

# Family Home Visiting Grantee Requirements for 2024

VERSION 1.1

11/01/2023

## **2024 Family Home Visiting Grantee Requirements**

Minnesota Department of Health  
Family Home Visiting Section  
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St. Paul, MN 55164-0975  
<https://www.health.state.mn.us/communities/fhv/index.html>

*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.*

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# Introduction

The 2024 Family Home Visiting (FHV) Grantee Requirements document serves as the primary resource for communicating grant expectations and requirements to FHV grantees.

Requirements for Strong Foundations, TANF (Temporary Assistance for Needy Families), and Promising Practices grants are described. This document outlines grant requirements and timelines with links to other FHV resources (e.g., FHV Financial Guidance). Visit the [Minnesota Department of Health- Family Home Visiting website](https://www.health.state.mn.us/communities/fhv/index.html)

(<https://www.health.state.mn.us/communities/fhv/index.html>) for a current version of this document. Updates to this document will be communicated to FHV grantees via the Tuesday Topics email newsletter. See [Appendix A](#) to view the version history, including version numbers, dates of updates, and short description of changes or additions.

## Purpose of Data Collection

Family Home Visiting (FHV) programs that receive funding from the Minnesota Department of Health (MDH) are required to submit reports, invoices, and program evaluation data to MDH. MDH uses this data for the administration and evaluation of FHV grant programs, including:

- Monitoring grantee progress toward workplan objectives
- Meeting federal and state reporting requirements
- Communicating with stakeholders about the value of FHV services
- Monitoring state, regional, and county performance
- Identifying needs for training and technical assistance
- Prioritization of continuous quality improvement (CQI) projects

## Contact Information

**Table 1. Family Home Visiting Technical Assistance Contacts**

FHV Unit/ Activity	Online Resources:	Email:
<b>Practice Consultation</b>	<p><a href="https://www.health.state.mn.us/communities/fhv/training.html">Training and Professional Development</a> (<a href="https://www.health.state.mn.us/communities/fhv/training.html">https://www.health.state.mn.us/communities/fhv/training.html</a>)</p> <p><a href="https://www.health.state.mn.us/communities/fhv/homevisitor.html">Home Visitors and Supervisors</a> (<a href="https://www.health.state.mn.us/communities/fhv/homevisitor.html">https://www.health.state.mn.us/communities/fhv/homevisitor.html</a>)</p>	<a href="mailto:health.homevisiting@state.mn.us">health.homevisiting@state.mn.us</a>
<b>Evaluation/D ata</b>	<a href="https://www.health.state.mn.us/communities/fhv/evaluation.html">FHV Evaluation page</a> ( <a href="https://www.health.state.mn.us/communities/fhv/evaluation.html">https://www.health.state.mn.us/communities/fhv/evaluation.html</a> )	<a href="mailto:health.FHVDData@state.mn.us">health.FHVDData@state.mn.us</a>
<b>Grants Management &amp; Invoicing</b>	<a href="https://www.health.state.mn.us/communities/fhv/grant.html">Funding and Grants Management</a> ( <a href="https://www.health.state.mn.us/communities/fhv/grant.html">https://www.health.state.mn.us/communities/fhv/grant.html</a> )	<a href="mailto:health.FHVGrants@state.mn.us">health.FHVGrants@state.mn.us</a>
<b>Continuous Quality Improvement (CQI)</b>	<p><a href="https://www.health.state.mn.us/communities/fhv/cqi.html">FHV Continuous Quality Improvement</a> (<a href="https://www.health.state.mn.us/communities/fhv/cqi.html">https://www.health.state.mn.us/communities/fhv/cqi.html</a>)</p> <p><a href="https://www.health.state.mn.us/communities/fhv/toolkits.html">FHV Toolkits</a> (<a href="https://www.health.state.mn.us/communities/fhv/toolkits.html">https://www.health.state.mn.us/communities/fhv/toolkits.html</a>)</p>	<a href="mailto:health.FHVCqi@state.mn.us">health.FHVCqi@state.mn.us</a>

# Strong Foundations Grantee Requirements

## 2024 Strong Foundations Grantee Requirement Due Dates

Key Strong Foundations reporting due dates for Family Home Visiting (FHV) grantees are presented in the table below **and** are subject to change. MDH will notify FHV grantees of changes to reporting due dates and procedures via email. FHV grantees should notify MDH as soon as there are changes to grant program staff so that MDH has current contact information when sending notification emails.

