Healthy Start Project Director's Guide

I. INTRODUCTION

Welcome to the Healthy Start (HS) Project Director's Guide. This guide was developed to help you find information that can assist you with managing your Healthy Start program and was developed for Healthy Start Project Directors.

A. *What is Healthy Start?*

The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) established Healthy Start (HS) as a demonstration project in 1991. The HS program has since grown in size and mission. As of 2024, there are 115 projects serving people in 37 states, the District of Columbia and Puerto Rico.

The purpose of Healthy Start is to improve health outcomes before, during, and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes.

Healthy Start has two focus areas and their related objectives to be accomplished during the five-year period of performance:

(1) Provide direct and enabling services (for example, screening and referrals, case management and care coordination, health and parenting education, and linkages to clinical care) to enrolled HS participants. These services are designed to:

- Increase receipt of case management/care coordination to facilitate access to medical care and community-based resources.
- Increase uptake of healthy behaviors before, during, and after pregnancy.
- Increase the use of healthy and safe infant and toddler care practices; and

(2) Convene Community Consortia (formerly known as Community Action Networks or "CANs") comprised of diverse, multi-sector partners to advise and inform HS activities as well as to develop and implement plans to improve perinatal outcomes within the selected project area. Each community consortia will:

- Advise and inform strategies for providing direct and enabling services to HS participants.
- Develop cross-sector partnerships to ensure access for HS participants to coordinated, comprehensive maternal, child, and family medical care; health and parenting education; and community-based resources within the project area.

- Participate in Communities of Practice (COP) with other HS/Healthy Start Initiative – Enhanced (HSE) projects to develop and implement a plan for the community that focuses on at least one social determinant of health (SDOH), such as access to adequate housing, transportation, or food.

B. *The Role and Responsibilities of the Project Director*

The Project Director is the person the grantee organization identifies for the oversight and operational implementation of federal award activities. The Project Director is also the individual most closely tied to the programmatic aspects of the award. The Project Director is the liaison for the grantee and HRSA's primary contact for all communication pertaining to the program. In addition, the Project Director is responsible for decision-making, staffing, fiscal oversight of the program, and compliance with the financial and administrative aspects of the award.

The Project Director's name appears on the Notice of Award (NOA) and will have all permissions to submit nonfinancial submissions for the award after successful registration and will be responsible for approving Electronic Handbooks (EHBs) privileges for other individuals in the organization. Nonfinancial submissions include performance reports, progress reports, noncompeting continuations, and other submissions.

II. THE HEALTHY START PROGRAM

A. *Required Components*

Direct and Enabling Services – HS direct and enabling services should be customized to meet the needs of the project area. These services should focus on your target population. Strategies should be culturally responsive and linguistically appropriate.

Group-Based Education – HS projects are expected to provide group-based health and parenting education, which includes prenatal health, parenting, and child development education. HS projects can provide group-based education through a Group Prenatal Care model or a Community-based Group Prenatal and Parenting Education model.

Consortium – Community Consortia are intended to bring together various representatives across the community to address pressing issues and needs that may lead to poor perinatal health outcomes. Community Consortia are expected to implement plans aimed at reducing disparities in perinatal health outcomes by improving the quality of and access to clinical, support, and education services within the project area. Community Consortia may provide training and serve as a forum for organizational updates if and when those activities align with the community-driven approach to implement the plan.

Clinical Services – All recipients are expected to provide clinical services to HS participants. Grant recipients are expected to dedicate *12 percent* of their budget to support nurse practitioners, certified nurse midwives, physician assistants, behavioral

health specialists, and other maternal-child advanced practice health professionals dedicated to HS projects. As part of the *12 percent*, funds may also be used to support health educators by having clinical staff conduct training on associated topics, such as [Urgent Maternal Early Warning Signs](#).

Service Area – The Service Area established for your Healthy Start program are the precise boundaries, as defined within your application and approved by HRSA, of the geographic area to be served under the Health Start Program. All HS programs are expected to provide services within these defined boundaries and any concerns about overlap should be immediately brought to the attention of HRSA.

Please refer to [HRSA-24-033 NOFO](#) for further information on required components.

B. Report Submissions

Throughout the project period, different reports will be required by Healthy Start grantees. Award recipients must comply with Section 6 of the Application Guide and the following reporting and review activities:

1. **Federal Financial Report** – The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically in the [Payment Management System](#). More specific information will be included in the NOA.

