

RFGA for local evidence-based home visiting programs: Question and Answers

The question and answer period closes on Thursday, April 25, 2024 at 11:59 pm MT. All questions must be submitted to elizabethvw@utah.gov during the question and answer period.

Aside from this information session, applicants are prohibited from communications regarding this RFGA with Home Visiting Program staff, evaluation committee members, or other associated individuals EXCEPT the identified contact.

Questions and answers are updated periodically and are organized into the following categories:

- General questions
- Eligible service areas
- Caseload requirements
- Eligible evidence-based models
- Staffing
- Budget

General questions

Question: Is the total funding available (\$4,200,900) for the full four years or per year?

The funding listed on this RFGA (\$4,200,900) is the approximate amount of funding available for agreements for the first year. Funding for the MIECHV program will increase each year. We do not have the exact amount of funding available for years two through four for this RFGA, as the federal grant is re-awarded each year. However, this provides the Home Visiting Program with the ability to increase funding to ensure more families are being served across the state and to support local implementing agencies to have necessary increases in funding to address changing economic conditions. Overall, the Home Visiting Program is seeking to sustainably scale the number of organizations funded while increasing the number of families served across the state.

To ensure that the Home Visiting Program balances their budget, exact funding amounts for each year will be determined by the Home Visiting Program following review of applications using the cost per family per year submitted in the application and funding available for all programs selected for an award.

Question: The RFGA is asking for a sustainability plan past this grant opportunity. If the federal MIECHV grant is continued, is there a possibility for renewal? Will this also be a competitive grant process?

After the end of the period of availability for this funding opportunity, the Home Visiting Program will likely run another competitive grant process for future funding.

To address the sustainability plan, applicants should consider what other funding sources are available to support the proposed home visiting model(s).

Question: The RFGA is asking for a narrative to only address expansion services. Can the narrative be a balance of past performance and how it will guide expansion services planning?

Applicants are welcome to address past performance and the lessons learned that will guide expansion of services. However, applicants are advised to stay within the page limit.

Question: If there is already a provider in the county and we are granted the contract, will there be a transfer of current families being served and how would that work?

Ideally families would be transferred from one organization to another if this happens. The particularities of how this would occur are dependent upon the community itself, as some organizations could choose to continue services without this funding. The Home Visiting Program will support the transfer of families as it makes sense given those localized contexts.

Question: Who exactly is the letter of support from?

The letter or letters of support should come from model developer representatives with whom your organization is working. For those working with Parents as Teachers, reach out to their Director of Model Replication, Angela Ward: Angela.Ward@parentsasteachers.org. For those implementing Nurse-Family Partnership, please reach out to their Network Development Specialist, Chelsea Yost: chelsea.yost@nursefamilypartnership.org.

Question: Are services expected to start July 1? If so, when would we train staff on the model we use to ensure fidelity?

Funded organizations should begin serving families as soon as possible. The Home Visiting Program understands that there are expected delays with regards to hiring, training, and ramping up caseloads and expects funded organizations to be in close communication about their processes throughout the funding period, not just at the beginning.

If organizations are already implementing a program, organizations should continue to provide services with the appropriate increases previously determined by the Home Visiting Program.

Funded organizations will receive notification of funding on or by May 24, 2024. Following this notification, organizations should begin the process to post for new positions as described on page 5 of the scope of work, in section 5.2.5.

In terms of training staff on the model to ensure fidelity, staff should receive model fidelity as soon as possible following their start date. See page 4 of the scope of work, section 4.2.4 for guidance regarding ramping up caseloads for new home visitors. This applies to all increases in caseload across the funding period.

Question: Regarding virtual home visits, the scope of work document says that we should ensure “all virtual or telehealth services are in alignment with DHHS’s definition and guidelines for virtual services.” Can you please let me know where we can review those definitions and guidelines? Are there requirements regarding the number of home visits that must be in person vs virtual?

Answer: The Home Visiting Program is in the process of providing a written definition for this to be reviewed and approved by the Health Resources and Services Administration, the federal agency which administers the MIECHV program. Once approval is granted, this will be provided to funded applicants, along with appropriate technical assistance to ensure compliance.

Eligible service areas

Question: Why is county XYZ not eligible for funding? Why was county XYZ removed from the list?

Answer: For this federal funding, Utah completed a statewide needs assessment, as required by the federal statute for this grant. The purpose of the needs assessment is to identify at-risk communities and target populations. This needs assessment was approved by the Health Resources and Services Administration in 2020 and has not been updated since this time. Please note that federal funding awarded by the Home Visiting Program prior to 2020 was not subject to this needs assessment. Additionally, any state funding awarded by the Home Visiting Program previously was not subject to this needs assessment.