FHV grantees should also subscribe to the Tuesday Topics email newsletter for announcements of updated due dates and reporting procedures. To subscribe to Tuesday Topics, visit the [FHV home page \(https://www.health.state.mn.us/communities/fhv/index.html\)](https://www.health.state.mn.us/communities/fhv/index.html) on the MDH website, click on “Family Home Visiting e-Bulletin and Communications” drop-down, and select the “Tuesday Topic e-Bulletin” link.

Tables 2 and 3 display the grant activity requirements by month and quarter, respectively. A brief description of each requirement is presented alphabetically, starting on page 6.

**Table 2. 2024 Strong Foundations Reporting Requirements Tracker, by Month**

	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Budget										○		
Incentive Policy*	○											
Invoice				○			○			○		
Model Fidelity Letter**												○
Progress Monitoring Report							○					
Quarterly Report				○			○			○		

**Table 3. 2024 Strong Foundations Reporting Requirements Tracker, by Quarter**

	Jan.-March	April-June	July-Sept.	Oct.-Dec.
Practice Connections***	○	○	○	○
Site Visit (1x/year)	(○)	(○)	(○)	(○)
CQI Update	○	○	○	○

\* If applicable

\*\* Not applicable to MECOSH programs; MECOSH programs see [Appendix B](#) MECOSH Reporting Requirements.

\*\*\*Site visit may replace Practice Connection at one of the four quarters.

Note: Strong Foundations and TANF- CHB grantees are also required to submit program evaluation data. See pages 15-16 for additional detail.

## Strong Foundations Completed Budget for 2025

- Due Date(s): October 1, 2024
- How to submit: [Grants Interface \(Foundant\)](#)

As outlined in the grant agreement:

Strong Foundations grantees will submit an annual budget that will be incorporated into the grant agreement once approved by MDH. The budget narrative will be in the format provided by MDH- FHV for the subsequent budget year. Funding will be determined annually by MDH based on availability of state and federal funding. Grants Managers will contact grantees to collect and review your budgets annually. Award letters will be sent to local agency coordinators and directors by December 1, 2024 or earlier if available. Yearly budget time periods are from January 1 to December 31 each year.

## Strong Foundations Continuous Quality Improvement (CQI)

- Due Date(s): Quarterly
- How to submit: Provide updates at Practice Connections and/ or to CQI coordinator

Continuous Quality Improvement (CQI) is a deliberate, defined process focused on activities that are responsive to community needs and improving population health. SF grantees will provide updates on CQI activities, aims, tests of change, strengths, challenges, and parent engagement efforts. Note that Strong Foundations grantees funded by MIECHV will provide monthly updates on an MDH created form to [health.FHVcqi@state.mn.us](mailto:health.FHVcqi@state.mn.us). See full MIECHV requirements in [Appendix C](#).

The MDH-FHV CQI coordinator, in close collaboration with the Practice Consultants and evaluation staff, will support this work by providing consultation, training, coaching, and



technical assistance to grantees. Grantees will report on CQI activities during quarterly Practice Connections. See the [MDH CQI website](https://www.health.state.mn.us/communities/fhv/cqi.html) (<https://www.health.state.mn.us/communities/fhv/cqi.html>) for additional information.

## Strong Foundations Incentive Policy

- Due Date(s): January 20, 2024
- How to submit: [Grants Interface \(Foundant\)](#)

Grantees implementing incentive programs with MDH-FHV grant funding are required to have written effective policies and procedures addressing the purchasing, distribution, and security of incentives. The grantee must safeguard these incentives and ensure they are only used for authorized purposes. For more information, see the [FHV Financial Guidance](https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf>). Grants Managers will contact grantees to collect and review reconciliation documentation annually.

## Strong Foundations Invoices

- Due Date(s): April 22, 2024; July 22, 2024; October 21, 2024; (January 20, 2025)
- How to submit: Email [Health.fhvgrants@state.mn.us](mailto:Health.fhvgrants@state.mn.us)

Grant funds are paid on a reimbursement-basis only. Invoices must be submitted quarterly unless otherwise negotiated and approved by your Grants Manager.

