Section A of the SF-424A budget form, you will use only row 1, column e to provide the budget amount you will request for FY 2022. Please enter the amounts in the "New or Revised Budget" column, not the estimated unobligated funds column.
- In Section B of the SF-424A budget form, you will use only column (1) to provide object class category breakdown for the entire period of availability of FY 2022 funds.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

You must clearly state if you are applying for HRSA-22-089: MIECHV Innovation Award - General Data/Technology Innovations (Track One) **OR** HRSA-22-102: ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two).

If applying for MIECHV Innovation Award - General Data/Technology Innovations (Track One) | HRSA-22-089:

Applicants must not submit an application with a budget request exceeding $2,000,000 for the single eligible applicant to develop, implement, and evaluate their innovation.

If applying for ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations Track Two | HRSA-22-102:

Applicants must not submit an application with a budget request exceeding $2,000,000 for the single eligible applicant to develop, implement, and evaluation their innovation. However, 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.

If applying as a collaboration, further describe how the innovation is meeting local needs of families across the collaborative partners.

ARP identifies seven categories of required uses of funding. Applicants must ensure that proposed activities align with at least one of the seven categories of required uses of ARP funds, which are:

1. Service delivery. To serve families with eligible service delivery model(s) to provide in-person or virtual home visits.
2. Hazard pay or other staff costs. Use funds for hazard pay or other additional staff costs associated with providing home visits or administration for programs.
3. Home visitor training. Develop, conduct, and evaluate training of home visitors who are employed by the recipient or subrecipient in virtual service delivery, emergency preparedness, IPV screenings, and safety and planning for families to improve outcomes in the MIECHV benchmark areas.
4. Technology. Acquire the necessary technological means, for families enrolled in the program, to conduct and support virtual home visiting.
5. Emergency supplies. Provide emergency supplies to eligible families.
6. Diaper bank coordination. Provide enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks when feasible.
7. Prepaid grocery cards. Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family.

In addition, the MIECHV program requires the following:

For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. You must submit a budget justification for the entire period of availability from March 1, 2022, until September 30, 2024 (2 years and 7 months). Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do NOT use the budget narrative to expand the project narrative.

Personnel Costs: List each staff member to be supported by (1) MIECHV funds, the percent of effort each staff member spends on this award, roles and area of responsibility, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the percent of effort and the source of funds.

Please include:

(a) The full name of each staff member (or indicate a vacancy);
(b) Position title with description of role and responsibilities;
(c) Percentage of full-time equivalency dedicated to the MIECHV Program;
(d) Annual/base salary;
(e) Federal amount requested; and
(f) If in-kind, indicate percent of effort and funding source(s).

Personnel includes, at a minimum, the project director, primarily responsible for the oversight and/or the project coordinator, primarily responsible for the day-to-day management of the proposed program; staff responsible for quality improvement activities (including, but not limited to, providing continuous quality improvement support to LIAs); programmatic and fiscal staff responsible for monitoring program activities and use of funds; and staff responsible for data collection, quality, and reporting.

Note that if any of these positions are contractual and included in the Contractual Object Class category, you must have a formal written agreement with the contracted individual that specifies an official relationship between the parties even if the relationship does not involve a salary or other form of remuneration. If the individual is not an employee of your organization, HRSA will assess whether the arrangement will result in the organization being able to fulfill its responsibilities under the cooperative agreement, if awarded.

NOTE: Final personnel charges must be based on actual, not budgeted labor.

Travel: The budget should reflect the travel expenses associated with participating in meetings that address home visiting efforts and other proposed trainings or workshops. You must budget for 4 meetings in the Washington, DC area, each for up to 4 people for 3 days. **Meeting attendance is a cooperative agreement requirement.** Refer to page 28 of the HRSA *SF-424 Application Guidance* for more information on providing a travel budget justification.

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

Contractual: You must ensure your organization has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.

You must provide:

(a) A clear explanation as to the purpose of each contract;
(b) How the costs were estimated;
(c) The specific contract deliverables;
(d) A breakdown of costs, including the level of effort for home visitor personnel, for example, full-time equivalent (you may provide a listing of each home visitor personnel); and
(e) Narrative justification that explains the need for each contractual agreement and how it relates to the overall project.

HRSA reserves the right to request a more detailed, line-item breakdown for each contract. Costs for contracts must be broken down in detail as described above. Reminder: you must notify potential subrecipients (e.g., LIAs) that entities receiving subawards must be registered in the System for Award Management (SAM)

and provide the recipient with their Dun and Bradstreet Data Universal Numbering System (DUNS) number. "Subaward" means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract. For more information on subawards and subrecipient monitoring, see Section I.

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

(NOTE: Recipients that intend to provide services through LIAs must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients. See Section I for a complete description of subrecipient monitoring.)

Timely FFATA reporting is required by the federal recipient to the FFATA Subaward Reporting System. You must have policies and procedures in place to ensure compliance with FFATA. For more FFATA information, please see Section 6.d. Transparency Act Reporting Requirements of HRSA's *SF-424 Application Guide*.

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

v. Program-Specific Forms

Program-specific forms are not required for application.

vi. Attachments

For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Logic Model
You must submit a logic model for your project (to reflect development, implementation, and evaluation of the proposed innovation). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. The logic model must show the linkages between the proposed planning and implementation activities and the

outcomes that these are designed to achieve. While intended outcomes should be identified in the logic model, outcome measurement strategies will be determined as part of the collaborative evaluation approach described above. The logic model should reflect the evidence of promise or strong theory on which the proposed innovation is based. (See Section IV for more information, Section VIII for resources, and Appendix C for definitions of key terms.)

Attachment 3: Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 4: Maintenance of Effort
Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory maintenance of effort requirements through all available mechanisms. See Section III for a complete description of the maintenance of effort statutory requirement.

NON-FEDERAL EXPENDITURES

Two Fiscal Years Prior to Application – Actual	*Fiscal Year Prior to Application - Actual*	*Current Fiscal Year of Application – Estimated*
Actual 2 years prior state FY non-federal (State General Funds) expended for the proposed project by the ***recipient entity administering the MIECHV formula grant,*** *for the evidence-based home visiting services in response to the most recently completed statewide needs assessment.* ***Include prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.*** *This number should equal the reported expenditures entered in the "FY Prior to Application (Actual)" column submitted as Attachment 5 in response to HRSA-18-091.* *(Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.)* *Amount: $_____*	*Actual prior state FY non-federal (State General Funds) expended for the proposed project by* ***the recipient entity administering the MIECHV formula grant,*** *for the evidence-based home visiting services in response to the most recently completed statewide needs assessment. I****nclude prior state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.*** *(Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.)* *Amount: $_____*	*Estimated current state FY non-federal (State General Funds) designated for the proposed project by the* ***recipient entity administering the MIECHV formula grant,*** *for the evidence-based home visiting services in response to the most recently completed statewide needs assessment.* ***Include current state general funds expended only by the recipient entity administering the MIECHV grant and not by other state agencies.*** *(Nonprofit recipients must agree to take all steps reasonably available for this purpose and must provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement.)* *Amount: $_____*

Attachment 5: Model Developer Letter(s)
Proposed innovations should not alter the core components of the model and should have concurrence from the model developer (include documentation of model developer approval as Attachment 5, documentation is subject to review and approval by HRSA).

