FY24 Grant Recipient Kick-Off Frequently Asked Questions

Group-Based Health and Parenting Education

Q: *Can a participant who is enrolled in case management/care coordination attend group-based health and parenting education classes?*
A: Yes, participants enrolled in case management/care coordination are encouraged to attend group-based health and parenting education classes. Note that any participant who is enrolled in case management/care coordination and attends group-based health and parenting education classes should be counted as a case management/care coordination participant.

Q: *How should my Healthy Start program count participants who are enrolled in case management/care coordination and group-based health and parenting education?*
A: Healthy Start programs are required to report an unduplicated count of total participants served. Any participant who is enrolled in case management/care coordination and attends group-based health and parenting education classes should be counted as a case management/care coordination participant.

Q: *If a participant is enrolled in case management care/care coordination and attends group-based health and parenting education classes may I choose which category of services to count them in?*
A: There is a prescribed approach to counting participation that grantees are expected to follow. Healthy Start programs are required to report an unduplicated count of total participants served by each category. Individuals who participate in both case management/care coordination and group-based health/parenting education classes are to be counted as a case management/care coordination. The reason for this is that more information is collected on participants who are enrolled in case management/care coordination and classifying participants appropriately will enable us to report on services provided more accurately. For example, the number of background forms completed should match the number of participants enrolled in case management/care coordination."

Q: *How do I count a participant that switches into group-based health and parenting education from case management/care coordination?*

A: Participants who switch into group-based health and parenting education from case management/care coordination should be counted as a case management/care coordination participant for that calendar year. For the next calendar year, if they continue to be a group-based health and parenting education participant only then may they be counted toward the group-based health and parenting education numbers served.

Q: *How do I count a participant that switches into case management/care coordination from group-based health and parenting education?*
A: If a participant switches into case management/care coordination from group-based health and parenting education, they are counted as a case management/care coordination participant in that calendar year.

Q: Can group-based health and parenting education participants be enrolled at any time?

A: HRSA does not have a required enrollment period for group-based health and parenting education participants. Grantees should follow their own internal processes and procedures.

Q: *What documentation is required for group-based health and parenting education participants?*
A: Group-based health and parenting education participants must complete the Demographic Form.

Q: *What forms should participants who are enrolled in both case management/care coordination and group-based health and parenting education complete?*
A: Participants who are enrolled in both case management/care coordination and group-based health and parenting education are counted as case managed participants. They should complete all relevant Healthy Start Forms; at a minimum, all case managed participants complete the Background Form.

Q: *Should a participant who is enrolled in both case management/care coordination and group-based health and parenting education complete two Demographic Forms?*
A: No, the participant should not complete two Demographic Forms. They should complete the demographic form included during enrollment into case management/care coordination.

Q: *How many sessions are required for my grant's group-based health and parenting education program?*
A: There is no required number of sessions, although the expectation is there would be more than one. In your Health Education Plan, you will be asked to describe your approach for group-based health and parenting education. This will include the number of sessions for each cohort and the topics presented. Your Project Officer will evaluate your Health Education Plan and if necessary, provide technical assistance to ensure that the model/design of your group-based health and education program meets expectations for group-based health and parenting education as outlined in the Notice of Funding Opportunity. Note that Healthy Start projects are expected to: implement group-based health and parenting education in groups or cohorts so that participants can form supportive connections with other members, ensure learning and robust interaction among participants over time and implement strategies that reduce barriers to attendance.

Q: *How many sessions are participants required to attend before they can be counted as a group-based health and parenting education participant?*
A: There is no requirement for the number of sessions a participant must attend before they can be counted as a group-based health and parenting education participant. In your Health Education Plan, you will be asked to describe your approach for group-based health and parenting education. This will include the number of sessions for each cohort and the minimum number of sessions that each participant is expected to attend. Your Project Officer will evaluate your Health Education Plan and if necessary, provide technical assistance to ensure the model/design of your program meets the expectations for group-based health and parenting education as outlined in the NOFO. Note that Healthy Start projects are expected to: implement group-based health and parenting education in groups or cohorts so that participants can form supportive connections with other members and ensure learning and robust interaction among participants over time. As families may face barriers to attending sessions, Healthy Start programs should implement strategies that reduce barriers to attendance.