The Home Visiting Program determined that the guidance set forth in this needs assessment continues to apply to Utah. As such, the Home Visiting Program will use this needs assessment to make informed, data driven strategic decisions, including funding allocations for this grant for the counties identified as at-risk in this document.

A copy of this needs assessment may be requested by emailing Elizabeth VanSant-Webb at elizabethvw@utah.gov.

Question: How does serving multiple counties impact the section that says "only 1 application will be funded to serve each county"?

Does 1 program per county mean 1 new and 1 existing, or just one program total? For example, if there is an existing program in a county should a new program not apply for that county? How does that impact larger counties with so many families that need service?

This means that if there are multiple applicants for one county, the Home Visiting Program will only select one organization for that county, as the Home Visiting Program will not be overlapping service areas between funded organizations. Applicants may propose to serve more than one county, but may only be awarded funds to serve in some of the proposed counties. This holds true, regardless of the size of the county. Every applicant must propose increasing their caseload to address the need in the county identified in the Needs Assessment.

This is a competitive application process. Applicants may propose to serve a county with an existing program. However, only one organization will be selected to serve each county.

Question: If you would like to serve more than one county, would that still be one application?

That is correct. If selected for funding, this will result in only one agreement/contract per organization.

Question: If we have an existing PAT home visiting program that serves two counties, but only one is identified on the needs assessment, can we apply for MIECHV funding for the portion of our program that serves only the county on the needs assessment?

Yes. If a home visitor's position is funded by MIECHV, families they serve must reside in the counties identified in the needs assessment. Organizations must verify this upon enrollment. If a home visitor were to work across two counties, but only one is approved under the MIECHV needs assessment, their salary would not be able to be fully covered by MIECHV.

There is a complex component of the MIECHV program, called the Personnel Cost Method, which guides the way in which Utah may approve funding for home visitor FTEs and caseloads. The Home Visiting Program will provide technical assistance around the staffing process to ensure funded organizations follow federal guidelines regarding caseloads and FTEs.

Question: Can you provide the current caseload for XYZ county?

No. One of HVP's goals is to serve more families across eligible counties in the state. There are complexities in organizational contexts that should be considered in developing this caseload proposal, so we cannot make strict recommendations for any county or organization, nor would we advise applicants to base their proposal on the context of other organizations. Applications should be based on the applicant organization's commitment to fulfill their proposed caseload.

Caseload requirements

Question: What are the caseload expectations for this RFGA?

It is expected that all selected subrecipients will increase their organizational caseload for each model implemented for each year of the agreement. DHHS strongly encourages each applicant to propose an annual increase that will result in reaching at least 10-20% of the estimated need, identified in Appendix B: At-risk counties from the Utah 2020 MIECHV needs assessment, by the end of the four year contract period. For additional information about the caseloads and maximum service capacity, see Article 4 of the sample scope of work.

Question: Is it expected that recipients reach 10-20% of need by the end of the four-year contract? Can we work towards the goal in increments?

Applicants are encouraged to work toward this goal incrementally, not within one year. Because the estimated number of families per county is different, applicants may need to exceed this recommended range. This may occur for applicants that complete an application to “expand a current program” and are already close to this 20% threshold. This may occur in areas where there is a small number of identified families and want to ensure staff have appropriate caseloads for their hours worked. It is expected that each funded program will increase their caseload each year, even if this exceeds 20%.

Applicants are encouraged to carefully consider their caseloads in this process. However, please note that exact caseload amounts for each year will be determined by HVP following review of applications using the cost per family per year and funding available for all programs selected for an award.

Question: Is the 10-20% increase in caseload per county or per agency?

This increase in caseload should be per model, per year, and per county. If an organization proposes to provide services across multiple counties, they should plan to meet 10-20% of the need in each county by the end of the four year funding period.

If an organization is currently close to that 20%, organizations should plan to exceed this number.

Question: In response to the 10-20%. What number do we need to start with as far as the caseload. Once we set that first number do we need to increase our caseload of 10-20% by year 4?

The Home Visiting Program cannot provide a blanket recommendation for a starting number for caseloads for all applicants, as there are numerous contextual factors that only applicant organizations can be aware of when completing their application.

If applicants currently provide services under MIECHV, they should use their current caseload as the starting point.