Attachment 6: Debarment, Suspension, Ineligibility, and Voluntary Exclusion –Explanation of Inability to Certify, if applicable
See Section IV for more information.

Attachment 7: Verification of the necessary relationships, legal agreements, and infrastructure are already in place across eligible entities to facilitate effective partnerships
See Section IV for more information.

Attachments 8–15: Other Relevant Documents
Include here any other documents that are relevant to the application (including indirect cost rate agreements and proof of non-profit status, as applicable).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application.In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date for both Track One | HRSA-22-089 and Track Two | HRSA-22-102
The due date for applications under this NOFO is *November 26, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The MEICHV Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:
You may request funding for a period of performance of up to 2 years and 7 months, at no more than $2,000,000 (inclusive of direct **and** indirect costs), or $4,000,000 if applying for a collaborative innovation project with another eligible entity.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) do **not** apply to this program.

HRSA's Standard Terms apply to this program. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information.

Limit ("Cap") on Use of Funds for Administrative Expenditures
Use of MIECHV grant funding is subject to a limit on administrative expenditures, as further described below, which track the restrictions of the Title V Maternal and Child Health Services Block grant program on such costs.[35] (see Appendix C for definition).

No more than 10 percent of the award amount may be spent on administrative expenditures.

For purposes of this NOFO, the term "administrative expenditures" refers to the costs of administering a MIECHV grant incurred by the applicant, and includes, but may not be limited to, the following:

- Reporting costs (MCHB Administrative Forms in HRSA's Electronic Handbooks, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA grants management specialists and HRSA project officer;
- Subrecipient monitoring;
- Complying with FFATA subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV grants administration;
- Audit expenses; and
- Support of HHS Office of Inspector General (OIG) or Government Accountability Office (GAO) audits.

NOTE: The 10 percent cap on expenditures related to administering the grant does not flow down to subrecipients. This is not a cap on the negotiated indirect cost rate. Administrative costs related to programmatic activities are not subject to the 10 percent limitation. You must develop and implement a plan to determine and monitor these costs to ensure you do not exceed the 10 percent cap.

Additional Authorities Available During the COVID-19 Public Health Emergency Period
The Consolidated Appropriations Act, 2021 (P.L. 116-260) includes authority to use MIECHV grant funds, during the COVID-19 public health emergency period, to a) train home visitors in conducting virtual home visits (see Appendix D for a definition of virtual home visit) and in emergency preparedness and response planning for families; b) acquire necessary technology for families to conduct and support virtual home visits; and c) provide emergency supplies for enrolled families served. The Consolidated Appropriations Act, 2021, specifies that the additional authorities are only available

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

"during the COVID-19 public health emergency period" and therefore will be discontinued at the conclusion of the declared COVID-19 public health emergency.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

If applying for ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102:
The ARP Act specifies that current MIECHV recipients, as of the time of enactment, will be eligible to receive ARP funds, in addition to other eligibility requirements specified in the statute. ARP funds provide authority for MIECHV recipients to advance service delivery and specified additional allowable uses of ARP funds. Applicants must ensure that proposed innovations that enhance service delivery align with the allowable uses of ARP funds, which include:

1. Service delivery. To serve families with eligible service delivery model(s) to provide in-person or virtual home visits.
2. Hazard pay or other staff costs. Use funds for hazard pay or other additional staff costs associated with providing home visits or administration for programs.
3. Home visitor training. Develop, conduct, and evaluate training of home visitors who are employed by the recipient or subrecipient in virtual service delivery, emergency preparedness, IPV screenings, and safety and planning for families to improve outcomes in the MIECHV benchmark areas.
4. Technology. Acquire the necessary technological means, for families enrolled in the program, to conduct and support virtual home visiting.
5. Emergency supplies. Provide emergency supplies to eligible families.
6. Diaper bank coordination. Provide enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks when feasible.
7. Prepaid grocery cards. Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. The MIECHV innovation awards have six review criteria. See the review criteria outlined below with specific detail and scoring points.

For Both Track One | HRSA-22-089 and Track Two | HRSA-22-102:

Criterion 1: NEED (15 points) – Corresponds to Section IV's INTRODUCTION AND NEEDS ASSESSMENT

The extent to which the application demonstrates the need for the proposed innovation, justifying the purpose, goals, and objectives of the proposed project, and identifies needs that demonstrate why the applicant has selected to address one or more of the three program priority areas named in Section I.

In determining the need for the project, the following factors will be considered:

- The extent to which the application identifies the MIECHV-funded home visiting programs that will leverage new technology and data sharing strategies through the proposed innovation.

- The extent to which the application describes the needs of families and the needs in communities with concentrations of risk served by the innovation.

- The extent to which applications identifies the needs for the proposed innovation and the extent to which they describe the need corresponding to their selected program priority area:

    - The need for integrated administrative data to measure SSDOH (if priority area 1 was selected);
    - The need for greater integration of data systems (if priority area 2 was selected);
    - The need for improved recruitment and retention of families (if priority area 3 was selected); and/or,
    - The organizational and workforce needs of those programs (if priority area 4 was selected).

- **ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102:** the extent to which the application identifies the specific needs arising from the COVID-19 public health

emergency that will be addressed by leveraging new technology and data sharing strategies.

- **ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102:** the extent to which the application describes how the proposed innovation activities fall under the allowable uses of ARP funds (specified in Section IV.6).

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's INTRODUCTION, METHODOLOGY, WORK PLAN, and RESOLUTION OF CHALLENGES

In determining these aspects of the project, the following factors will be considered:

- The extent to which the proposed innovation responds to the Purpose and Objectives included in the program description provided in Section I.

- The strength of the proposed goals and objectives and their relationship to the identified project. This will be assessed as how well objectives follow the SMARTIE framework; how strongly the application ties the goals/objectives to theory or evidence of promise; and how clearly the application proposes methods under each goal/objective. The extent to which the activities described in the application are capable of addressing the need and attaining the project objectives.

- The extent to which the application provides a detailed description of methods to address the stated needs for the proposed innovation, and address the innovation's goals and objectives.