Invoices must be emailed to [Health.fhvgrants@state.mn.us](mailto:Health.fhvgrants@state.mn.us) prior to the due date. Invoices should be in PDF format. The invoice file name and email subject line should follow this naming convention: Site FHV Time Invoice (Example: "GranteeName FHV Q1 2024 Invoice"). For more information, see the [FHV Financial Guidance](https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/fhvfinguidance.pdf>).

## Strong Foundations Model Fidelity Letter

- Due Date(s): December 31, 2024
- How to submit: Email [Health.homevisiting@state.mn.us](mailto:Health.homevisiting@state.mn.us); or Practice Consultant will collect

Strong Foundations grantees will submit Model Fidelity Letter(s) from the model developer(s) once a year for each model being implemented. Model Fidelity Letters assure that the grantee is meeting their model's expectations to continue implementing the model.

Grantees implementing MECSH will not submit Model Fidelity Letters; MECSH model fidelity requirements and reporting are briefly described in [Appendix B](#) and in the current version of the [MECSH Reporting Guidance](https://www.health.state.mn.us/docs/communities/fhv/mecshmemo.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/mecshmemo.pdf>).

Practice Consultants collect the Model Fidelity Letter(s) once a year, by the end of the calendar year. Please email your Practice Consultant or [Health.HomeVisiting@state.mn.us](mailto:Health.HomeVisiting@state.mn.us) with questions.

## Strong Foundations Practice Connections

- Due Date(s): Quarterly
- How to submit: Microsoft Teams/Email/In-person/Phone

Practice Consultants check in with each grantee at least quarterly. This may be via an email, an in-person or virtual meeting, a phone call, or a component integrated into the annual site visit. It is expected that the grantee's home visiting supervisor, at a minimum, engages in the Practice Connections. For MDH's Family Home Visiting program, it is expected that the Practice Consultant, at a minimum, engages in the Practice Connections. Additional staff from the grantee's agency or MDH may be included as needed.

Focusing on practice at least quarterly allows MDH to monitor model fidelity, assess technical assistance and training needs, and provide appropriate assistance and support to grantees in the successful implementation of evidence-based home visiting.

Practice Consultants will initiate the Practice Connections quarterly or more frequently as needed. Note: A site visit may replace a Practice Connection during one of the four quarters.

Please email your Practice Consultant or [Health.HomeVisiting@state.mn.us](mailto:Health.HomeVisiting@state.mn.us) with questions.

## Strong Foundations Progress Monitoring Report for 2024

- Due Date(s): July 22, 2024; (January 20, 2025)
- How to submit: REDCap survey will be emailed to primary grant contact

Strong Foundations grantees are required to complete and submit Grant Progress Monitoring Reports. In 2024, MDH will continue to require progress reports every six months via REDCap survey reports. Reports will be due July 22, 2024, and January 20, 2025. For these reports, grantees will provide both open- and close-ended questions related to key work plan activities. As available, the updated prompts for each report will be posted on MDH-FHV's [Current FHV Evaluation Resources](https://www.health.state.mn.us/communities/fhv/evalresource.html) (<https://www.health.state.mn.us/communities/fhv/evalresource.html>).

## Strong Foundations Site Visit

- Due Date(s): Annually
- How to submit: In-person or virtual

MDH-FHV staff will conduct an annual site visit with each grantee. Site visits may be scheduled at any time during the year and may be conducted in-person at the grantee's office or virtually. It is expected that the grantee's home visiting supervisor participates in the site visit, and other

staff may be included as needed, e.g., fiscal staff, program director, CEO, and home visitors. MDH-FHV staff will include the Grants Manager, Practice Consultant, and data/evaluation staff. MDH will ask grantees to provide 1-2 written Family and Home Visitor Impact Stories during the visit. Impact Story templates will be provided ahead of the site visit. Please email [health.fhvgrants@state.mn.us](mailto:health.fhvgrants@state.mn.us) with questions.

## Strong Foundations Quarterly Data Report

- Due Date(s): April 22, 2024; July 22, 2024; October 21, 2024; (January 20, 2025)
- How to submit: [Strong Foundations Quarterly Data REDCap report](#)

Strong Foundations grantees are required to complete and submit the [Strong Foundations Quarterly Data Report](#)

(<https://redcap.health.state.mn.us/redcap/surveys/?s=EYJKFJENWRJRDRMY>) each quarter.