For new programs, we recommend taking the following steps:

- Use Appendix B of the RFGA Instructions to identify the number of families eligible for the county or counties to be served
- Set a goal of serving 10-20% by year 4
- Work backwards to establish how many families will be served each year to meet that goal for year 4

Question: If we start year one with 50 families enrolled and have an estimated 1000 families needing services in our county, do we need to increase by 10-20% each year or just have at least 100-200 families enrolled by the end of year four?

The calculation above is correct--for a county with an estimated number of families eligible at 1000, 10-20% of this would be 100-200. An organization can start with 50 families and increase from there to reach 100-200 by year 4.

Question: If an agency already has a full team, can the grant funding pay to hire another supervisor to expand the caseload?

Yes. Applicants should include funding to hire and train another supervisor when the caseloads exceed the current staffing capacity. The additional funds available each year will accommodate this need.

Question: Some counties are reaching saturation for the number of families being served and eligible. How do we address this in our application?

The estimated number of families in need of home visiting services can be found in Appendix B of the RFGA Instructions. According to the numbers identified in the MIECHV needs assessment, no counties are saturated. If your organization has a specific question about the context of your community, reach out to Elizabeth at elizabethvw@utah.gov.

Question: If applying for more than one county how do we add the total numbers to be served on one cover sheet?

If an organization is seeking to implement both NFP and PAT, applicants should add the total number of families to be served per year for both the cover sheet and the budget for all counties proposed. The breakdown should be explained in the project narrative.

Question: Since programs like NFP are voluntary, is there any way the state will help with recruiting clients?

All home visiting services provided by MIECHV are voluntary. Applicants must set up their own recruitment and referral networks within their local communities. Organizations should also seek technical assistance from model developers around recruitment and outreach strategies. The Home Visiting Program can provide connections to other community partners. The Home Visiting Program is open to thoughts on how they can support their recruitment process. However, the Home Visiting Program does not retain data about clients or eligible families from other state-level services, so we strongly encourage local connections and potentially data sharing agreements between local entities between home visiting programs and other local programs that receive funds from the state or federal government.

Question: NFP says that our Community Referral Capacity is XYZ, but 10-20% of the estimated need in our county is higher than this number. We don't want to exceed our capacity. What do we do?

Answer: The Home Visiting Program spoke with NFP about this Community Referral Capacity calculation. This estimate is based on a number of factors, including Medicaid-eligible births for first time mothers. NFP does not define "low income," but leaves this up to network partners. In this case the Home Visiting Program is stepping in to define this to ensure continuity of eligibility for home visiting services across the state. The Home Visiting Program's eligibility guidelines exceed Medicaid eligibility guidelines in Utah. These eligibility guidelines can be found on page 18 of the scope of work. Medicaid eligibility for Utah can be found [here](#). Federal Poverty Level guidelines can be found [here](#). Funded organizations are expected to follow MIECHV eligibility guidelines, thus enabling them to serve above NFP's Community Referral Capacity number. NFP provided the Community Referral Capacity to the Home Visiting Program to use in the application review process. Applicant organizations may also request this number from NFP.

Please note that for both NFP and PAT, outcomes are optimal for families in greatest need of services. As a result, funded organizations should conduct priority assessments for families as they are enrolled off of waitlists to ensure the families with the greatest need receive services first.

Question: Can you explain this item on page 5, article 5.2.2 of the scope of work: “(2) Home Visitors must be at least 0.5 FTE and serve the appropriate pro-rated caseload, as described in the home visitor caseload.”?

Answer: Each home visitor must be at least 0.5 FTE. or work 20 hours/week on home visiting. For PAT, a full caseload for 1.0 FTE is 18 families. A prorated caseload for a PAT home visitor at 0.5 FTE is 9 families. For NFP, a full caseload for 1.0 FTE is 25 families. A prorated caseload for an NFP home visitor at 0.5 FTE is 12.5 families, which should be rounded up to 13.

Eligible evidence-based models

Question: This grant only applies to LHD's that do PAT and NFP correct? We do TCM (targeted case management) and P-5 (Prenatal to 5). But didn't see anything in the contract that was TCM or P-5 related.

Answer: This grant is available to any qualifying entities that currently or would like to start implementing one or both evidence-based models (Parents as Teachers and Nurse-Family Partnership). This is not related to Medicaid's Targeted Case Management or the Prenatal-to-Five program. To read more about this specific federal funding opportunity and the ways in which Utah implements this program, please read Appendix A in the MIECHV RFGA Instruction packet.

Question: What about other home visiting models?