Q: *Can group-based health and parenting education sessions be held virtually?*
A: Yes, group-based health and parenting education sessions can be held virtually. Group-based health and parenting education sessions should provide opportunities for robust learning over time. They

should be conducted in groups or cohorts so that participants are able to form with supportive connections with other members. Healthy Start programs should implement strategies that reduce barriers to attendance like providing meals, transportation, and childcare. You will need to determine how to collect the demographic form from participants that attend virtual group-based health education.

Q: *Will we need to administer consent forms to group-based health and parenting education participants to complete the demographic form?*
A: HRSA does not require participants to complete consent forms to participate in group-based health and parenting education sessions. You should follow your organization's internal policies and procedures.

Q*: If we are conducting group-based health and parenting education sessions at a partner location like a homeless shelter where participants change every session, would that count?*
A: No, if participants change each session that would not count as a group-based health and parenting education activity. Group-based health and parenting education sessions should be implemented in cohorts where participants can engage in robust learning over time and form supportive peer-to-peer connections with one another. Grantees are encouraged to think about partnering with organizations like long-term shelters, school programs for parenting/expecting youth, and Health Centers where participants can feasibly and conveniently attend multiple successive sessions.

Q*: Who can attend group-based health and parenting education classes?*
A: Group-based health and parenting education classes are open to pregnant, preconception and interconception women, fathers, and partners. Grantees are not required to offer group-based health and education classes to all participant categories. For example, a grantee could choose to offer group-based health and parenting education only to fathers/partners or interconception participants.

Q*: Will data collected from group-based health and parenting education participants be counted towards our Healthy Start Benchmarks?*
A*:* No, Healthy Start group-based health and parenting education participants will only complete the Demographic Form. Grantees will not collect Healthy Start Benchmark data for group-based health and parenting education participants; however, they will count toward the number of participants served by the program.

Community Consortium

Q: *When should we start to convene our Community Consortium?*
A: You are expected to convene your Community Consortium within 90 days of your award date (i.e., July 30, 2024).

Q: *We are a new program and not fully staffed, should we still convene our Community Consortium by July 30, 2024?*
A: Yes, your program should convene your Community Consortium by July 30, 2024. If you are facing obstacles, please contact your Project Officer so that you can develop a plan to meet the program requirements and expectations for the Community Consortium in a timely manner.

Q: *Can you give an example of a performance measure for the Community Consortium's action plan?*
A: Performance measures should be based upon your Community Consortium's plan to address social determinants of health (SDOH). This plan should be based upon the results of a community needs

assessment and environmental scan that identifies and prioritizes SDOH causes of disparities in perinatal outcomes in the project area. Plans should be community-driven and address the factors and conditions beyond clinical care that contribute to disparities in perinatal outcomes. Examples of performance measures include:

- Increase access to nutritious foods by ensuring 70 percent of eligible residents of the project area enrolled in the Supplemental Nutrition Program for Women Infants and Children
- Increase access to employment opportunities for participants by increasing the completion rate of job training programs in the project area by 80 percent.

If you are interested in technical assistance for developing performance measures for your plan to address SDOH please contact your Project Officer and the Healthy Start Technical Assistance and Support Center.

Q: *Are the performance measures for the Community Consortium plan to address social determinants of health (SDOH) the same as the Healthy Start Benchmarks?*
A: No, the performance measures for the Community Consortium plan to address SDOH are not the same as the Healthy Start Benchmarks. Performance measures for your Community Consortium plan to address SDOH should reflect the plan's goals and activities. The Healthy Start Benchmarks are the 10 measures that all Healthy Start programs report on using participant data collected via the Healthy Start Forms.

Q: *The Notice of Funding Opportunity indicates that the due date for the Community Consortium plan to address social determinants of health (SDOH) is October 30, 2024. Is there a new due date?*
A: Yes, there is a new due date. Grantees should finalize their Community Consortium plan to address SDOH by February 1, 2025.

