

FFY 2018 –
FFY 2019

Indiana State Department of Health

Division of Maternal and Child Health

MIECHV
Nurse Family
Partnership

Request for Applications



EXECUTIVE SUMMARY

The Indiana State Department of Health, Maternal and Child Health is accepting applications for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The purpose of this program is to support the delivery of coordinated and comprehensive high-quality voluntary home visiting services to eligible families through implementation of Nurse Family Partnership. This program is administered by Indiana State Department of Health in partnership with Department of Child Services.

Funding Opportunity Title:	MIECHV Nurse Family Partnership
Due Dates for Applications:	February 15, 2019
Anticipated Total Available Funding:	\$3,274,398
Estimated Number and Type of Awards:	Up to 4 awards
Estimated Award Amount:	Amounts vary
Cost Sharing/Match Required	No
Period of Performance:	7/1/2019-9/29/2020
Eligible Applicants:	Nurse Family Partnership-National Service Office approved in-good standing or conditionally approved local agencies

You (the applicant organization) are responsible for complying with instructions included in section V. of this Request for Applications (RFA).

I. FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

The purpose of this RFA is to select a vendor(s) to serve as a local implementing agency that can satisfy the State's need for Maternal, Infant, and Early Childhood Home Visiting. It is the intent of the Indiana State Department of Health (ISDH) to contract with a vendor(s) to provide quality Nurse Family Partnership (NFP) programming.

Program Goals

The overall goals 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 for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for eligible families who reside in at-risk communities, as identified in Indiana's [statewide needs assessment](#).

The overall vision of Indiana's MIECHV Program is to improve health and developmental outcomes for children and families who are at risk. This vision is accomplished through the following goals and objectives:

1. Provide appropriate home visiting services to women residing in Indiana (based on needs) who are low-income and high-risk, as well as their infants and families.
 - i. By 9/30/20, NFP will serve 592 MIECHV-funded families in counties as identified during the RFA process.
2. Develop a system of coordinated services statewide of existing and newly developed home visiting programs in order to provide appropriate, targeted, and unduplicated services and locally coordinated referrals to all children, mothers, and families who are high-risk throughout Indiana.
 - a. By 9/30/20, inform organizations in Indiana [that currently serve as a referral source for home visiting programs] regarding referral coordination and expansion of services in order to provide appropriate, targeted, and unduplicated services to all children, mothers, and families who are high-risk throughout Indiana.
3. Coordinate necessary services outside of home visiting programs to address needs of participants, which may include: mental health, primary care, dental health, children with special needs, substance use, childhood injury prevention, child abuse / neglect / maltreatment, school readiness, housing, employment training and adult education programs.
 - a. Referral coordination will be provided by Help Me Grow Indiana for MIECHV-funded families in Indiana with children who screen positive for concern for developmental delay by 9/30/2019.
 - i. By 9/30/2019, home visitors serving MIECHV-funded families will refer 100% of families with children who screen positive for concern for developmental delay and are unable to receive an evaluation by early intervention services within 45 days to Help Me Grow Indiana for assistance in navigating referrals and/or activities for family support if evaluation by early intervention services is delayed.

- ii. By 9/30/2019, Help Me Grow Indiana Care Coordinators will provide a feedback loop to home visitors that includes MIECHV-funded family receipt of services to address positive screens for developmental delay and quality of services received for 100% of MIECHV-funded families that are referred to HMG with appropriate data-sharing consent.
- b. Referral coordination will be provided by Help Me Grow Indiana for MIECHV-funded families in Indiana who require additional services beyond home visiting by 9/30/2020.
 - i. By 9/30/2019, home visitors serving MIECHV-funded families will refer 100% families with additional needs beyond home visiting to Help Me Grow Indiana for assistance in navigating referrals when receipt of services is unable to be confirmed within 30 days of referral.
 - ii. By 9/30/2020, Help Me Grow Indiana Care Coordinators will provide a feedback loop to home visitors that includes MIECHV-funded family receipt of services to additional services beyond home visiting and quality of services received for 100% of MIECHV-funded families that are referred to HMG with appropriate data-sharing consent.

2. Background

Statutory Authority

This program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L. 115-123).