Refer to the [Strong Foundations Quarterly Data Report Submission Guide](#)

(<https://www.health.state.mn.us/docs/communities/fhv/datacollectformguide.pdf>) for

additional information. Each grantee should submit one report for their Strong Foundations grant, unless notified of an exception by MDH.

This report collects aggregate data, including the number of families served by the grant, family engagement, current staffing information, and third-party reimbursement information. MDH uses this data to track grantee progress toward meeting and maintaining target caseloads.

## Strong Foundations Annual Work Plan for 2025

- Due Date: TBD
- How to submit: TBD

Strong Foundations grantees are required to submit an annual work plan that will be incorporated into the grant agreement once approved by MDH. Practice Consultants will work with grantees to collect and review workplans.

# TANF Grantee Requirements

## TANF Grant

Temporary Assistance for Needy Families (TANF) grant agreements were renewed in 2023 for State Fiscal Years 2024-2027. CHBs and Tribal Nations are eligible to apply for TANF funds to support family home visiting, teen pregnancy prevention, and WIC nutrition services.

Agencies that are eligible to bill for third party reimbursement are required to do so for TANF grant activities. Third party reimbursement must be reported to MDH-FHV in the format and schedule determined by your Grants Manager.

Community Health Boards funded by TANF are required to report to IHVE.

## TANF Statistical Report

The TANF Statistical Report is part of annual reporting for the Title V Maternal and Child Health (MCH) Block Grant. This report is required for CHBs that receive Title V MCH Block Grant federal funds.

- 1) Does your agency use any TANF funds for WIC Clinics?
- 2) The unduplicated number of families served using TANF funds for Home Visiting.
- 3) The unduplicated number of children and adolescents served using TANF funds for Teen Pregnancy Prevention group activities.

# Promising Practices Grantee Requirements

## Key Contacts:

General implementation: [Kristen.Tharaldson@state.mn.us](mailto:Kristen.Tharaldson@state.mn.us)

Data and evaluation: [Health.FHVDData@state.mn.us](mailto:Health.FHVDData@state.mn.us)

## Promising Practices Reports Schedule

Promising Practices Home Visiting (PPHV) grantee reporting due dates are presented in the table (Table 4) below **and** are subject to change. MDH-FHV staff will notify grantees of any changes to reporting due dates and procedures via email.

**Table 4. Promising Practices Reports Tracker, 2024**

	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Quarterly Data	○			○			○			○		
Progress Monitoring	○						○					

## Promising Practices Quarterly Report

- Due date(s): January 30, 2024; April 30, 2024; July 30, 2024; October 30, 2024; January 30, 2025; April 30, 2025; July 30, 2025
- How to submit: [Promising Practices Quarterly Report](#)

Promising Practices grantees are required to complete a [Promising Practices Quarterly Report \(https://redcap.health.state.mn.us/redcap/surveys/?s=LMTFDPFMWTT8PXTTC\)](https://redcap.health.state.mn.us/redcap/surveys/?s=LMTFDPFMWTT8PXTTC) each quarter.

Please refer to the [Promising Practices Quarterly Reporting Submission Guide \(https://www.health.state.mn.us/communities/fhv/prompractguide.pdf\)](https://www.health.state.mn.us/communities/fhv/prompractguide.pdf)

for additional information. Data from the three previous months will be collected (e.g., January, February, March for April 30 report). This report collects aggregate data, including the number of families served by the grant, family engagement, current staffing information, and visit information. MDH-FHV staff will use this data to track grantee progress toward meeting and maintaining target caseloads.

## Promising Practices Progress Monitoring Report

- Due date(s): January 30, 2024; July 30, 2024
- How to submit: REDCap survey link will be emailed

Promising Practices grantees are required to complete Progress Monitoring Reports every six months via REDCap survey reports. Data from the six previous months will be collected (e.g., July, August, September, October, November, December for report due January, 30, 2024). This report includes both open- and close-ended questions related to key work plan activities. MDH-FHV staff will use this data to track grantee progress toward meeting work plan goals. As available, the updated prompts for each report will be posted on MDH-FHV’s [Current FHV Evaluation Resources](https://www.health.state.mn.us/communities/fhv/evalresource.html) (<https://www.health.state.mn.us/communities/fhv/evalresource.html>).