- The extent to which the application provides evidence of promise or strong theory (see Appendix C for definitions) to support the proposed innovation;

- The extent to which the application describes how the project will meet program requirements described in Section I related to:
  - fidelity to a home visiting service model;
  - cultural and linguistic responsiveness;
  - promotion of health equity; and
  - application of a two-generation focus.

- The extent to which the application describes meaningful involvement and consultation from key state and local partners – this should be met by identifying key stakeholders, and describing the nature of the relationship and collaboration;

- The extent to which the logic model shows the linkages between the proposed planning and implementation activities and the outcomes that these are designed to achieve; and

- The extent to which the application describes a complete and actionable work plan. The degree to which this is achieved will depend on the amount of detail provided describing major activities, linking major activities to the goals

and objectives, identifying responsible staff, establishing a reasonable timeline for completion.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's EVALUATION AND TECHNICAL SUPPORT CAPACITY

In determining these aspects of the project, the following factors will be considered:

- The extent to which the application demonstrates evidence of organizational experience and capability to coordinate and support the planning and implementation of rigorous evaluation activities. This should be demonstrated by identifying key stakeholders with experience and expertise in conducting evaluation.

- The extent to which the proposed strategies for participating in and contributing to a collaborative evaluation approach, reflect: 1) collaborating with an innovation TA center and other recipients to develop shared evaluation design and measurement strategies, and 2) ongoing monitoring and peer sharing throughout the period of performance to support peer learning.

- The extent to which the applicant has demonstrated capacity and capability to engage with federal and technical assistance staff in collaborative evaluation development and engage with other recipients to develop shared evaluation design and measurement strategies through a consensus process; and

Criterion 3 (a): Evaluation Experience

- The extent to which identified staff have appropriate experience, training, skills, and knowledge in the categories below, with full points awarded to applications that clearly demonstrate a background in every category (reviewers will assign one point for each skill the application demonstrates):
    - collaborative evaluation;
    - use of existing MIECHV or early childhood systems data related to the outcomes identified in the proposal;
    - community-based and participatory evaluation approaches;
    - multi-site and/or cross-site evaluation;
    - data collection, management, sharing, and privacy;
    - qualitative and quantitative methods and analysis, and;
    - process, implementation, and impact evaluations.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's METHODOLOGY, WORK PLAN, EVALUATION AND TECHNICAL SUPPORT CAPACITY, and ORGANIZATIONAL INFORMATION

The extent to which the proposed project has a public health impact and the project will be effective, if funded.

In determining these aspects of the project, the following factors will be considered:

- The extent to which the application describes how the proposed innovation will strengthen and improve delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families through the use of new technology or data sharing strategies;

- The extent to which the application identifies family outcome measures and MIECHV performance measures that will be improved through the innovation and evaluation;

- The extent to which the application describes how the proposed innovation is expected to improve family outcomes in statutorily-defined benchmark areas and annual MIECHV performance measures reported as part of recipient formula awards;

- The extent to which the application describes effective plans for dissemination of innovation lessons learned and the degree to which innovations are replicable;

- The extent to which the applicant describes the availability of resources and the state's/territory's demonstrated commitment to home visiting to continue the proposed innovation after the award period ends.

- **For MIECHV Innovation Award - General Data/Technology Innovations (Track One) | HRSA-22-089:** the extent to which the application proposes a plan for sustainability after the period of MIECHV funding ends, provided the project is determined to be successful or well-suited for additional investment.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's RESOLUTION OF CHALLENGES and ORGANIZATIONAL INFORMATION

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the capacity of personnel to fulfill the needs and requirements of the proposed project.

In determining these aspects of the project, the following factors will be considered:

- The extent to which the application discusses challenges that are likely to be encountered in developing and implementing the proposed innovation, and approaches that will be used to resolve such challenges;

- The extent to which the application describes how the organization's mission, structure and current activities contribute to the organization's ability to complete the project;

- The extent to which the staffing plan adequately demonstrates capacity to meet programmatic and fiscal requirements described in this NOFO, and the extent to which that plan is supported by an organizational chart;

- If the applicant is proposing a collaboration, the extent to which the applicant provides documentation that the necessary relationships, legal agreements, and infrastructure are already in place across recipients to facilitate effective partnerships;

- The extent to which the applicant describe the organizational capacity of any partnering agencies or organizations involved in the implementation of the project, including any other MIECHV recipient(s) named as partnering entities; and

- The extent to which the applicant describes past performance with previous MIECHV awards, including any de-obligation of funds, and fiscal and programmatic corrective action, and plans to mitigate any past challenges in these areas.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's BUDGET and BUDGET NARRATIVE

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.

In determining these aspects of the project, the following factors will be considered:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and

- The extent to which the budget provided is reasonable, allowable, and allocable based on the proposed activities.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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 (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

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

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

For both awards, HRSA will issue the Notice of Award (NOA) prior to the start date of March 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, *see* http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, *see* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Executive Order on Worker Organizing and Empowerment
Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This

may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Primary performance reporting for MIECHV recipients is conducted through the MIECHV formula award. Formula award performance reporting includes annual and quarterly performance reports which include information on three types of information: Demographic, Service Utilization, and Select Clinical Indicators; Performance Indicators and Systems Outcome Measures, and; Quarterly Performance Reporting. More information about MIECHV performance reporting requirements can be found at https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources.

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **DGIS Performance Reports.** Available through the Electronic Handbooks (EHBs), the Discretionary Grant Information System (DGIS) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report **annually**, by the specified deadline. To prepare successful applicants for their reporting requirements, the listing of administrative forms and performance measures for this program are available at https://grants4.hrsa.gov/DGISReview/FormAssignmentList/UH4.html for Track 1 recipients and https://grants4.hrsa.gov/DGISReview/FormAssignmentList/U4G.html for Track 2 recipients. The type of report required is determined by the project year of the award's period of performance.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	3/1/2022 – 9/30/2024 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	3/1/2022 – 9/30/2024	Beginning of each budget period (Years 2–5, as applicable)	120 days from the available date
c) Project Period End Performance Report	3/1/2022 – 9/30/2024	Period of performance end date	90 days from the available date

The full OMB-approved reporting package is accessible at https://mchb.hrsa.gov/data-research-epidemiology/discretionary-grant-data-collection (OMB Number: 0915-0298 | Expiration Date: 06/30/2022).

a) Performance Reporting Timeline

Successful applicants receiving HRSA funds will be required, within 120 days of the period of performance start date, to register in HRSA's EHBs and electronically complete the program-specific data forms that are required for this award. This requirement entails the provision of budget breakdowns in the financial forms based on the award amount, the project abstract and other grant/cooperative agreement summary data as well as providing objectives for the performance measures.