2. **Progress Report(s)** – The recipient must submit a progress report to HRSA annually. Please refer to the NOA for details.

3. **DGIS Performance Reports** – Available through the [Electronic Handbooks (EHBs)](#), the [Discretionary Grant Information System (DGIS)](#) is where recipients will report annual performance data to HRSA. Award recipients are required to submit a DGIS Performance Report annually, by the specified deadline.

Type of Report	Reporting Period	Available Date	Report Due Date
a) New Competing Performance Report	5/01/2024 – 3/31/2029 *(administrative data and performance measure projections, as applicable)*	Period of performance start date	120 days from the available date
b) Non-Competing Performance Report	5/01/2024 – 3/31/2025 4/01/2025 – 3/31/2026 4/01/2026 – 3/31/2027 4/01/2027 – 3/31/2028	Beginning of each budget period (Years 2–5, as applicable)	90 days from the available date
c) Project Period End Performance Report	4/01/2028 – 3/31/2029	Period of performance end date	90 days from the available date

4. **Integrity and Performance Reporting** – The NOA will contain a provision for integrity and performance reporting in [Federal Awardee Performance and Integrity Information System (FAPIIS)](), as required in [45 CFR part 75 Appendix XII]().

C. *HS Benchmarks*

The Healthy Start Program established benchmarks and goals for performance. Achievement of benchmarks will be evaluated using the data submitted for the HS performance measures. Failure to ensure compliance with reporting requirements once an award is made may result in further actions or conditions during post-award monitoring.

Recipients will report annually on progress toward achieving the 10 HS benchmark goals. The benchmarks are as follows:

1. Increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).

2. Increase the proportion of pregnant HS participants who receive prenatal care in the first trimester to 80 percent.

3. Increase the proportion of HS women participants who receive a postpartum visit to 80 percent.

4. Increase the proportion of HS women participants who receive a well-woman/preventive visit in the past year to 80 percent.

5. Increase the proportion of HS infants placed to sleep following safe sleep practices to 80 percent.

6. Increase the proportion of HS infant participants who were:
   A. ever breastfed or fed breast milk to 82 percent.
   B. breastfed or fed pumped breast milk at 6 months to 50 percent.

7. Increase the proportion of pregnant HS participants that abstain from cigarette smoking, or using any tobacco products, to 90 percent.

8. Increase the proportion of HS child participants who receive the last age-appropriate recommended well-child visit based on the AAP schedule to 90 percent.

9. Increase the proportion of HS women participants who receive depression screening to 90 percent; of those who screen positive for depression, increase the proportion who receive referral to 95 percent.

10. Increase the proportion of HS women participants who receive interpersonal violence (IPV) screening to 90 percent; of those who screen positive for IPV, increase the proportion who receive referral to 95 percent.

D. Performance Measures and Program Data

Your HS program is required to collect data and demonstrate progress towards meeting program goals. Your program will collect and report data to HRSA in two ways. You are expected to:

1. Use the Healthy Start Data Collection Forms to collect individual client-level data for HS participants receiving CM/CC services and then report the client-level data elements to HRSA quarterly using the Healthy Start Monitoring and Evaluation Data System (HSMED) within the HRSA Electronic Handbooks (EHBs).

2. Collect data to report indicators for the HS performance measures in the Discretionary Grants Information System (DGIS) within the HRSA Electronic Handbooks (EHBs).

For questions regarding Healthy Start Data Collection Forms, general data collection, and reporting, please email questions to the HealthyStartData@hrsa.gov mailbox and copy your Project Officer.

E. Required Meetings

All Healthy Start grant recipients are required to attend the following meetings:

- **All Grant Recipient Meeting** – A convening for all grant recipients to come together over the course of 2 days to:
  - Promote open communication channels and information sharing between DHSPS and grant recipients.
  - Provide on-site opportunities for learning to meet the goals of the grant recipients.
  - Maximize support for the successful implementation of MCH services at the community level.

- **Regional Grant Recipient Meetings** – Regional Meetings provide an opportunity for HS, HSE and Catalyst grantees to come together with other grantees in their region over the course of 1.5 days. In addition to connecting with each other and their Project Officers, grantees attend plenary sessions and participate in skill-building sessions and engagement activities.