The IN MIECHV Program responds to the diverse needs of children and families in at-risk communities. At-risk communities are identified in Indiana's statewide needs assessment as those communities for which indicators, in comparison to statewide indicators, demonstrated that the community is at greater risk than the state as a whole. At risk communities are further defined as counties 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 at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.

Program Activities and Expectations

Priority for Serving High-Risk Populations

Recipients must give priority in providing services under the MIECHV Program to the following:

- Eligible families who reside in communities in need of such services, as identified in the [statewide needs assessment](#), taking into account the staffing, community resource, 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
- 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.
- Eligible families that represent disparate racial and ethnic populations with the highest infant mortality rates

Fidelity to Nurse Family Partnership Service Delivery Model

NFP helps transform the lives of vulnerable, first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children and themselves.

NFP's evidence-based community health program produces long term family improvements in health, education, and economic self-sufficiency. By helping to break the cycle of poverty, NFP plays an important role in helping to improve the lives of society's most vulnerable members, build stronger communities, and leave a positive impact on this and future generations.

The NFP National Service Office is a non-profit organization that provides implementing agencies with the specialized expertise and support needed to deliver NFP with fidelity to the model, so that each community can see comparable outcomes.

The NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons, and/or theoretical rationales. LIAs must implement in accordance with these model elements, assuring implementing agencies have a high level of confidence that results will be comparable to those measured in research.

The Model Elements are as follows:

- Element 1: Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2: Client is a first-time mother.
- Element 3: Client meets low-income criteria at intake.
- Element 4: Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.

- Element 5: Client is visited one-to-one: one nurse home visitor to one first-time mother/family.
- Element 6: Client is visited in her home as defined by the client, or in a location of the client's choice.
- Element 7: Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.
- Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.
- Element 9: Nurse home visitors and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO.
- Element 10: Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.
- Element 11: Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.
- Element 12: A full-time nurse home visitor carries a caseload of 25 or more active clients.
- Element 13: NFP agencies are required to employ a NFP nurse supervisor at all times.
- Element 14: Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.
- Element 15: Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner.
- Element 16: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity and inform clinical practice and supervision.

- Element 17: A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.
- Element 18: A Nurse-Family Partnership implementing agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.
- Element 19: Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model.

For more information about NFP, please visit the web-site at <http://www.nursefamilypartnership.org/>.

Enrollment

LIAs must implement Nurse Family Partnership with fidelity to the model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.

Dual enrollment refers to home visiting participant enrollment and receipt of services through more than one MIECHV-supported home visiting model concurrently. Toward responsible fiscal stewardship and to maintain model fidelity, LIAs should develop and implement policies and procedures to avoid dual enrollment. Avoiding dual enrollment maximizes the availability of limited resources for home visiting services for eligible families and prevents duplicative collection and reporting of benchmark data.

Collaboration with Early Childhood Partners and Early Childhood System Coordination

LIAs will 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. To do this, LIAs must establish appropriate linkages and referral networks to other community resources and supports, including those represented in comprehensive statewide and local early childhood systems. An early childhood system brings together health, early care and education, and family support program partners, as well as community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families.

Additionally, recipients must engage in Indiana's Help Me Grow efforts to a system approach in designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral and linkage. The system model of HMG reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families.

The Help Me Grow system is used to implement effective, universal, early surveillance and screening for all children and then link them to existing quality programs through organization and leverage of existing resources in order to be serve families with children at-risk.

Medicaid Reimbursement

Recipients must become Medicaid providers in order to facilitate potential future billing and referral structures. LIAs are encouraged to become Indiana Healthcare Program Providers as soon as possible. This requires a National Provider Identifier (NPI) in which you may need to pay an enrollment fee, undergoing a background check depending on provider type in which you enroll. For more information: <https://www.in.gov/medicaid/providers/465.htm>. Recipients must be registered Medicaid provider by September 29, 2020. Recipients may be ineligible for future funding if unable to meet expectation.