Performance reporting is conducted at the start and end of the period of performance. Recipients will be required, within 120 days of the budget

period start date, to enter HRSA's EHBs and complete the program-specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant/cooperative agreement summary data as well as finalizing indicators/scores for the performance measures.

c) Project Period End Performance Reporting

Successful applicants receiving HRSA funding will be required, within 90 days from the end of the period of performance, to electronically complete the program-specific data forms that appear for this program. The requirement includes providing expenditure data for the final year of the period of performance, the project abstract and grant/cooperative agreement summary data as well as final indicators/scores for the performance measures.

2) **Progress Report(s)**. The recipient must submit a progress report narrative to HRSA **annually** the EHBs, which should address progress against program outcomes (e.g., accomplishments, barriers, significant changes, plans for the upcoming budget year). Further information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

4) **Final Report Narrative.** The recipient must submit a final report narrative to HRSA after the conclusion of the project.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

LaToya Ferguson
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1440
Email: lferguson@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Rachel Herzfeldt-Kamprath
Policy Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 18N-188A
Rockville, MD 20857
Telephone: (301) 443-2524
Email: RHerzfeldt-Kamprath@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance for **both MIECHV Innovation Award - General Data/Technology Innovations (Track One) | HRSA-22-089 AND ARP Act MIECHV Innovation Award - COVID-19-Related Data/Technology Innovations (Track Two) | HRSA-22-102:**

Webinar

Day and Date: Thursday, September 16, 2021
Time: 3 – 4:30 p.m. ET

Call-in number and registration for this webinar will be available here: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/program-implementation-and-fiscal-management-resources.

HRSA will record the webinar and archive the recording on the same webpage.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

APPENDIX A: PROGRAM EXPECTATIONS (SELECTED LIST APPLICABLE TO THIS NOFO)

Health Equity

In alignment with HRSA's strategic goal to achieve health equity and enhance population health and the Biden-Harris Administration's commitment to a whole-of-government equity approach, HRSA recommends recipients implement home visiting program strategies that contribute to equitable improvements and reduce disparities in family outcomes in MIECHV benchmark areas. As a way to promote and advance health equity, recipients may wish to consider the role of home visiting services and coordination with comprehensive statewide and local early childhood systems in identifying and addressing health disparities in their project planning, implementation, and/or evaluation and to propose specific activities to further define, support, or evaluate those efforts. Home visiting implementation strategies that may advance health equity include:

- Collecting and analyzing program data to identify key health disparities and the root causes of inequity;
- Recruiting and retaining a diverse workforce representative of communities served;
- Leveraging Continuous Quality Improvement (CQI) activities to identify, address, and mitigate systemic barriers;
- Engaging family and —---community representatives in advisory and collaborative roles;
- Providing leadership development opportunities for families and family representatives; and
- Promoting comprehensive and multi-generational approaches to service delivery and coordination.

Priority for Serving High-Risk Populations

As required by statute,[36] recipients must give priority in providing services under the MIECHV Program to the following[37]:

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

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

[37] Reporting definitions for these priority populations can be found in Form 1 – Demographic Performance Measures.

- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

Selection of Evidence-Based Home Visiting Service Delivery Model(s)

As noted above, the MIECHV statute reserves the majority of funding for the delivery of services through implementation of one or more evidence-based home visiting service delivery models.[38] Home visiting service delivery models meeting U.S. Department of Health and Human Services (HHS)-established criteria for evidence of effectiveness and eligible for implementation under MIECHV have been identified.[39] Per statute, recipients may expend no more than 25 percent of the grant awarded for a fiscal year for conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[40] The MIECHV statute defines a home visiting service delivery model that qualifies as a promising approach; see Appendix D for the definition of a promising approach.[41]

When selecting a model or multiple models, recipients should ensure the selection can:

1) Meet the needs of the state's, territory's, or jurisdiction's at-risk communities as identified in the current approved statewide needs assessment update and the state's, territory's, or jurisdiction's targeted priority populations named in statute;
2) Provide the best opportunity to accurately measure and achieve meaningful outcomes in MIECHV benchmark areas and performance measures;
3) Be implemented effectively with fidelity to the model in the state, territory, or jurisdiction based on available resources and support from the model developer; and
4) Be well matched for the needs of the state's, territory's, or jurisdiction's early childhood system.

Recipients may select multiple models for different communities to support a continuum of home visiting services that meet families' specific needs. Additionally, as families' goals and needs change over time, recipients may transition families with their consent from one model to another.

You may select one or more of the evidence-based service delivery models from the list below.

(NOTE: Models are listed alphabetically.)

Attachment and Biobehavioral Catch-Up (ABC) Intervention
Child First
Durham Connects/Family Connects
Early Head Start – Home-Based Option
Early Intervention Program for Adolescent Mothers
Early Start (New Zealand)

[38] Social Security Act, Title V, § 511(d)(3)(A) identifies various specific criteria applicable to such evidence-based home visiting models.
[39] See Section VIII for a list of evidence-based home visiting models eligible for implementation under MIECHV that meet the HHS-established criteria for evidence of effectiveness.
[40] Social Security Act, Title V, § 511(d)(3)(A).
[41] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).

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

These models have met HHS criteria for evidence of effectiveness. HHS uses Home Visiting Evidence of Effectiveness (HomVEE) to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten.

NOTE: In addition to the HHS criteria for evidence of effectiveness, the statute specifies that a model selected by a eligible entity "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high-quality service delivery and continuous program quality improvement," among other requirements.[42]

Fidelity to Home Visiting Service Delivery Model(s)
Recipients must have policies and procedures in place to ensure fidelity of implementation to the evidence-based home visiting service delivery model(s) they select (refer to Appendix C for a definition of fidelity). Policies and procedures should include review and submission of fidelity information to home visiting model developers. Any recipient implementing a home visiting service delivery model that qualifies as a promising approach must also implement the model with fidelity. Fidelity requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to:

- Recruiting and retaining families;
- Providing initial and ongoing training, supervision, and professional development for staff;
- Establishing an information management system to track data related to fidelity and service delivery; and
- Developing a resource and referral network to support families' needs.

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

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

Early Childhood Systems Coordination and Collaboration

Per the MIECHV statute, recipients must ensure the provision of high-quality home visiting services to eligible families in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.[43] To do this, recipients must establish appropriate linkages and referral networks to other community resources and supports.[44] Refer to Appendix C for a list of potential early childhood systems partners. Additional examples of effective systems coordination and collaboration strategies include working with state and local partners to: increase the availability of and access to a continuum of two-generation early childhood services; coordinate programs, services, and data collection and reporting systems to reduce gaps and inefficiencies; align activities and leverage partnerships to engage priority populations in services and improve shared outcomes; identify and facilitate meaningful changes in structural barriers to eliminate health disparities; and engage families and other community representatives as leaders and partners toward shared decision-making and improved health equity.