- **Conversation with the Division** – A webinar where DHSPS staff share key updates and information with Healthy Start grant recipients.

F. Site Visits

During the project period, HRSA staff conducts site visits with grant recipients. The purpose of conducting a site visit includes the following:

a. Ensures the project's program and budget activities comply with HRSA's program requirements.
   b. Provides appropriate technical assistance in response to perceived problems or concerns.
   c. Evaluates the project's financial management processes and compliance with HRSA's budgetary requirements and policies.
   d. Ensures the projects monitor their own subrecipients in compliance with the terms and conditions of the Federal Assistance agreement.

New grantees must have a site visit conducted by their Project Officer within the first budget period. Current grantees are required to have at least one site visit during the project period. The following resources may be used for support in preparing for site visits:
   a. Site visit checklist/readiness assessment;
   b. Sample agendas; and
   c. Best practices for running a site visit.

G. *Technical Assistance*

The National Institute for Children's Health Quality (NICHQ) – NICHQ serves as the 2024-2029 Healthy Start Technical Assistance & Support Center (HS TASC).

The Healthy Start Technical Assistance & Support Center (HS TASC) – HS TASC provides training and technical assistance (TA) to support Healthy Start (HS), Healthy Start Initiative – Enhanced (HSE), and Catalyst for Infant Health Equity grant recipients in improving their service delivery, meeting outcome measures, and building program capacity to work with community partners to improve health and social service systems to reduce maternal and infant health disparities.

HS TASC provides training and TA to support HS grantees in achieving program goals. HS grantees can request TA and receive help achieving their program goals. Training & TA requests can be submitted through the HS TASC website.

Please see the below flowchart for instructions on how to submit a Training & TA request:
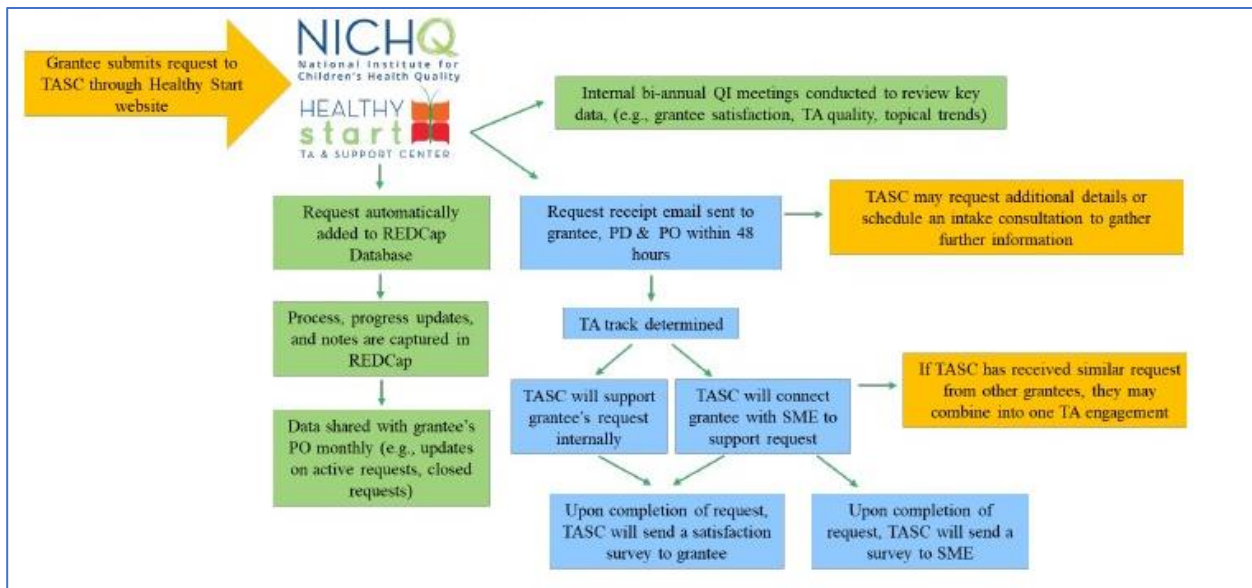
The Healthy Start Association (NHSA) – NHSA is the member organization for the over 100 federally funded Healthy Start grantees nationwide. NHSA is a leader in the maternal and child health (MCH) field, especially in the areas of infant and maternal mortality reduction. NHSA supports Healthy Start grantees in achieving program goals.