The only models approved to be implemented under MIECHV are those that meet the Health and Human Services criteria for evidence of effectiveness, which can be found on [this website](#). The Home Visiting Program must use this list to consider which models may be implemented with Utah's MIECHV dollars in order to remain in compliance and meet all funding requirements. Due to the complexities of the reporting requirements, Utah

determined that only Parents as Teachers and Nurse-Family Partnership may be implemented with these dollars for this funding cycle.

Question: The RFGA asks for expansion of existing programs while creating capacity for new programs? If we already have NFP and PAT, should we plan to add other MIECHV approved programs in the future?

This is found on page 5 of the RFGA instructions under “general funding priorities of HVP,” which states “assuring funding supports a balance between expansion of existing home visiting services and building capacity for new programs”. This is intended to give applicants an understanding that the Home Visiting Program hopes to support current and new programs as a result of this RFGA. This is only about funding, not about the addition of other evidence-based models. At this time, there are no plans to include other evidence-based models in Utah’s MIECHV program.

Question: What data system do we have to use?

Article 8.3.1 in the scope of work states “All client data must be stored and maintained in the Home Visiting Model’s database.” This means that programs implementing NFP must use Flo and programs implementing PAT must use Penelope. The Home Visiting Program’s reporting and data infrastructure pulls data directly from the data warehouse for each of these programs to reduce the burden on home visitors to do double entry. While the Home Visiting Program understands that agencies may use their own local system, use of these platforms is required to ensure uniformity in data collection, definitions, and reporting to meet MIECHV requirements.

Additionally, Article 8.3 states “Grantee shall collect and report all data required in Attachment E, along with all data required under the MIECHV program, regardless of alignment and requirements of the Home Visiting Model.” We are aware of a few data elements for NFP that are not collected by Flo. While the Home Visiting Program is working with NFP to support local programs with this requirement, funded applicants are still responsible for collecting and reporting these data elements that are not entered and stored in Flo. This is the only exception to this requirement.

Staffing

Question: Where can I find information about equitable pay for home visitors?

When considering equitable pay for home visitors there are many factors to consider. The average hourly pay for a home visitor in Utah is \$27.62, though this may vary based on the visitor's experience and education/licensure. For more information on determining equitable pay in the early childhood landscape, consider checking out these resources:

- + Start Early: [In Pursuit of Equitable Compensation for the Early Childhood Workforce](#)
- + Child Care Services Association: [A Look at Salary/Wage Scales for the Early Childhood Educator Workforce](#)
- + BUILD Initiative: [Improving Child Care Compensation Backgrounder 2021](#)

Question: The RFGA wants the budget to match your hiring plan. Even if we plan to hire at a specific time, the process may go slower than expected. Hiring NFP nurses can be particularly challenging. Is there a tolerance for that delay if we continue close communication with DHHS about the delay? This relates to budgeted FTEs per contract year.

Many areas of the state and the country have experienced challenges with hiring home visitors regardless of the model implemented. Funded organizations will receive notification of funding on or by May 24, 2024. Following this notification, organizations should begin the process to post for new positions as described on page 5 of the scope of work, in section 5.2.5.

We want to be in close communication about hiring processes. If an organization knows there will be a delay in hiring because there is a challenge in their area, lessons learned from previous hiring and recruitment processes should be implemented in the hiring plan for this grant.

For concerns regarding delays with hiring, it is important that all funded organizations remain in communication with the Home Visiting Program regarding concerns related to this topic and compliance. This enables the Home Visiting Program to provide appropriate technical assistance, while also connecting the funded organization to the appropriate technical assistance provided by the model.

Question: What if your site only has office space for 1 to 2 more staff? How do you grow by 5% or more? Can staff work from home?

Applicant organizations should follow their policies and procedures regarding teleworking or hybrid work for program staff.

The Home Visiting Program will have more information in the coming months for funded programs regarding requirements around virtual home visiting services.

Question: Can we hire as we build caseloads?

Funded organizations will receive notification of funding on or by May 24, 2024. Following this notification, organizations should begin the process to post for new positions as described on page 5 of the scope of work, in section 5.2.5. This ensures that funded programs are working on hiring processes at the beginning of each contract year, when caseloads increase.

Question: What level of licensure is required for nurses in the Nurse-Family Partnership. Do they need to be RNs and if so, what level of educational completion, or could they be LPN's?

The Nurse-Family Partnership model requires RNs. For more information about the model, please reach out to their Network Development Specialist, Chelsea Yost: chelsea.yost@nursefamilypartnership.org.