Examples of early childhood systems coordination and collaboration initiatives to improve family outcomes in the MIECHV benchmark areas include:

- Educating pregnant women and parents on the benefits of breastfeeding, safe sleep practices, and healthy physical activity of children, highlighting the importance of prenatal, postpartum, and well-child visits and facilitating access to health coverage and care, and participating in referral partnerships with child nutrition programs such as the state's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Improving service access and other supports for family needs related to behavioral health (e.g., opioid or other substance use, neonatal abstinence syndrome, caregiver depression, children's social-emotional health and development). This may include the use of mental health consultation services to increase programs' capacity.
- Educating caregivers about the risks, impacts, and interventions associated with intimate partner violence (IPV), and facilitating connections to quality services.
- Preventing or mitigating the effects of child maltreatment by assessing families' strengths and needs, providing education on safe and effective parenting strategies and enhancing parent-child relationships, making referrals to necessary family support services, and partnering with child welfare agencies and family-serving court programs to engage families in voluntary home visiting services.
- Addressing critical social determinants of health, including families' housing quality and stability, and promoting caregivers' access to education and employment opportunities and other economic supports to improve family self-sufficiency.
- Identifying and working to implement policy and practice changes that would increase access to home visiting services and referrals for families through partnerships with health care providers and payers (e.g., Medicaid, Children's Health Insurance Program, private insurers), and/or strengthening partnerships

[43] Social Security Act, Title V, § 511(b)(1)(B).
[44] Social Security Act, Title V, § 511(d)(3)(B).

with families' health care providers to reduce duplicative screenings and promote family health.

Recipients should develop policies and procedures, in collaboration with other home visiting and early childhood partners, to ensure sustained services and smooth transitions across a continuum of home visiting and early childhood services for eligible families from pregnancy through kindergarten entry, in alignment with model fidelity requirements.

Other state and local advisory groups also serve an important function in guiding MIECHV project planning, implementation, and/or evaluation. Recipients must ensure involvement in project planning, implementation, and/or evaluation by at least one statewide early childhood systems advisory committee or coordinating entity (e.g., Early Childhood Advisory Council, Governor's Children's Cabinet, Individuals with Disabilities Education Act (IDEA) Part C Interagency Coordinating Council, State Advisory Council on Early Childhood Education and Care).

To strengthen coordination with comprehensive statewide early childhood systems and improve service delivery quality, HRSA encourages MIECHV recipients to engage in active, ongoing collaboration with the following representatives, including participation in any MIECHV advisory groups (if such a group exists), whenever feasible:

- Representatives of aligned early childhood programs (including the Early Childhood Comprehensive Systems (ECCS) funding recipient, where applicable; see also Appendix C);
- Tribal representatives; and
- Individuals representing eligible families and communities served.

MIECHV recipients may also engage and provide support for representatives to participate equitably and meaningfully in these roles and ensure that advisory members represent the diversity of the populations being served.

High-Quality Supervision

Recipients must maintain high-quality supervision[45] to establish home visitor competencies. HRSA encourages the use of reflective supervision or practices aligned with infant early childhood mental health consultation (IECMHC), consistent with model fidelity, for home visiting staff funded through the MIECHV grant as components of high-quality supervision. (Refer to Appendix C for a definition of reflective supervision and IECMHC.) Recipients and LIAs should develop and implement policies and procedures that ensure high-quality supervision in alignment with fidelity to the model(s) implemented.

Subrecipient Monitoring

Recipients must monitor subrecipient performance for compliance with federal requirements and performance expectations, including timely Federal Funding Accountability and Transparency Act (FFATA) reporting. (For additional information regarding Subrecipient Monitoring and Management, see Uniform Administrative Requirements (UAR) 45 CFR part 75 and the Subrecipient Monitoring Manual for

[45] Social Security Act, Title V, § 511(d)(3)(B)(iii).

MIECHV Award Recipients. This requirement applies to all subrecipients, including those that oversee LIAs (i.e., intermediaries). For additional information about FFATA reporting, see Section IV.)

Recipients must effectively manage all subrecipients of MIECHV funding to ensure successful performance of the MIECHV Program and to ensure compliance with fiscal, administrative, and program requirements. Monitoring activities must ensure subrecipients comply with applicable requirements outlined in the UAR, and MIECHV statutory and programmatic requirements.[46] Recipients must also execute subrecipient agreements that incorporate all of the elements of 45 CFR § 75.351–353 and, either expressly or by reference, the subrecipient monitoring plan developed by the recipient. Recipients must be able to determine if costs proposed and subsequently incurred by subrecipients are allowable/unallowable. Recipients must base their final determinations on allowability of costs on their documented organizational policies and procedures.

Recipients must develop and execute a subrecipient monitoring plan that outlines MIECHV program requirements and performance expectations, and a process to assess subrecipients' implementation of these requirements. The subrecipient monitoring plan must include an evaluation of each subrecipient's risk of noncompliance, identify the person(s) responsible for each monitoring activity, and include timelines for completion for each monitoring activity. Recipients must design their subrecipient monitoring activities 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 provisions for:

- Review of financial and performance reports as required by the recipient in compliance with federal requirements;
- Performing site visits to review financial and program operations;
- Providing technical assistance, when needed;
- Follow-up procedures to ensure timely and appropriate action by the subrecipient on all deficiencies identified through required audits, site visits, or other procedures pertaining to the federal award; and

Issuance of a management decision for audit findings (as applicable) pertaining to the federal award provided to the subrecipient as required by 45 CFR § 75.521.

Limitation on Use of Funds for Conducting and Evaluating a Promising Approach

Per statute, no more than 25 percent of the MIECHV grant award for a fiscal year may be expended for purposes of conducting and evaluating a program using a service delivery model that qualifies as a promising approach.[47] This 25 percent limit on expenditures pertains to the total funds awarded to the recipient for the fiscal year. (See Appendix C for a definition of promising approach.)

[46] Social Security Act, Title V, § 511(d).
[47] Social Security Act, Title V, § 511(d)(3)(A).

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) do **not** apply to this program.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative, by which the program income is added to the federal award and is used to further eligible program objectives. You can find post-award requirements for program income at 45 CFR § 75.307.

APPENDIX B: Expectations for Research and Evaluation Activities

MIECHV's learning agenda involves a combination of: (1) continuous quality improvement; (2) performance measurement; (3) rigorous evaluation at the national and local levels; and (4) support for research infrastructure in the field. Each of these activities provides important, but distinct, information about the program to help improve MIECHV's effectiveness and to build the broader knowledge base regarding home visiting.

Common Framework for Research and Evaluation

The Administration for Children & Families (ACF) Common Framework for Research and Evaluation outlines the roles of various types of research and evaluation in generating information and answering empirical questions. More specifically, the framework describes the purpose of each type of research and the empirical and theoretical justifications for each. Recipients can refer to this document when planning their evaluation to examine the evidence that can be expected to be generated from the different types of studies and relevant aspects of research design that will contribute to high-quality evidence. The Administration for Children & Families Common Framework for Research and Evaluation is available online.