Continuous Quality Improvement Plan

LIAs are required to implement Continuous Quality Improvement (CQI) activities that meet the requirements outlined in [Indiana's MIECHV CQI plan](#) of at least one project per year. **No plan is required for submission with this application.**

Performance Measurement & Reporting

LIAs must collect data in accordance to the NFP model. Recipient will utilize the electronic medical record system, Disease Management Coordination Network (DMCN), to improve the quality of service offered to NFP clients.

LIAs must participate in performance reporting in alignment with HRSA's required reporting [Indiana's MIECHV Performance Measurement, Data Collection, and Data Analysis Plan](#). Reporting will include Forms 1, 2, and 4, quarterly reviews, and missing data clean-up. For the purposes of reporting 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. MIECHV families can be identified using the below method:

Home Visitor Personnel Cost Method

Families are designated 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.

Model Enhancements

For the purposes of the IN MIECHV Program, an acceptable enhancement of the NFP model is a variation to better meet the needs of targeted at-risk communities that does not alter the core components of the model. Model enhancements may or may not have been tested with rigorous impact research. Recipients who wish to adopt enhancements must submit written approval from the NFP NSO and ISDH. It must be determined by NFP NSO and ISDH that the enhancement does not

alter the core components related to program impacts, and ISDH must determine it to be aligned with MIECHV Program activities and expectations.

Limit of Funds to Support Direct Medical, Dental, Mental Health, or Legal Services

The MIECHV Program generally does not fund the delivery or costs of direct medical, dental, or legal service; however some limited direct services may be provided (typically by the home visitor) to the extent required in fidelity to the Nurse Family Partnership model. Recipients may coordinate with and refer eligible families to direct medical, dental, mental health or legal services and providers covered by other sources of funding, for which non-MIECHV sources of funding may provide reimbursement.

II. AWARD INFORMATION

1. Type of Application and Award

Type(s) of applications sought: New

2. Summary of Funding

This program will provide funding in federal fiscal year (FY) 2018 and 2019. Approximately \$3,274,398 is expected to be available to fund up to 4 awards.

This is calculated based on a ceiling amount declared by HRSA and partnership between ISDH and the Department of Child Services.

3. Requesting Funds

Due to the legislative requirement pertaining to the period of availability for use of funds by recipients (Social Security Act, Title V, § 511(j)(3)), recipients will not be permitted a no-cost extension of the period of availability for use of such funds.

You should request funds to support a proposed caseload of MIECHV family slots through use of NFP home visiting model. Based on review of the application, ISDH staff will either approve or request clarification to the proposed caseload of MIECHV family slots by fiscal year and any proposed model enhancement(s). (See Section I for more information about model enhancements.) The funding award is dependent upon the approved, agreed upon plan. Recipients should remember that inability to meet proposed caseloads may result in de-obligated funds, which may impact future funding.

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. It is known that the caseload of MIECHV family slots may vary by federal fiscal year pending variation in available funding in each fiscal year.

ISDH recognizes that recipients may utilize a number of funding streams and use different administrative practices for assigning and reporting MIECHV family slots.

4. Funds

Recipient(s) will not receive more than the total grant award ceiling estimated.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan, in order to be considered for funding the State requires all NFP RFA applicants to submit a letter of support from the NFP National Service Office stating they have a current contract in good-standing or have been deemed conditionally ready to implement the program.

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email to MCHBusinessUnit@isdh.IN.gov.

Applicants are encouraged to submit questions by the designated due date of **5:00 p.m. Eastern Time on January 25, 2019**. The questions will be compiled into a single “E-mail Forum” document that will be posted online for all applicants and will provide answers to the proposed questions by February 4, 2019.

IV. SUMMARY OF TIMELINE

Event:	Date:
Posting of Request for Applications	January 14, 2019
Deadline to Submit Written Questions	January 25, 2019 @ 5pm ET
Response to Written Questions	February 4, 2019
Application Due Date	February 15, 2019 @ 5pm ET
Award Announcements	April 1, 2019

The ISDH intends to sign a contract with one or more respondent(s) to fulfill the requirements in this RFA. The term of the contract shall be for at least a period of one (1) year from the date of

contract execution expiring 9/29/2020. There may be renewals dependent on available funds for no more than four (4) years.