Q: *The Notice of Funding Opportunity indicates that 25 percent of Community Consortium members should be enrolled Healthy Start participants and women of reproductive age, mothers, fathers, and other people with lived experience living in the project area. Can individuals receiving group-based health and parenting education who are members of the Community Consortium be counted towards the 25 percent?*
A: Yes, individuals participating in group-based health and parenting education who are members of the Community Consortium can be counted towards the requirement that 25 percent of Community Consortium membership should be Healthy Start participants and other individuals with lived experience living in the project area.

Q: *We are partnering with another Healthy Start grantee in our area, can we share the same Community Consortium?*
A: Your Project Officer must approve your request to share a Community Consortium with another grantee. Your Project Officer will assess factors such as geographic proximity of the two project areas, social determinants of health impacting the target populations within the project areas, and the benefits and potential challenges to your two projects sharing a Community Consortium.

Technical Assistance

Q: *When will the All-Grant Recipient Meeting be held? Will the meeting be in person? If so, where?*

A: The All-Grantee Meeting is currently planned for Spring of 2025. The meeting will be held in person. Project Directors will be notified in a timely manner to allow for planning and travel logistics once a date and location are confirmed.

Q: *Will HS programs be allowed to invite HS participants to attend in-person grantee meetings?*

A: Yes, HS participants are welcome to attend in-person grantee meetings. HS programs that wish to invite participants must utilize funds within their budgets. HRSA does not intend to provide additional funds to support their participation.

Clinician Funding

Q: *According to the NOFO, HS programs are required to dedicate 10% of their yearly budget to support clinical providers. Please explain the increase to 12% and if HS programs will be required to submit a re-budget due to the increase? Please provide examples of the types of acceptable providers.*

A: The Healthy Start Program (HS) Notice of Funding Opportunity (NOFO) requires a percentage of each HS program's yearly budget to allocate support for advanced practice maternal-child health clinical providers. To align with the FY 2024 President's Budget, the percentage has increased from 10 percent as previously listed in the NOFO to 12%. This is a mandatory requirement for all Healthy Start grantees. The increase from 10% to 12% was noted in the terms and conditions section within your NOA. There is no need to submit a re-budget justification in reference to this increase as it is less than 25% of the total yearly budget. HS programs are not permitted to hire support staff using designated clinical funding.

The Division of Healthy Start and Perinatal Services has developed a list of advanced practice maternal-child health clinical providers that may be hired using these funds:

- Medical Doctors (MD): Indicate whether an Obstetrician-Gynecologist (OBGYN} or Other Medical Doctor (Other MD)
- Physician Assistants (PA): Includes all PAs serving this population.
- Advanced Practice Registered Nurses (APRN): Indicate whether a Certified Nurse Midwife (CNM) or Other APRN (e.g., Nurse Practitioner, Clinical Nurse Specialist)
- Behavioral Health Specialist: Includes many types of Behavioral Health Specialists (e.g., Psychiatrist, Psychologist, Licensed Clinical Social Worker)

Please note, this is not an exhaustive list. For questions regarding acceptable clinical staff, please contact you Healthy Start Project Officer.

Fatherhood

Q: *The NOFO states a minimum of 25 fathers, but there is no limit to that amount. Please clarify what is required for fathers?*

A: You must serve at least 25 fathers through case management/care coordination activities. However, you are strongly encouraged to serve as many fathers as your program can serve through allows through both case management/care coordination and group-based education.

Q: *What are the requirements to enroll a father? Be connected to a child or mother or pregnant partner?*
A: Per the NOFO, each HS program is required to enroll a minimum of 25 fathers/partners who have an infant or child from newborn to 18 months of age and/or are the current or former partner of an enrolled participant.

Q: *Is there a link for becoming a fatherhood mentee?*
A: npclfathersandfamilies.org

Health Education Plan

Q: *What information should be included in the health education plan?*
A: Each HS project is expected to submit an annual Health Education Plan identifying the curriculum, topics, and methods of delivery for health promotion topics that will be offered by the program. The plan should also include continuing education for HS staff and a list of the community partners and contractors who you will partner with to provide education to HS participants. Project Directors will receive a Request for Information (RFI) via the Electronic Handbooks (EHB) system from their project officer to submit the Health Education Plan. The RFI will include a template that can be used as a guide to develop your plan. HS programs are not required to use the template. The Health Education Plan is due August 30th, 2024.

