

Updated guidance from HRSA

Home Visiting Service Continuity

HRSA recognizes that many state and local programs are facing disruptions to service delivery, including temporary closings of MIECHV-funded LIAs during the COVID-19 public health emergency. HRSA remains committed to ensuring MIECHV-funded activities continue with the least disruption possible to mothers, children, and families during this time, including the use of alternative service delivery strategies, in alignment with model fidelity standards. MIECHV funds must continue to be used to support approved activities within the scope of the MIECHV grant. Approved MIECHV activities may include funding for staff salaries and benefits for staff performing work under the grant. Please note that MIECHV grant funding cannot be used to support salary costs for MIECHV-funded staff that are reassigned to non-MIECHV duties. Contact your Project Officer and Grants Management Specialist if you have any questions regarding appropriate use of grant funds.

Allowability of Staff Reassignments During COVID-19 Response

If MIECHV-funded staff are reassigned to support non-MIECHV state and/or local emergency response efforts, they may not continue to be paid with MIECHV funds. All MIECHV funding must support approved MIECHV activities. Note: Some emergency response activities, such as assisting families in emergency planning and providing parenting and other supports during this time of social isolation, are within the scope of the MIECHV grant. Please reach out to your project officer and/or grants management specialist for clarification if needed. If MIECHV-funded staff are reassigned to support state or local level response efforts, please inform your project officer and if key personnel have been reassigned, identify an appropriate alternative point of contact to ensure continuity of communication.

Performance Reporting (Shared 3/20/2020)

HRSA recognizes that this is a challenging time and the COVID-19 public health emergency is impacting home visiting service delivery in multiple ways, including the suspension of home visiting or alternative approaches to conducting visits. Performance measurement and reporting remain key hallmarks of learning and accountability for the MIECHV Program. Fiscal Year 2020 performance data, including participants served, benchmark performance measures, and caseload capacity data will be reviewed and interpreted with the recognition that many programs will continue to experience major service delivery disruptions. Even with the growing availability of virtual home visits, lower caseloads and interrupted service are to be expected in many locations and programs. We encourage all awardees to continue to use all available flexibilities and work with their state and local partners and model developers to continue to provide services to families, as best you can. Please reach out to your HRSA Project Officer if you have any additional questions or concerns.

Supporting Health and Well-being (Shared (3/20/2020)

The health, safety, and well-being of MIECHV staff at the state/territory and local levels is our utmost concern at this time. We encourage all awardees to take advantage of all available flexibilities, such as using technology for alternative service delivery strategies to protect their health and safety. We also encourage awardees to review and share the following resources with LIAs and home visitors. We understand that this is a

challenging time, and appreciate all of the work that you and your LIAs do on behalf of families.

- [Managing Stress and Anxiety – COVID-19 \(General recommendations with sub-population guidance\)](#)
- [Emergency Responders: Tips for taking care of yourself](#)
- [Resilience Resources for Emergency Response](#)

Alternative Methods to Conduct Home Visits (Shared 3/17/2020)

HRSA is aware of the impacts the COVID-19 public health emergency has and will continue to have on service delivery to families. We understand that some states have suspended face-to-face home visits to protect the health and safety of families and recommend the use of telephone and/or video communication in lieu of face to face home visits. A number of home visiting service delivery models have disseminated guidance to states and local organizations related to precautions and safeguards recommended during a public health emergency. Model developer guidance may indicate that use of telephone and/or video technology to maintain contact with families during an emergency is consistent with model fidelity standards.

During the COVID-19 public health emergency, HRSA encourages awardees and local implementing agencies (LIAs) to follow CDC, state and local health department, and model guidance, and supports appropriate use of alternate methods to conduct home visits in alignment with model fidelity standards. Please alert your Project Officer if the state and/or LIAs suspend home visits and/or temporarily change the service delivery strategy. Follow model developer guidance about definitions of completed home visits for the purposes of performance reporting, if service delivery adaptations are being instituted.

For up-to-date information on the status of the virus outbreak, please refer to the [Centers for Disease Control and Prevention \(CDC\)](#).

If you have questions about how COVID-19 might impact your ability to comply with the terms of your HRSA funding, please provide as much information as possible to your HRSA Project Officer.