V. APPLICATION INFORMATION

1. Address to submit Applications

To be considered for this competitive funding, a completed application must be received by ISDH by **NO LATER THAN** February 15, 2019 at 3pm EST

SUBMIT APPLICATIONS VIA EMAIL TO: MCHBusinessUnit@isdh.IN.gov

2. Application Page Format and Limitations

The total application size of all files may not exceed the equivalent of **30 pages** when printed by ISDH. The application should be formatted with **one inch margins, double spaced, Times New Roman 12-point font, including page numbers submitted as a single PDF document.**

Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. **All required attachments do not count in the page limit, including the budget worksheet.** All required section headings are listed below. Please do not alter the format of the document.

We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete, within the specified page limit, and prior to the deadline to be considered under this notice.

3. Application Content

Section 1: Abstract (1 Page)

This abstract will provide a succinct and clear summary of the applicant's application. The abstract is often distributed to provide information to the public. Please prepare this so that it is accurate, concise, and without reference to other parts of application.

Please place the following in the top header of the abstract:

- Project Title
- Applicant Name
- Address
- Website address, if applicable
- Name, signature, and email of the following individuals within the applicant agency:
 - Authorized Executive Director

- Project Director / Person of contact
- Person authorized to make legal and contractual agreements

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 projects 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

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, including:

- Identified communities and target population (e.g. race, ethnicity, age, socioeconomic status, geography) stating its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s);
- Total proposed caseload of MIECHV family slots for each federal fiscal year (defined as FY 2019 and FY2020);
- Current caseload of MIECHV family slots; and
- Key activities to ensure appropriate linkages and referral networks to other existing community resources and supports (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships to support eligible families served

Section 2: Application Narrative

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

This section will also include information about the overall success of NFP implementation and continued operations since January 1, 2018.

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

INTRODUCTION

In this section:

- State the purpose of the project.

- Identify the goal(s) and objectives for the project. Utilize the SMART objective framework: Specific, Measureable, Achievable, Realistic, and Time-bound are characteristics of SMART objectives.
- Describe how the goal(s) and objectives align with the Indiana MIECHV goals outlined in Section I. 1 Program Goals above.
- Provide a description of the applicant’s progress towards implementing NFP in an early childhood system, including progress toward collaboration with partners and system coordination, as well as professional development and training for staff.

COMMUNITY

In this section:

- Identify the at-risk counties currently being served with MIECHV grant support.
- Identify any of these counties where you intend to discontinue services. Explain why you decided to discontinue.
- Identify any new at-risk counties where you intend to provide NFP services with the MIECHV funding. Explain why you propose to provide services in new at-risk counties. Include documentation from identified data sources including how it aligns with the highest risk counties in the [statewide needs assessment](#).
- Among eligible families living in at risk counties and representing priority population (see Section I), describe any target subpopulations to whom you propose to serve.
- Indicate how you propose to utilize any relevant major findings of the most recent ISDH MCH reports using data sources that are available to the organization and/or ISDH MCH data available at <https://www.in.gov/isdh/26292.htm> , <http://in.gov/isdh/27281.htm> , <http://www.in.gov/isdh/23506.htm> (include full citations for all data sources)
- Identify the current need for NFP in the community.
- Identify if there is a minimum of 400 low-income births per year within the community or catchment area in which the organization would propose to provide NFP services? If so, how was this determined? (include full citation for data source). If there is not a minimum of 400 low-income births per year, or if the organization is unsure of the number of such births within the community or catchment area, identify if the organization is willing to partner with a neighboring community to serve a larger area to meet this minimum number of births. If the organization is willing to partner with a neighboring community, please indicate any relevant existing working relationships and/or formal agreements that might make this possible.
- Describe any major barriers to providing NFP services in the selected at risk counties and plans to address those barriers.

METHODOLOGY

In this section:

- Identify how the program will support the needs of the identified at-risk counties.