Grants Management Budgetary Questions

Q: *For HS sites that received additional funds in the 30-day window before final funding decisions were made, can a request to carryover unspent funds be submitted?*
A: Yes, we will accept carryover requests submitted via EHB. One of the key pieces of documentation that is required prior to submission of the carryover is the Federal Financial Report (FFR). The FFR will outline the unobligated balance. We need that because we will have to reconcile the grants before approving any requests for carryover. Before submitting your carryover request, we encourage you to reconcile your funds for that given budget period to ensure it aligns with the request you're submitting via EHB.

Q: *If we received funds for the 2019 5-year award, can we carry over funds from the award to this one? For instance, can funds for the 2023-24 fiscal year (April 1, 2023, to April 30, 2024) be carried over into the 2024-2025 fiscal year?*
A: Yes, carryover requests may be submitted via EHB. Prior to doing so, we must receive your FFR submitted via PMS so we can access the FFR and look to see what the unobligated balance and expenditures are. You can then submit your carryover request. The Project Officer and GMS assigned to your grant will review and follow up with any questions.

Q: *After submitting the FFR, can we use expanded authority to request to carry over $250,000, if we have that much unspent?*
A: When you submit your FFR, the intent to use funds as a carryover under expanded authority must be represented in the comments of the FFR. To figure out if you are within the threshold of the expanded authority, you would take 25% of the awarded funds for the period or the $250,000 cap, whichever is less. So, you would calculate the 25%, and if it falls under the threshold of $250,000, then you're fine. If it is over $250,000, you would not be able to use your expanded authority and would have to submit a

carryover request. If your unobligated balance is over $250,000, please submit a request for the full amount. You're not able to separate those funds as a portion under expanded authority and then submit a carryover request. Either the balance qualifies for expanded authority, or it does not, and you must submit a carryover request.

Data & Reporting Questions

Q: *What is the timeline for the Healthy Start Monitoring and Evaluation Data System (HSMED) submissions, and what should I do if my program is not ready to upload data when the first report opens on July 1, 2024?*

A: The first quarterly HSMED submission opens July 1, 2024, and is due July 16, 2024. Programs should report data collected from the release date of the forms (6/10/24) to the end of June (6/30/24). If your program is unable to submit data for the first report, please communicate with your Project Officer (PO). Your PO will provide instructions on how to proceed with the first submission. All programs are expected to upload data to the HSMED by October 1, 2024. Below, please see the 5-year submission schedule for the HSMED reports:

HSMED 5-year Submission Schedule

Report #	Deliverable Creation Date	Submission Due Date	Reporting Period
1	7/1/2024	7/16/2024	6/10/2024 – 6/30/2024
2	10/1/2024	10/15/2024	7/1/2024 – 9/30/2024
3	1/1/2025	1/21/2025	10/1/2024 – 12/31/2024
4	4/1/2025	4/15/2025	1/1/2025 – 3/31/2025
5	7/1/2025	7/15/2025	4/1/2025 – 6/30/2025
6	10/1/2025	10/21/2025	7/1/2025 – 9/30/2025
7	1/1/2026	1/20/2026	10/1/2025 – 12/31/2025
8	4/1/2026	4/21/2026	1/1/2026 – 3/31/2026
9	7/1/2026	7/21/2026	4/1/2026 – 6/30/2026
10	10/1/2026	10/20/2026	7/1/2026 – 9/30/2026
11	1/1/2027	1/19/2027	10/1/2026 – 12/31/2026
12	4/1/2027	4/20/2027	1/1/2027 – 3/31/2027
13	7/1/2027	7/20/2027	4/1/2027 – 6/30/2027
14	10/1/2027	10/19/2027	7/1/2027 – 9/30/2027
15	1/1/2028	1/18/2028	10/1/2027 – 12/31/2027
16	4/1/2028	4/18/2028	1/1/2028 – 3/31/2028
17	7/1/2028	7/18/2028	4/1/2028 – 6/30/2028
18	10/1/2028	10/17/2028	7/1/2028 – 9/30/2028
19	1/1/2029	1/16/2029	10/1/2028 – 12/31/2028
20	4/1/2029	4/17/2029	1/1/2029 – 3/31/2029