## Promising Practices Program Evaluation Report

- Due date: To be determined (TBD)
- How to submit: To be determined (TBD)

Promising Practices grantees are required to complete an annual evaluation report. Data from the twelve previous months (August 2023 – July 2024) will be collected. This report will summarize the chosen performance measure outcomes for each grantee. MDH-FHV data staff will be available to assist in reviewing performance measures prior to the report due date. MDH-FHV staff will use this data to track grantee performance measure outcomes and support grantees with data to action strategies.

## Promising Practices Grant Monitoring Schedule

Promising Practices Home Visiting (PPHV) grant monitoring important dates are presented in Table 5 and are subject to change. MDH will notify FHV grantees of changes to grant monitoring procedures via email.

**Table 5. Promising Practices Grant Monitoring Tracker, 2024**

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Invoicing (20 <sup>th</sup> following month)	○	○	○	○	○	○	○	○	○	○	○	○
Invoicing (20 <sup>th</sup> following quarter)	○			○			○			○		
Practice Connections/ Check-Ins	○	○	○	○	○	○	○	○	○	○	○	○
Site visit				○	○	○						
Budget & WP update (2024-2025)			○	○	○							

Note: MDH financial management will conduct a financial reconciliation once per 2-year grant cycle at random.

## Promising Practices Invoices

- Due date(s) if monthly: 20<sup>th</sup> of the next month
- Due date(s) if quarterly: 20<sup>th</sup> of the month following the quarter
- How to submit: email [Health.fhvgrants@state.mn.us](mailto:Health.fhvgrants@state.mn.us)

Grant funds are paid on a reimbursement-basis. Only line items in the approved/current budget will be reimbursed. If grantees need to make changes to an approved budget, work with your grant manager to complete a budget modification form. Budget modifications must be approved prior to invoicing for revised line items. For example, if a grantee is travelling to a conference, a budget modification form must be approved prior to travel. Invoices should be submitted in PDF format. For more details on budgets and allowable costs, see [Appendix E](#).

## Promising Practices Practice Connections

- Due date(s): Monthly or quarterly as scheduled
- How to submit: Microsoft Teams/Email/In-person/Phone

MDH-FHV staff (practice consultants and grant manager) check-in with grantees monthly unless grantee indicates readiness/preference for quarterly check-ins. This may be a virtual or in-person meeting, phone call, or a component integrated into the annual site visit. The grantee's home visiting supervisor, at a minimum, is expected to engage in Practice Connections. Additional staff from the grantee's agency or MDH may be included as needed. Practice Connections will include a review of progress to date in the areas of program implementation, staffing, target caseload, reflective practice and other work plan focus areas.

## Promising Practices Site Visits

- Due date: Annually
- How to submit: In-person or virtual

MDH-FHV staff will conduct an annual site visit with each grantee. Site visits may be scheduled at any time during the year and may be conducted in-person at the grantee's office or virtually. It is highly preferred that site visits are scheduled for April-June 2024 and be held in-person. It is expected that the grantee's home visiting supervisor participates in the site visit, and other staff may be included as needed, e.g., home visitors, fiscal staff, program director, CEO. MDH-FHV staff will include the grants manager, practice consultant, and data/evaluation staff. If pre-work is assigned, it will be requested a minimum of 3 weeks in advance.

## Promising Practices Budget & Work Plan Updates

- Due date: Annually (final deadline May 2024)

- How to submit: email [Health.fhvgrants@state.mn.us](mailto:Health.fhvgrants@state.mn.us)

Promising Practices grantees are required to submit an updated budgets and work plans to be incorporated into the grant agreement for July 2024 – June 2025. Updated budgets will be reviewed and approved by your grant manager. Updated work plans will be reviewed and approved by your practice consultant. Other items such as informed consent templates, incentives tracking and policy forms, and federal IDC rate letters may also require updates.

## **Promising Practices Financial Reconciliation**

- Due date: Once per two-year grant cycle
- How to submit: Financial Management will request documentation via email

Promising Practices grantees are required to provide supporting documentation for at least one invoice during the two-year grant cycle. This documentation is reviewed to ensure grantee invoicing is accurate, costs are allowable, and grantee financial tracking processes are in place.