Question: Currently, our Parents as Teachers (PAT) Program serves families with kids from the prenatal stage to age 3 only. Are we required to serve kids from prenatal to age 5 for the MIECHV grant?

While MIECHV allows for services to be provided up to age 5/kindergarten entry, applicants can propose to only serve up to age 3 (using only the Foundational 1 PAT curriculum). However, it should be noted that the estimated number of families in need of home visiting services identified in Appendix B of the RFGA instructions includes families with children up to age 5. In this case, the requirement to increase caseloads to 10-20% of the estimated need is still required, as the Home Visiting Program is seeking to increase the total number of families served across the state with this funding opportunity.

Question: Can you approve our staffing plan before we submit our application?

In order to remain objective and fair, the Home Visiting Program cannot review staffing plans prior to the grant application deadline. Applicants are encouraged to review Article 5

of the scope of work detailing program staffing requirements and provide an overview of their staffing plans as requested in the Project Narrative. Keep in mind that there are many different ways organizations may choose to staff their programs and the scope of work is intended to provide the guidance needed to meet compliance requirements. If applicants are selected for funding, a finalized staffing plan must be approved by the Home Visiting Program prior to contract execution.

Question: Can we have a data entry person on our team?

There is a requirement around "data quality assurance". Please see Articles 8.4 and 8.7 in the scope of work for requirements around this position as well as Article 5 regarding all staffing requirements. Programs may choose to add more responsibilities to this data quality assurance position as their program needs. Data quality assurance work does not qualify as administrative time, but can be included in general staff time.

Budget

Question: In the RFGA it says "No more than 10% of the grant amount, or up to the applicant organization's federally approved indirect rate, may be spent on costs associated with administering the grant (indirect)." Does that mean that if we have a federally negotiated indirect rate that we can charge our full rate? Would we use this rate or the 10% of the total grant amount?

DHHS can accept up to the federally approved indirect cost rate. A copy of the letter with this approved rate should be included with submission of the application.

Question: Is there a template for budget Form C?

In the RFGA Instructions, there are simple instructions for how to complete this section. We recommend following the format of calculations provided in this section and submitting this as a PDF document with the application.

Question: Can we use the 0.67/mile even if our institutional mileage rate is lower?

The 0.67/mile reimbursement rate is an example. Applicants should follow their organization's policies and procedures regarding mileage reimbursement as they build their budget.

Question: For meals does the state have a per diem or is the calculation based on each individual organization?

Applicants should follow their organization's policies and procedures regarding per diem and meals as they build their budget.

Question: Is there a cap on administrative salaries and other administrative costs (computers, trainings etc.) outside of the indirect?

Article 11.1.2 states, "Grantee shall ensure no more than 10% of the grant amount, or up to the applicant organization's federally approved indirect rate, may be spent on costs associated with administering the grant." The definition for indirect/administrative costs on the budget sheet is as follows "Include costs that are incurred for common or joint objectives and, therefore, cannot be identified readily or specifically with a particular sponsored project, an instructional activity, or any other institutional activity."

Administrative salaries are subject to this 10%/indirect cost rate cap and should be detailed in the budget narrative.

One rule of thumb for MIECHV is that MIECHV dollars must support MIECHV families, aside from this 10% or indirect rate. There are separate categories for computer & office equipment, as well as training and development that are not included in indirect/administrative costs.

Question: The RFGA instructions have a couple of different budget periods. What should I use?

The budget periods in the instructions are definitely confusing. Since publishing this, we have determined that all contracts will be on the following schedule:

- Budget period 1: July 1, 2024 - June 30, 2025
- Budget period 2: July 1, 2025 - June 30, 2026
- Budget period 3: July 1, 2026 - June 30, 2027
- Budget period 4: July 1, 2027 - June 30, 2028

For programs that are expanding a MIECHV program, if selected for funding, the current contract will be terminated and the new contract will start on July 1, 2024 to ensure that everyone is on this schedule above. If a currently funded MIECHV program is not selected

in this RFGA, the current contract will remain in place in order to give the LIA time to transition families to other early childhood services in their community.

Question: Where are building expenses factored into the budget (if they are allowed in the funding)? Under indirect or a different category? These would be rental costs for office space.

Building expenses should be allocated under indirect/administrative. If the applicant organization does not have an approved indirect cost rate, the charges should be allocated according to the organization's cost allocation plan, which must be submitted with the application.

Question: Can we use an indirect cost rate along with a cost allocation plan?

Organizations may include up to 10% in administrative costs in addition to a federally approved indirect rate, if they have a current cost allocation plan in place.