Collaborative Evaluations - Evaluation of Other Recipient Activities

Collaborative evaluations will be an important component of the continuous learning and knowledge-building that is key to the MIECHV Program. The collaborative evaluation approach is designed to maximize generalizability and collective impact among recipients. Using the ACF Common Framework for Research and Evaluation, to the extent practical, successful recipients should strive to align theories of change, research designs, and measurement strategies to promote the greatest comparability and applicability of evaluation findings possible. To the extent possible, HRSA encourages recipients to carry out impact evaluations to identify the outcomes that result from implementing the innovation awards.

Evaluations must address a question or questions within the selected priority topic(s): The evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. Recipients should design evaluations to directly address a question or questions of interest commonly agreed upon by the peer network addressing the selected priority topic.

Evaluations must go beyond collecting and analyzing benchmark data: The evaluation guidance is different from the statutorily-required benchmark performance data collection.[48] Evaluations may explore methods to improve benchmark performance measurement or outcomes in those domains but the evaluation proposed may not be the same activities recipients are required to conduct for Performance Measurement Plans.

Recipients may contract with third party evaluators, if necessary: If the recipient does not have the in-house capacity to conduct an objective, comprehensive evaluation,

[48] Social Security Act, Title V, § 511(d)(1)(A).

the recipient may, if necessary, contract with an institution of higher education, or a third-party evaluator specializing in social science research and evaluation. It is important that evaluators have the necessary independence from the project to support objectivity. A skilled evaluator can assist in designing an evaluation strategy that is rigorous and appropriate given the goals and objectives of the proposed project. Also, evaluators should have past experience in building successful partnerships with relevant human service delivery programs, including evidence-based home visiting programs.

Recipients must provide updates on the progress of their evaluations to HRSA: Recipients are required to provide regular updates about evaluation activities, challenges, and progress through conference calls with the HRSA project officers, technical assistance provider, and other federal staff. Recipients will provide updates on meeting evaluation milestones described in the approved evaluation plan, and will use these meetings to discuss solutions to any challenges experienced. Any requested changes to approved evaluation plans should be discussed during these meetings. In addition, recipients that are evaluating promising approaches are required to submit semi-annual written updates on the progress of the evaluation to the HRSA project officers, TA provider, and other federal staff.

Recipients must provide final reports of evaluation results to HRSA: Recipients are required to provide summary final reports of evaluation results (to HRSA in accordance with the timeline included in the approved evaluation plan. Final reports should contain sufficient information on the evaluation question(s), and the design, implementation, progress or results to date, and limitations of the evaluation to allow for the dissemination of findings and allow HRSA to describe results across projects. Final reports describe evaluation activities undertaken during the award period of performance.

Budgets for evaluation activities should be: (1) appropriate for the anticipated evaluation design and question(s); (2) adequate to ensure quality and rigor, and; (3) in line with available program and organizational resources: Evaluation budgets for collaborative evaluations are considered tentative in the application. HRSA recommends a maximum funding ceiling of 10 percent of the total requested budget for evaluation activities. HRSA also recommends that a minimum of $100,000 be devoted to evaluation-related activities to ensure the appropriate level of quality and rigor. However, if appropriate to the scale, complexity, and design of the evaluation, a recipient may propose less than this amount. The applicant should provide appropriate support for their evaluation budget in the budget justification. Recipients may need to revise budgets following the group planning phase.

The ACF Common Framework for Research and Evaluation outlines standards for rigorous evaluation, as summarized in the table below.

Rigor in Quantitative Evaluation	Rigor in Qualitative Evaluation
Credibility/Internal Validity: Ensuring what is intended to be evaluated is actually what is being evaluated; ensuring	***Credibility*****:** Presenting an accurate description or interpretation of human experience that people who also share

Rigor in Quantitative Evaluation	Rigor in Qualitative Evaluation
that the method(s) used is the most definitive and compelling approach that is available and feasible for the question being addressed.	the same experience could recognize. Strategies for accomplishing this include obtaining informal feedback from the participants who provided the data to ensure that the interpretations reported are recognized as accurate representations. Drawing on the words of research participants when composing a final report and the amount of time spent with participants both strengthen the validity of a qualitative study.
***Applicability/External Validity*:** Generalizability of findings beyond the current project (i.e., when findings "fit" into contexts outside the study situation). Ensuring the population being studied represents one or more of the populations being served by the program.	***Transferability*:** The ability to transfer research findings or methods from one group to another. A way of accomplishing this kind of applicability with qualitative findings is to provide extensive descriptions of the population studied—in terms of the context and demographics of participants—and conducting a study that is methodologically similar with demographically different participants.
Consistency/Reliability: When processes and methods are consistently followed and clearly described so that someone else could replicate the approach and other studies can confirm what is found.	***Dependability:*** When another researcher can follow the decision chain in qualitative work, by describing: the purpose of the study; inclusion criteria; data collection methods; interpretative methods; and techniques for determining the credibility of findings.
***Neutrality*:** Producing results that are as objective as possible and acknowledge the bias and limitations brought to the collection, analysis, and interpretation of results.	***Confirmability:*** Requiring the researcher to be reflective, or self-critical about how their own biases affect the research; takes into account the researcher's unique perspective and examines the extent to which another researcher can corroborate or confirm the findings.

APPENDIX C: Glossary of Selected Terms

Administrative Expenditures – Administrative expenditures refer to the costs of administering a MIECHV grant incurred by the recipient, and include, but may not be limited to, the following:

- Reporting costs (Discretionary Grants Information System, Home Visiting Information System, Federal Financial Report, and other reports required by HRSA as a condition of the award);
- Project-specific accounting and financial management;
- Payment Management System drawdowns and quarterly reporting;
- Time spent working with the HRSA grants management specialists and HRSA project officers;
- Subrecipient monitoring;
- Complying with Federal Funding Accountability and Transparency Act (FFATA) subrecipient reporting requirements;
- Support of HRSA site visits;
- The portion of regional or national meetings dealing with MIECHV grants administration;
- Audit expenses; and
- Support of HHS Office of Inspector General or Government Accountability Office audits.

At-risk Communities – States are required to give service priority to eligible families residing in communities identified by the current approved statewide needs assessment. At-risk communities are defined as those for which indicators, in comparison to statewide indicators, demonstrated that the community was at greater risk than the state as a whole. At-risk communities are further defined as communities with concentrations of the following indicators: premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of adverse prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school dropouts; substance abuse; unemployment; or child maltreatment. For the purpose of the needs assessment update due October 1, 2020, the term communities is operationalized as counties, county equivalents, or sub-territory geographic units. The identification of communities was to be based on a comparison of statewide data and data for the identified community. These data could be supplemented with any other information the state may have had available that informed the designation of a community as being challenged by disparate health, social, and economic outcomes; consequently, updates to the designation of communities are also permissible. Once the state identified the communities, the state had the option to target them all or to target the community(ies), sub-communities or neighborhoods deemed to be at greatest risk, if sufficient data for these smaller units were available for assessment.