# Program Evaluation Reporting Requirements

## **IHVE Data System**

MDH requires recipients of **TANF** (Temporary Assistance for Needy Families) and **Strong Foundations** grants to submit program evaluation data to the Information for Home Visiting Evaluation (IHVE) data system, with the exception of Tribal Nations. Some Promising Practices grantees may elect to submit program evaluation data via IHVE. IHVE collects individual-level FHV data that is used to calculate monitoring and outcome measures.

Data submission to IHVE is continuous, in near “real-time.” FHV providers funded by the grants listed above are expected to complete and submit IHVE forms through their data system in a timely manner after each home visit is completed.

## **Which Participants to Report to IHVE**

FHV participants served (wholly or in part) by funds from these grants are required to be included in reporting to IHVE, unless the participant has not granted informed consent to release their private data with MDH (“opted out” of data sharing).

Grantees must also track any FHV participants served by funds from these grants that do not grant informed consent to release their private data to the State of Minnesota. These participants should be included in counts of FHV participants reported in the Strong Foundations Quarterly Data Report and the TANF Statistical Report.

## **Reporting to IHVE on FHV Funded by Other Sources**

FHV grantees are encouraged to report data to IHVE on FHV participants served entirely with funding sources other than the FHV grants listed above, if the client has given informed consent to share their private data. This includes FHV participants funded by Title V (Maternal and Child Health Block Grant). Reporting this data will enable MDH to include more complete information on FHV participants to the Legislature, as well as in reports developed for FHV grantees.

## **Identifying Data Elements**

Identifying data elements must be reported to IHVE according to the level of informed consent given by the participant to share their data with the State of Minnesota. Details about identifying data elements associated with each level of informed consent are provided in [Appendix D](#) “Collection of Name and Address Data Elements.”

## Data Collection Forms

FHV providers funded by MDH FHV grants must use IHVE-compatible data collection forms to submit data to IHVE. See the FHV Evaluation webpage for a current list of data systems with IHVE-compatible data collection forms: [IHVE Data System \(https://www.health.state.mn.us/communities/fhv/ihve.html\)](https://www.health.state.mn.us/communities/fhv/ihve.html). FHV grantees that are interested in connecting additional data systems to IHVE can contact the FHV Evaluation Unit at [Health.FHVDData@state.mn.us](mailto:Health.FHVDData@state.mn.us) for information on system requirements.

MDH maintains IHVE data collection forms in the REDCap system for FHV providers that do not have access to a data system with IHVE-compatible data collection forms. MDH provides training and technical assistance to users of these forms. FHV provider staff can register for IHVE REDCap forms training by completing this survey: [IHVE REDCap Training Registration Survey \(https://redcap.health.state.mn.us/redcap/surveys/?s=P3EK837MF8\)](https://redcap.health.state.mn.us/redcap/surveys/?s=P3EK837MF8).

Data collection in IHVE is standardized. Required questions are the same for all FHV grantee and home visiting model or program types, with the exception of MIECHV Target Child Visit-Level Data (see section, “Additional Reporting Requirements for MIECHV-funded Strong Foundations grantees”). More details are available in the [IHVE Data Collection Manual \(https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf).

## Program Evaluation Requirements for Tribal Nations

Tribal Nations funded by a Strong Foundations grant may optionally choose to submit evaluation data to MDH using reports submitted to the model developer of their evidence-based home visiting program (model developer reports), instead of submitting data to IHVE. Tribal Nations are provided with this option for reporting because MDH acknowledges Indigenous data sovereignty and the right of Tribal Nations to govern how their data is collected and used.

Tribal Nations grantees that choose to use alternate formats for reports must participate in an evaluation meeting with MDH after the grant is awarded to establish which forms and data will be submitted. They must have a recordkeeping system to track all required data and submit data to MDH using timely and accurate methods. MDH will work with Tribal Nations to streamline data submission processes.

If the data submitted to MDH contains private data on individuals, the Tribal Nation grantee must obtain written informed consent from home visiting participants for the release of their data to the State of Minnesota before submitting their data to MDH.

