



Ms. Cynthia Phillips
Director, Division of Home Visiting and Early Childhood Services
Maternal and Child Health Bureau
Health Resources and Services Administration
Rockville, MD 20857

March 16, 2020

Dear Ms. Phillips,

I am writing on behalf of the Association of State and Tribal Home Visiting Initiatives (ASTHVI) to convey MIECHV administrator recommendations and requests for guidance regarding COVID-19. We understand that guidance for MIECHV programs is in process, and appreciate your work to address this public health crisis, protect home visitors, and continue support to vulnerable families to the greatest extent possible. In particular, MIECHV administrators would like to share the following recommendations and requests for guidance:

- Issue a strong statement that reiterates the need to support vulnerable families in every way that is possible and safe, while supporting LIAs and states that have discontinued in-person home visits and relaxing MIECHV service requirements for the foreseeable future.
- Temporarily relax model fidelity requirements for in-home and in-person visits to allow remote, tele-visits, and other workarounds to support families safely. Coordinate such policies with other HHS agencies, including the Centers for Medicare and Medicaid Services, so that their home visiting funding will also cover remote, tele-visits, and other workarounds on a temporary and emergency basis.
- Temporarily relax measures that evaluate or penalize programs or awardees (such as the new demonstration of improvement requirements) based on full caseloads, minimum numbers of home visits, and required activities and screenings that may be dependent on in-person visits or that may take a back seat to more important activities amid virus containment. Some screenings (such as intimate partner violence) may be difficult or impossible to conduct with other family members sheltering in place in the home.
- Permit – and encourage – payment of full salary and benefits for staff who may be unable to maintain full workloads due to reduced enrollment, reduced numbers of home visits, etc. during the health emergency in order to ensure workforce continuity and sufficiency as things return to normal.
- Offer guidance on use of MIECHV funds to pay salaries for home visiting staff who are redirected by states to meet other public health emergency needs.
- Extend deadlines for all reporting and non-continuing applications, delay submission of reports, etc. including the NCC application, Form 4, the

implementation of the Home Visiting Budget Assistance Tool, and the updated needs assessments.

- Provide fiscal guidance regarding allowability of service adaptations and/or reimbursement for emergency services needed by families in the absence of other payors.
- Provide guidance and additional time for states and tribes to retain and deploy funding that may be drawn down more slowly than normal during a period of low enrollment or fewer home visits completed.
- Temporarily allow use of MIECHV funds for equipment, technology, devices and subscriptions needed by programs, home visitors and families to conduct remote, virtual, phone or online home visits.
- Temporarily allow MIECHV funds to be used for basic disinfectant and cleanliness supplies that families may not be able to obtain through other means, including bleach, sanitizing wipes, cleansers, laundry detergent, etc. Allow home visiting programs to become a pickup site or drop-off service for these emergency supplies needed to contain viral spread. Permit home visitors to also be distributors of emergency provisions of WIC-approved items such as baby food and formula.
- In areas where grocery stores have been depleted and food is not available from other sources, allow MIECHV funds to be used to purchase and deliver emergency supplies.
- Provide additional resources and guidance for addressing mental health issues arising from family isolation during the period of social distancing, and provide additional flexibility to address these mental health needs.
- Provide guidance regarding data collection expectations for virtual home visits.
- Provide guidance for working with Tribal LIAs in the event that a Tribal council suspends “non-essential” services, including home visiting.
- Share best practices for telehealth visits via call, text, email, webcam, etc. This will be particularly helpful if a return to “normal” operating procedures cannot occur for an extended period of time. Guidance regarding data collection practices for remote home visits is a particular concern.

Thank you for your attention to these comments. ASTHVI appreciates the work HRSA is doing to help MIECHV programs weather this particular storm, and we look forward to working with you throughout this process to ensure the health and safety of children and families around the country.

Sincerely,

Catriona Macdonald

Catriona Macdonald
ASTHVI Executive Director