Project Officer – The Healthy Start Project Officer (PO) is the first point of contact for HS recipients in managing their federal funds. You may also contact your assigned PO for training and TA access. Every recipient receives a Notice of Award (NOA) that lists HRSA points of contact for programmatic issues, including the PO and Grants Management Specialist (GMS).

Monitoring calls are a great way to keep the lines of communication open between a Project Director and the PO. The calls can be scheduled biweekly, monthly, bi-monthly or quarterly based on the judgment of the PO and the needs of the Healthy Start program. They should be initiated early at the start of the project period to establish a common agenda and expectations.

Communication between the Project Officer and the Project Director is vital to project success. The Call Template keeps everyone informed of challenges and progress within the project. If you have not received a Call Template, contact your Project Officer to receive access to one.

All new grantees are required to have a site visit conducted by the PO within the first budget period. HRSA also requires that all current grantees have at least one site visit during the project period.

III. BUDGET/FISCAL MANAGEMENT

A. *Budget and Fiscal Management Roles*

Grants Management Specialist (GMS) – The GMS is a partner and consultant to program recipients from the beginning of the grant or cooperative agreement to its end. The GMS is responsible for day-to-day management and fiscal oversight of the grant along with any other non-programmatic aspects. The GMS guides recipients through fiscal and regulatory challenges to ensure compliance with grants management policies and requirements. Program recipients may contact their GMS through the information provided in section #9 of the latest Notice of Award (NOA). Please include your HS grant number in correspondence to the GMS.

Notice of Award (NOA) – This is the official legal document issued to the grantee indicating a federal grant award has been made and that funds may be requested from the HHS Payment Management System (PMS) for use in supporting approved grant activities. The NoA sets forth the terms and conditions of the grant. It establishes a relationship with the grant recipient and authorizes the use of Federal funds for carrying out the purpose of the grant program. The NOA sets forth the:
- Effective date of the HS award.
- Budget period for initial support.
- Total project period.
- Amount of funds awarded.
- Non-federal share to be provided (if applicable).
- Recommended future funding.
- Total project period for which support is being considered.
- Terms and conditions of the HS award.
- Reporting requirements.
- Program and grants management contacts.

B. *Payment Management Services (PMS)*

Submissions for Federal Financial Reports (FFR) must be completed in the [Payment Management Services (PMS)](). Additionally, funds for grant recipients are located in a sub-account in the PMS.

Technical questions regarding the PMS, including system access should be directed to the PMS Help Desk by submitting a ticket through the [self-service web portal]() or calling 877-614-5533.

- Video on how to request new user access: https://youtu.be/Gaz8LyMMAEI.

- New User Request Instructions:
  [Download the New User Request Instructions PDF (click here)]().

If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: http://pms.psc.gov/find-pms-liaison-accountant.html.

Your PMS Account Representative:
- Assigns you a Personal Identification Number (PIN).
- Reviews, approves, and monitors the drawdown of funds.
- Reviews and approves your Federal Cash Transaction Report (FCTR) via the Federal Financial Report (FFR).
- Provides you with payment reports and oversees debt collection.

C. *Fiscal Submissions*

- **Fiscal Submissions** – There are submissions pertaining to fiscal management of a recipient's award that may be submitted during various periods of the grant cycle. Such submissions are as follows:

- **Fiscal Financial Report (FFR)** – A statement of expenditures associated with a grant. Recipients of federal funds are required to report the status of funds for grants or assistance agreements to the sponsor of the grant using the FFR expenditure data.
  - **Unobligated Balance (UOB)** – This is the amount of funds (typically listed on the FFR) under an award or subaward that the recipient or subrecipient has not obligated prior to the conclusion of the budget period.

D. *Prior Approval Requests*

- **Prior Approval (PA) Requests** – If a recipient needs to change certain aspects of the approved application after the award is issued, approval is required before the recipient may proceed with the modification. Thus, this requires submission in EHBs Prior Approval Module.

  A Prior Approval Request is a request initiated by the grantee to change grant-related information. Grantees are required to submit Prior Approval Requests through EHBs.