- Identify the current capacity of the organization and the community to implement NFP effectively with fidelity based on available resources and support from NFP NSO.
 - Describe how services will be provided on a voluntary basis to eligible families, including any policies and procedures.
 - Describe how organization will ensure clinical supervision with reflection, demonstration of theories integration, and professional development facilitation occurs through one-to-one clinical supervision, case conferences, team meetings, and field supervision.
- Describe how you will meet previously described program activities and expectations as listed above in Section I.2, including those related to:
 - Priority for serving high-risk population;
 - Describe any targeted activities to reduce Indiana’s infant mortality rate amongst disparate populations
 - Proposed enhancement to the NFP model that do not alter the core component of the model and (if you propose a substantial change in methodology, provide documentation of the NFP NSO agreement with your plans to ensure fidelity to the model).
 - Policies the organization will utilize to address recruitment, enrollment, disengagement, and re-enrollment of eligible participants. Identify the policies and procedures utilized to avoid dual-enrollment in more than one MIECHV-supported program.
 - Briefly discuss any difficulty recruiting, enrolling, or retaining families and any steps taken to address this difficulty.
 - Describe the linkages and referral networks the organization currently utilizes to support the needs of families. Identify how the organization plans to continue to establish these linkages and referral networks, including those represented in comprehensive statewide and local early childhood systems.
 - Identify if the organization is currently a registered Medicaid provider or capable of reimbursing Medicaid for other services provided by applicant agency. If not, describe how the organization plans to meet this expectation?
- Describe how you will establish and communicate a shared vision for a high quality early childhood system in partnership with health, early care and education, and family support program partners.
- Describe proposed activities with the NFP NSO (including state or regional representatives), including any:
 - Planned technical assistance, training, and/or professional development activities provided by NFP NSO; and
 - Planned or expected monitoring for fidelity by the NFP NSO.
- Propose a plan for project sustainability after the period of MIECHV funding ends.

RESOLUTION OF CHALLENGES

In this section:

- Discuss the challenges that are likely to be encountered in implementing the activities described and include the approaches that will be used to resolve such challenges.
- Discuss technical assistance that may be requested from ISDH staff, ISDH-supported technical assistance providers, NFP NSP, and/or another provider to support resolution of named challenges.

PERFORMANCE MANAGEMENT AND TECHNICAL SUPPORT CAPACITY

In this section:

- Include how you will monitor key indicators associated with healthy development of children and women.
- Identify how the organization will meet the HRSA required performance reporting in alignment with [Indiana’s MIECHV Performance Measurement, Data Collection, and Data Analysis Plan](#). A summary of the MIECHV performance measures is available online at: https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/Federal_Home_Visiting_Program_Performance_Indicators_and_Systems_Outcomes_Summary.pdf.
 - Describe any key activities that promote coordination of services for eligible families to improve performance on MIECHV measures
 - Describe any key activities that support parent engagement in activities to ensure high quality system. Describe how the organization will involve parents in planning, designing, implementing and evaluation activities of the NFP MIECHV project.
- Describe both current and planned activities to complete data collection activities used to support annual and quarterly performance reporting. See Section VII below for detail regarding annual and quarterly performance reporting.

CONTINUOUS QUALITY IMPROVEMENT

In this section:

- Describe how the organization currently utilizes continuous quality improvement.
- Describe any major CQI goals and activities.
- Identify how the organization will meet the CQI requirements outlined in [Indiana’s MIECHV CQI plan](#)?
- Discuss technical assistance that may be requested from ISDH staff, ISDH-supported technical assistance providers, and/or NFP NSO to support CQI.

ORGANIZATIONAL INFORMATION

In this section:

- Include the name, legal status and brief organizational history of the organization interested in implementing the Nurse Family Partnership program.
- Describe how the organization’s mission, structure, and current activities contribute to the ability to implement NFP and meeting program expectations.
- Describe how the organization will plan for and address recruitment and retention of qualified staff, including:
 - Steps taken to ensure high-quality supervision, including reflective supervision.
 - Recruitment of staff with necessary qualifications to meet fidelity; and

- Review of available data to determine the professional development and training needs of staff.
- Provide information on the organization’s resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the organization will address cultural, language, and low literacy barriers.
- Describe the availability of resources and demonstrated commitment to continue the proposed project after the grant period ends.

PAST PERFORMANCE AND IMPLEMENTATION OF NURSE FAMILY PARTNERSHIP

In this section:

- Highlight past performance with the organization’s implementation of NFP.
- Describe implementation challenges, how these challenges were mitigated, and if there are any improvement plans underway.