Caseload of MIECHV Family Slots – The caseload of MIECHV 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. All members of one MIECHV family or household represent a single MIECHV caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the reporting period.

For the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4, a "MIECHV family" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV family at enrollment. HRSA has identified two different methods to identify MIECHV families:

1. *Home Visitor Personnel Cost Method:* Recipients designate families as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. *Enrollment Slot Method:* Recipients designate families as MIECHV families based on the slot to which they are assigned at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

Once designated as a MIECHV family, the recipient tracks the family for the purposes of data collection through the tenure of family participation in the program.

Centralized Intake System – A Centralized Intake System (CIS) is a one-stop entry point (a single place or process) in which screening helps to identify a client's needs and generates referrals to programs and services that are the best fit for the family. CISs connect clients to the services they need based on individualized assessments of their family's needs. Centralized intake is a single concept that may be referenced using other names, including *coordinated intake and referral, coordinated entry, centralized/single point of access, or system "front door."* CISs often carry out common shared tasks across organizations—specifically, community outreach and recruitment, screening and assessment, determination of fit, and referral to comprehensive services. The intake system may be housed by one central entity that screens and refers all clients, or may be housed throughout various agencies with connected referral systems. Referrals may be unidirectional or bi-directional; that is, some systems may only refer the client without any follow-up to ensure the service was completed, while others may share when or if referrals were completed or other client data. The scopes of CISs also vary across states and communities in terms of geographic reach. Similarly, the scopes of CISs vary in programmatic reach: systems may include only referrals to consist of only home visiting programs, they may also include other early childhood systems partners, and or some may include broader social services as well. A strong CIS allows providers to screen clients and conduct individualized family assessments, provide and follow referrals through the system, and connect families to a wide array of family services and supports.

Early Childhood System – An early childhood system brings together health, early care and education, child welfare, and other family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. An early childhood system aims to: reach all children and

families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions, and improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

Partners within an early childhood system may include the following, as well as their local counterparts and affiliates:

- The state's Early Childhood Comprehensive Systems (ECCS) recipient, if there is one;
- The state's Maternal and Child Health Services (Title V) agency;
- The state's Public Health agency, if this agency is not also administering the state's Title V program;
- The state's agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA);
- The state's child welfare agency (Title IV-E and IV-B), if this agency is not also administering Title II of CAPTA;
- The state's Individuals with Disabilities Education Act (IDEA) Part C and Part B Section 619 lead agency(ies);
- The state's Elementary and Secondary Education Act Title I or state pre-kindergarten program;
- The state's Preschool Development Grant Birth through Five (PDG B-5) recipient, if there is one;
- Federal programs serving young children and their families, including the Healthy Start program;
- Tribal recipients funded by HHS' ACF Tribal Home Visiting program;
- Tribal entities located in identified at-risk communities;
- U.S. Department of Housing and Urban Development-funded recipients within the state, including Continuum of Care recipients, state and local housing authorities, and other organizations that serve families that are homeless or at-risk for homelessness;
- Runaway & Homeless Youth programs, particularly those funded by ACF;
- The Office of Coordinator for Education of Homeless Children and Youths in the State authorized by the McKinney-Vento Act;
- The State Advisory Council on Early Childhood Education and Care authorized by § 642B(b)(1)(A)(i) of the Head Start Act, if applicable;
- The state's Medicaid/Children's Health Insurance program (or the person responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program);
- The state's primary health care, medical home, and safety net provider organizations (American Academy of Pediatrics, American College of Obstetricians and Gynecologists, HRSA-funded health centers and look-alikes, etc.);
- The state's Child Care and Development Fund (CCDF) Administrator;
- Director of the state's Head Start State Collaboration Office;
- The state's Single State Agency for Substance Abuse Services;

- The state's domestic violence coalition;
- The state's mental health agency;
- The statewide agency(ies) or local organization(s) focused on serving court-involved families, such as the Court Improvement Program, dependency courts, or family-serving problem-solving courts including infant-toddler courts;
- The statewide agency or organization focused on crime reduction, such as the State Reentry Council, State Council on Crime and Delinquency, or Association of Problem Solving Courts;
- The state's Temporary Assistance for Needy Families agency;
- The state's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program;
- The state's Supplemental Nutrition Assistance Program (SNAP) agency;
- The state's Injury Prevention and Control (Public Health Injury Surveillance and Prevention) program; and
- The state's oral health agency.

Eligible Entity – The term "eligible entity," under the MIECHV authorizing statute means a State, an Indian Tribe, Tribal Organization, or Urban Indian Organization, Puerto Rico, Guam, The Virgin Islands, the Northern Mariana Islands, and American Samoa. In certain circumstances outlined in Section 511(h)(2)(B), an eligible entity may include a nonprofit organization with an established record of providing early childhood home visitation programs or initiatives in a State or several States.[49] **–**

Eligible Family – The term "eligible family," under the MIECHV authorizing statute, means: (A) a woman who is pregnant, and the father of the child if the father is available; or (B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child's primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child**.[50]**

Evidence-Based Models – Evidence-based models are those home visiting service delivery models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness. In addition to the HHS criteria for evidence of effectiveness, the statute[24] specifies that a model selected by a eligible entity "conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high-quality service delivery and continuous program quality improvement," among other requirements.

Evidence of Promise - 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.

[49] Social Security Act, Title V, § 511(k)(1).
[50] Social Security Act, Title V, § 511(k)(2).

Fidelity – Fidelity is defined as a recipient's adherence to model developer requirements for high-quality implementation as well as any applicable affiliation, certification, or accreditation required by the model developer, if applicable.

HHS Criteria for Evidence of Effectiveness – To meet HHS' criteria for an "evidence-based early childhood home visiting service delivery model," program models must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains; or
- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples with one or more favorable, statistically significant impacts in the same domain.

In both cases, the impacts must either: (1) be found in the full sample or (2) if found for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples. Additionally, following statute, if the program model meets the above criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be sustained for at least 1 year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.

For results from single-case designs to be considered towards the HHS criteria, additional requirements must be met:

- At least five studies examining the intervention meet the What Works Clearinghouse's pilot single-case design standards without reservations or standards with reservations (equivalent to a "high" or "moderate" rating in HomVEE, respectively).
- The single-case designs are conducted by at least three research teams with no overlapping authorship at three institutions.
- The combined number of cases is at least 20.