Q: *Are the Healthy Start Data Collection forms updated? If so, where do I access a copy of the forms and HSMED resources?*

A: The forms were revised, and OMB approved in February 2024. The updated forms and training resources are posted to the HealthyStart-tasc.org website (https://healthystart-tasc.org/implement/data-collection-and-reporting/data-collection-forms/), including Spanish and fillable PDF versions. The HSMED resources, including CSV/XML schemas, templates, Implementation Guides, HSMED User Manual, and recorded training are also available on the HealthyStart-tasc.org website under the "Reporting Quarterly Client-Level Data to the HSMED" drop-down (https://healthystart-tasc.org/implement/data-collection-and-reporting/reporting/). All new data elements, validations, and allowed values are described in the HSMED Implementation Guides, which also provide a summary of the elements that have been removed/added/changed in each form.

Q: *The HSMED includes a new validation tool, does this mean that the two-step schema and data validation in the system is going away? Will programs have to use the validation tool instead?*

A: No, the two-step validation process (schema and data validation) in the HSMED is not going away. The validation tool allows programs to utilize test data to ensure their files meet the schema and data validation requirements prior to uploading real participant data in the HSMED; Programs should never upload test data to the HSMED. Programs are not required to use the validation tool; it is only a resource. Data that is run through the validation tool will not be saved to the HSMED. When a file is uploaded to the HSMED, it will continue to run a schema and data validation check and will reject files that contain errors/warnings. Please see the HSMED Implementation Guides for details on schema and data validations for each form.

Q: *For participants enrolled in the FY19-FY24 grant period who are continuing to receive services in the new grant period (FY24-FY29), will we have to re-screen them on the new data collection forms? Do their PPUID and Enrollment Date change?*

A: All Healthy Start participants must be screened on the new forms. This includes individuals who enrolled in the previous grant period and are continuing to receive services in this new grant period. When a continuing participant is screened on the new forms, you must select "initial form" the first time you screen them using the new forms. Additionally, all continuing participants should retain their original unique identifier (PPUID) and the enrollment date from when they first started receiving services through Healthy Start. The PPUID and enrollment date for a participant should never change because they allow HRSA to track participants throughout all grant periods and determine a baseline for when a participant first began receiving services.

Q: *Are the updated Data Collection Forms in CAREWare? Are programs required to use CAREWare?*

A: CAREWare is not mandatory, it is a free data system for grantees. Grantees are encouraged to utilize CAREWare to manage their participant data as it meets the reporting requirements of the grant and is no cost. The updated Data Collection Forms are currently being developed in the system. Please reach-out to careware@nichq.org for more information.

Q: *When will the Discretionary Grants Information System (DGIS) New Competing Performance Report (NCPR) be released? When is it due?*

A: Generally, DGIS New Competing Performance Reports are created on the start date of each new MCHB grant. When the FY24-FY29 Healthy Start grant cycle began in May 2024, programs received an NCPR. However, those reports were administratively closed because the DGIS is receiving an upgrade in August with revised forms. To prevent programs from having to complete two NCPRs, one on the old version of forms and one on the new version of forms, we have closed the May report and a new NCPR will be opened in August. The new NCPR will be due 120 days from the date it opens. If you have questions about the changes to the DGIS, please see the video posted here: https://www.youtube.com/watch?v=Ggzmjfabw90.

Q: *How do I join the HealthyStartData@hrsa.gov mailing list?*
A: All Project Directors are automatically added to the HealthyStartData@hrsa.gov mailing list. Please ensure that your program's contact information is correct in HRSA's Electronic Handbooks (EHBs) to ensure your Project Director is on the list. If you are a data manager, program evaluator, or other staff responsible for managing and submitting Healthy Start reports, please email the HealthyStartData@hrsa.gov mailbox to be added to the mailing list. In your email, please include your job title, grant position, grant number, and email address.