## Informed Consent for Release of Information Form

FHV grantees are required to obtain written informed consent from home visiting participants for the release of individual-level data to the State of Minnesota. Strong Foundations and

Promising Practices grantees that submit data to IHVE were required to provide MDH a copy of their Informed Consent for Release of Information Forms to MDH in 2023.

FHV grantees should provide updated versions of their Informed Consent for Release of Information Forms to MDH if changes to these forms are made. Updated forms can be emailed to the Evaluation Unit at [Health.FHVDData@state.mn.us](mailto:Health.FHVDData@state.mn.us).

For additional information, see the [FHV Informed Consent Guidance](#) (<https://www.health.state.mn.us/docs/communities/fhv/informconsentguide.pdf>) or contact [health.FHVdata@state.mn.us](mailto:health.FHVdata@state.mn.us) with questions.

# Appendices

## Appendix A. Version History

**Table 6. Version History of this Document.**

<b>Version Number</b>	<b>Release Date</b>	<b>Changes Made</b>
1.0	December 1, 2023	Original Version
1.1	January 4, 2024	Updated Workplan date and submission method

## Appendix B: MECSH Reporting Requirements

FHV grantees implementing the Maternal Early Childhood Sustained Home-visiting (MECSH) model are required to submit data on MECSH participants to IHVE to meet model fidelity monitoring requirements. MDH uses IHVE to create MECSH fidelity data files each quarter, which are sent to Western Sydney University for calculation of fidelity measures. MECSH model fidelity is tracked by MDH as the state license holder for MECSH.

MECSH implementing agencies are required to submit additional data to MDH for fidelity monitoring purposes. This includes quarterly submissions of the MECSH Core and Focus Module Form and the Adapt and Self Manage (ASM) Survey, as well as bi-annual data on reflective supervision. Review the current version of the [MECSH Reporting Guidance \(https://www.health.state.mn.us/docs/communities/fhv/mecshmemo.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/mecshmemo.pdf) posted on the MDH website for more information. Please contact [health.MECSH@state.mn.us](mailto:health.MECSH@state.mn.us) with questions.

**Table 7. MECSH Fidelity Requirements**

MECSH specific Fidelity Requirement: (See <a href="#">MECSH Reporting Guidance</a> for full requirements)	Due Date	Location
IHVE Forms (e.g., visit data, screening data)	Daily/ Real time	IHVE
MECSH Forms within EHR System (Core and Focus module data & ASM)	April 10 <sup>th</sup> July 10 <sup>th</sup> October 10 <sup>th</sup> January 10 <sup>th</sup>	Submit data exports to <a href="#">MDH CloudDrive: https://cloudrive.web.health.state.mn.us/</a>
MECSH Reflective Supervision tracker	July 20 <sup>th</sup> January 20 <sup>th</sup>	Excel file to <a href="mailto:health.fhvdata@state.mn.us">health.fhvdata@state.mn.us</a> . Tracker template available on <a href="#">MN MECSH Basecamp</a> .

## Appendix C. Additional Reporting Requirements for MIECHV-funded Strong Foundations Grantees

Strong Foundations grantees receiving MIECHV funding are required to report additional data to MDH to meet federal performance measure requirements. For more information on MIECHV performance measures, visit the [Health Resources & Services Administration \(HRSA\) Home Visiting website \(https://mchb.hrsa.gov/programs-impact/programs/home-visiting\)](https://mchb.hrsa.gov/programs-impact/programs/home-visiting).

### MIECHV Target Child Visit-Level Data

MIECHV grantees are required to complete two additional questions for each home visit provided to a family with a MIECHV target child.

- 1) Did the caregiver have any concerns regarding the child’s development, behavior, or learning?
- 2) Has the child been taken to the emergency room (ER) for an injury since the last visit? (if “Yes” report the approximate date of each ER visit)

Contact the vendor for your data system for more information on where to find these questions in your data system’s IHVE-compatible forms.

### Child Maltreatment Performance Measure Data

MDH collects data for the MIECHV Child Maltreatment measure via an annual survey. This data consists of the aggregate number of children served by MIECHV who were involved with screened-in or investigated child maltreatment cases. Reporting will be due in early October 2023, for children enrolled in MIECHV home visiting during Federal Fiscal Year 2022 (October 1, 2022 through September 30, 2023). MIECHV-funded Strong Foundations grantees will receive a link to the survey and instructions in early September 2023.