Section 3: Budget

The budget worksheet to be submitted with the application as a separate Microsoft Excel document. Do NOT substitute a different format. Create separate budgets for budget periods 7/1/2019-9/30/2019 and 10/1/2019-9/30/2020 using a tab for each worksheet. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.38 per mile, \$26 per day per diem, and \$89 plus tax per night of lodging. Please check for consistency among all budget information.

In completing the budget, remember that all amounts should be rounded to the nearest penny.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

- Construction of buildings, building renovations
- Depreciation of existing buildings or equipment
- Contributions, gifts, donations
- Entertainment, food
- Automobile purchase
- Interest and other financial costs
- Costs for in-hospital patient care
- Fines and penalties

- Fees for health services
- Accounting expenses for government agencies
- Bad debts
- Contingency funds
- Executive expenses (car rental, car phone, entertainment)
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment (over \$5,000 per unit)
- Dues to societies, organizations, or federations
- Incentives

Section 4: Required Attachments

- Bio-sketches for key personnel currently in positions
- Job descriptions for all key positions, both filled and to be filled
- Organizational Chart
- Caseload of Family Slots by at-risk community: 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.

Local Implementing Agency (LIA)	County to be served by LIA	Currently served as of 12/31/2018 (y/n)	Caseload of Family slots for FY19 (10/1/18-9/30/19)	Caseload of Family slots for FY20 (10/1/19-9/30/20)
			0	0

- NFP NSO Letter of Support
- Additional Documentation

VI. EVALUATION CRITERIA

Applicants should request the funding they believe is needed to serve their proposed population.

Applications will be evaluated and funds will be awarded based upon the proposed catchment area compared to the assessed need for home visiting throughout the state.

VII. REQUIRED REPORTING

Data for Indiana MIECHV Annual Performance Reporting Forms 1 and 2 must be submitted to HRSA October 30. Recipients will provide demographic, service utilization, and select clinical indicators and performance indicators and systems outcomes measures through email that represent activities occurring during the reporting period of October 1 through September 30. Subsequent annual performance reporting will be required using the same timeline. **Note that Indiana will utilize established method to meet HRSA expectation with external provider.**

Data forms are available online at:

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/form1benchmark.pdf>

<https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/performanceresources/form2benchmark.pdf>

The demographic, service utilization, and select clinical indicators performance report will include: an unduplicated count of enrollees; participant race and ethnicity; socioeconomic data; other demographics; number of households from priority populations; service utilization across all models; among other measures. **Note that all data regarding enrollees should include only those enrollees served by a trained home visitor implementing services with fidelity to the NFP 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 LIA.**

The performance indicators and systems outcomes performance report include data collected for the 19 constructs within the six benchmark areas. These constructs include: preterm birth, breastfeeding, depression screening, well child visits, postpartum care, tobacco cessation referrals, safe sleep, child injury, child maltreatment, parent-child interaction, early language and literacy activities, developmental screening, behavioral concerns, intimate partner violence screening, primary caregiver education, continuity of insurance coverage, completed depression referrals, completed developmental referrals, and intimate partner violence referrals. Specific inclusion and eligibility criteria has been established for each measure.

ISDH requires that recipients submit performance reports on a quarterly basis that include: the number of new and continuing households served; maximum service capacity; identification of communities and zip codes where households are served; family engagement and retention, and; staff recruitment and retention. **Note that all data regarding enrollees should include only those enrollees 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 recipient and ISDH. These reports will be submitted through email. Quarterly reporting periods are defined as follows. Reports will be due no later than 15 days after the end of each reporting period:

- Q1 – October 1-December 31;
- Q2 – January 1-March 31;
- Q3 – April 1-June 30; and
- Q4 – July 1-September 30.

MIECHV-supported LIAs that have been active for a year or longer should strive to maintain an active enrollment of at least 85 percent of their maximum service capacity. Quarterly performance reports will assist in tracking this information at the state-level for grants oversight and monitoring purposes and to be better able to target technical assistance resources, as necessary.

VIII. ADDITIONAL RESOURCES

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