Home Visiting Evidence of Effectiveness (HomVEE) – The Department of Health and Human Services uses HomVEE to conduct a thorough and transparent review of the home visiting research literature. Using the HHS criteria for evidence of effectiveness, HomVEE provides an assessment of the evidence of effectiveness for home visiting program models that target families with pregnant women and children from birth to kindergarten entry. Additional information about HomVEE is available on the HomVEE webpage.

Home Visiting Collaborative Improvement and Innovation Network – Through the Education Development Center, HRSA facilitates the Home Visiting Collaborative Improvement and Innovation Network 2.0 (HV CoIIN 2.0). The HV CoIIN 2.0 facilitates the dissemination of clinical and other interventions found to be effective in the first HV CoIIN related to alleviating maternal depression, promoting early childhood development, and linking families to service for any delays; increasing initiation and duration of breastfeeding, and enhancing and increasing family participation. Additionally, a new set of evidence-informed change strategies will continue to build the CQI capacity of MIECHV recipients and local implementing agencies (LIAs). The HV CoIIN brings together LIAs across multiple states, territories, and tribal entities to seek

collaborative learning, rapid testing for improvement, and sharing of best practices. The HV CoIIN uses the Model for Improvement which includes small tests of change (known as Plan-Do-Study-Act cycles) to adapt evidence-based practices recommended by faculty of the collaborative to the local context of participating agencies. The collaborative tracks individual agency and overall progress of the HV CoIIN using standardized outcomes and process measures for each target area. Each team reports on these measures monthly as they test and adapt the recommended changes.

Infant and Early Childhood Mental Health Consultation (IECMHC) – IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in order to equip these caregivers to facilitate children's healthy social and emotional development. IECMHC has been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover.

Maximum Service Capacity – The maximum service capacity (associated with the caseload of MIECHV family slots) is the highest number of households that could potentially be enrolled at the end of the quarterly reporting period if the program were operating with a full complement of hired and trained home visitors.

MIECHV Performance Measures – Performance measures are categorized into two types: performance indicators and systems outcomes. Performance indicators are relatively proximal to the home visiting intervention or shown to be sensitive to home visiting alone. Systems outcome measures are more distal to the home visiting intervention and/or are less sensitive to change due to home visiting alone due to many factors, including confounding influences or differences in available system infrastructure at the state- or community-level. A complete listing of the performance measures is available on the HRSA website.

Pay for Outcomes Initiative – The term "pay for outcomes initiative"[51] means a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include:

- A feasibility study that describes how the proposed intervention is based on evidence of effectiveness;
- A rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention;
- An annual, publicly available report on the progress of the initiative; and
- A requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except that a third party conducting the evaluation.

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

Precision Home Visiting – Precision home visiting is home visiting that differentiates what works, for whom, and in what contexts to achieve specific outcomes. It focuses on the components of home visiting services rather than on complex models of home visiting that are administered uniformly. Precision home visiting uses research to identify what elements of home visiting work best for particular types of families in particular contexts. Additional information is available from the Home Visiting Applied Research Collaborative (HARC) webpage.

Promising Approach Home Visiting Model – A home visiting service delivery model that qualifies as a promising approach is defined in statute: "the model conforms to a promising and new approach to achieving the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process." [52] The authorizing statute further requires, "An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using the service delivery model described in clause (i)(II)."[53]

Recipient-Level Infrastructure Expenditures – Recipient-level infrastructure expenditures refers to recipient-level expenditures necessary to enable recipients to deliver MIECHV services, but does not include the costs of delivering such home visiting services. It includes administrative costs related to programmatic activities, indirect costs, and other items, but does not include "administrative expenditures," and therefore is not subject to the 10 percent limit on administrative expenditures.

Recipient-level infrastructure expenditures necessary to enable delivery of MIECHV services may include recipient-level personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support (excluding costs related to state evaluation):

- Professional development and training for recipient-level staff;
- Model affiliation and accreditation fees;
- Continuous Quality Improvement (CQI) and quality assurance activities, including development of CQI and related plans;
- Technical assistance (TA) provided by HRSA-supported TA or through peer exchanges as well as TA provided by the recipient to local implementing agencies;
- Information technology including data systems (excluding costs incurred to update data management systems related to the HRSA redesign of the MIECHV Program performance measurement system which took effect in FY 2017);
- Coordination with comprehensive statewide early childhood systems; and
- Indirect costs (also known as "facilities and administrative costs") (i.e., costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity).

Reflective Supervision – Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is a practice which acknowledges that very young

[52] Social Security Act, Title V, § 511(d)(3)(A)(i)(II).
[53] Social Security Act, Title V, § 511 (d)(3)(A)(ii).

children have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts, and perceptions on his/her own without interruption from the supervisor.

Service Delivery Expenditures – Service delivery expenditures are those costs budgeted to deliver home visiting services to caseloads of family slots, excluding administrative and recipient-level infrastructure expenditures. Family slots are those enrollment slots 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, or identified as MIECHV based on the designation of the slot they are assigned at enrollment and in accordance with the terms of the contractual agreement between the MIECHV state recipient and the local implementing agency (LIA).

Examples of service delivery expenditures may include but are not limited to personnel, contracts, supplies, travel, equipment, rental, printing, and other costs to support:

- Contracts to LIAs;
- Professional development and training for LIA and other contractual staff;
- Assessment instruments/licenses;
- Participant educational supplies; and
- Participant recruitment.

Strong Theory - 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.

Title V Needs Assessment – Title V of the Social Security Act (§ 505(a)(1)) requires each state, as part of its application for the Title V Maternal And Child Health Services Block Grant to States Program, to prepare and transmit a statewide Needs Assessment every 5 years that identifies (consistent with the health status goals and national health objectives) the need for:

1) Preventive and primary care services for pregnant women, mothers, and infants up to age1;
2) Preventive and primary care services for children; and
3) Services for children with special health care needs.

More details are provided in Part Two, Section III.C. of the Guidance and forms of the Title V Application/Annual Report for the Title V Maternal and Child Health Services Block Grant to States Program.

Unobligated Balance – The amount of funds authorized under a federal award that the recipient (non-federal entity) has not obligated. The amount is computed by subtracting the cumulative amount of the non-federal entity's unliquidated obligations and expenditures of funds under the federal award from the cumulative amount of the funds that the federal awarding agency or pass-through entity authorized the non-federal entity to obligate.[54]

Virtual Home Visit – The Consolidated Appropriations Act, 2021 specifies that the term "virtual home visit" means a home visit, as described in an applicable service delivery model, that is conducted solely by the use of electronic information and telecommunications technologies.[55]

[54] 45 CFR § 75.2
[55] P.L. 116-260 Division X, Section 10(b)