### Continuous Quality Improvement (CQI)

Strong Foundations (SF) grantees funded by MIECHV will follow the general CQI requirements outlined on page 6 and submit information on CQI activities to MDH *monthly* (20<sup>th</sup> of the month following month end) to [health.FHVcqi@state.mn.us](mailto:health.FHVcqi@state.mn.us). Further, MDH CQI staff will participate in Practice Connections and site visits as able to support grantees CQI efforts.

SF grantees may also find MIECHV specific resources from HRSA helpful as they are engaging in CQI. They can be located by visiting [MIECHV Data & Continuous Quality Improvement \(https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-data-continuous-quality-improvement\)](https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-data-continuous-quality-improvement).

## Appendix D: Collection of Name and Address Data Elements

FHV providers should submit identifying data elements to IHVE for FHV participants according to the level of informed consent given by the participant (or on the participant’s behalf if the participant is a child). Table 6 lists identifying data elements and their inclusion in or exclusion from each level of informed consent<sup>1</sup> used in FHV evaluation data reporting to IHVE.

Data systems that have IHVE-compatible data entry forms send these data elements to IHVE according to the level of informed consent indicated for each participant. For more information on how to enter the level of informed consent, contact the vendor for your data system.

**Table 8. Identifying data elements by level of FHV participant informed consent.**

Field Name	Full Consent	Exclude Direct Identifiers	No Consent
First Name	Include	Exclude	FHV grantees must track the number of participants in this category for aggregate-level data reporting
Middle Name	Include	Exclude	
Last Name	Include	Exclude	
Previous Last Name	Include (Optional)	Exclude	
All dates, including Birth Date, Visit Date, Enrollment Date, Closure Date, Screening Date, and Referral Date	Include	Include	
Address	Include – collected for Primary Caregiver only	Exclude	
City	Include – collected for Primary Caregiver only	Exclude	
State	Include – collected for Primary Caregiver only	Include	
Zip Code	Include – collected for Primary Caregiver only	Include	
County	Include – collected for Primary Caregiver only	Include	
Local Participant ID (ID assigned to the FHV Participant by the local provider agency)	Include	Include	

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<sup>1</sup> Inclusion of identifying data elements in the Exclude Direct Identifiers level of participant informed consent was determined using the [HIPAA Privacy Rule’s definition of a Limited Data Set](#).

## Appendix E. Promising Practices Budgets and Allowable/ Ineligible Expenses.

Promising Practices grantees are awarded between \$100,000 to \$250,000 per grant year. The amount is based on the target caseload with a maximum of \$10,000 per family. Grantees will receive an award letter each year of the grant and will be eligible for reimbursement of expenses not to exceed the amount listed in the award letter. Promising Practices grant year one is 7/1/23 – 6/30/24, and grant year two is 7/1/24 – 6/30/25.

Promising Practices home visiting programs include new or adaptive approaches to meet the needs of families from priority populations. Eligible expenses must be necessary, reasonable, allowable, and allocable to these home visiting approaches.

**Table 9. Promising Practices Allowable Expenses**

Allowable Expenses
• Home visitor and home visitor supervisor salaries and fringe
• Hourly and contract staff salaries (doulas, lactation consultants, reflective practice consultants)
• Home visitor travel expenses (mileage) to provide home visiting services in a family’s home or other safe & accessible place for the family
• Transportation expenses for families to attend group events
• Office supplies for staff
• Safety and/or educational supplies for families (up to \$250 per family per year)
• Incentives for families (up to \$250 per family per year)
• Parenting curriculum or workbooks for families
• Family home visiting training for home visitors and home visitor supervisors
• Electronic Health Record documentation system license fees (if applicable)
• Staff or contractor support for program evaluation activities
• Other (as approved by GM)

**Table 10. Promising Practices Ineligible Expenses**

Ineligible Expenses
• Fundraising
• Bail bonds
• Childcare expenses
• Rent or mortgage payments
• Lobbyists, political contributions
• Taxes, except sales tax on goods and services
• Bad debts, late payment fees, finance charges, or contingency funds
• Direct medical, dental or mental health services and expenses for families