  Prior Approval Requests include:
  - Change in Project Director
  - Replacement of key personnel specified in the NOA
  - Change of grantee organization
  - Changes in Scope, Goals & Objectives
  - Revisions in Budget and/or Budget Justification
  - Budgeting funds to an unapproved budget category
  - Carryover that exceeds 25% of a given budget period
  - Any line-item budget changes >25%

- **Carryover** – A carryover is the unspent or unobligated balance of funds from prior budget periods that the recipient may request to use in the current budget period for unmet needs supporting the goals and objectives of the project. If a recipient desires to submit a carryover, this request should be made as a Prior Approval no later than 30 days following the submission of the FFR.

- **Prior Approval Carryover Request** – A prior approval to carry over unobligated funds from one budget period to the subsequent budget period requires specific items. The following should be included:
  o PMS must be current and grant conditions must be satisfied.
  o The Federal Financial Report (FFR) must be submitted for the budget period associated with the unobligated balance.
  o Budget Justification:
    o Explain the amount of requested unobligated balance (UOB), why you have an UOB and how you will allocate the funds.
    o Line-item Budget Narrative: Explain the amounts requested for each line item with a funding allocation from Section B of the SF-424A. Be sure to itemize salaries and wages by position in the budget narrative. A cost breakout must also be provided along with a description that explains how the requested funds will be used. Funds should be allocated for activities that were not completed during the prior budget period.
  o Budget form SF-424A: Budget Information Form.
  o Funds allocated on the SF-424 budget form and in the budget justification must match.

- **Expanded Authority** – Federal administrative requirements allow agencies to waive certain cost-related and administrative prior approvals, which are known as expanded authorities. In Healthy Start, recipients are permitted to rebudget without prior approval from HRSA, provided the amount rebudgeted is less than or equal to 25% of federal award.

IV. ELECTRONIC HANDBOOKS (EHBs)

A. *EHBs Overview* – The HRSA EHBs is the system used by recipients of HRSA grants. This platform also serves as HRSA's monitoring tool for managing HRSA grants.

   The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process.

B. *Registration* – On the Login.gov homepage, you can sign into your existing account or create a new account.

   1. Select **Sign in with** Login.gov to sign in if you have an existing account, verify the account is active, or to reset your password.

   2. Select **Create an Account** to set up a new account.

   3. Refer to the EHBs Wiki Help page for step-by-step instructions on how to create a Login.gov account.

   For assistance with your Login.gov account, please contact the Login.gov Help Page .

   For assistance with your EHBs account, please contact the EHBs Help Desk at 877-464-4772/877-Go4-HRSA (TTY: 877-897-9910) 7:00 a.m. to 8:00 p.m. Eastern Time (ET) Monday through Friday (excluding federal holidays). Always get a case number when you call.

C. *Organizational Roles*:

   • **Authorizing Official** – The individual, named by the applicant organization, who is authorized to act for the organization and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards.

   • **Business Official** – The individual, named by the applicant organization, who is authorized to review and submit the financial status report and interact with the Payment Management System (PMS).

   • **Other** – All other individuals of an organization who wish to participate in the electronic process should register using this role.

D. *Help Desk* – The EHBs Help Desk is available to assist recipients with navigation in the platform. For assistance with your EHBs account, please contact the EHBs Help Desk at 877-464-4772/877-Go4-HRSA (TTY: 877-897-9910) 7:00 a.m. to 8:00 p.m. Eastern

Time (ET) Monday through Friday (excluding federal holidays). Always get a case number when you call.

V. RESOURCES

A. *Healthy Start Resource Sites (Federal)*

HRSA MCHB

Health Resources and Services Administration (HRSA) Website
https://www.hrsa.gov/index.html

Maternal and Child Health Bureau (MCHB) Website
https://mchb.hrsa.gov/about-maternal-and-child-health-bureau-mchb

Maternal and Child Health Bureau (MCHB) Fact Sheets
https://mchb.hrsa.gov/about/fact-sheet-infographics

Healthy Start HRSA Website
https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start

Healthy Start Initiative: Eliminating Disparities in Perinatal Health Notice of Funding
Opportunity (NOFO)
https://apply07.grants.gov/apply/opportunities/instructions/PKG00283232-instructions.pdf

Healthy Start Initiative: Eliminating Disparities in Perinatal Health NOFO FAQs:
https://mchb.hrsa.gov/programs-impact/healthy-start/eliminating-disparities-perinatal-health-faq

Healthy Start Technical Assistance & Support Center (TASC)

Healthy Start TASC provides free training and technical assistance (TA) to support HS
grantees in achieving program goals to reduce infant mortality, reduce health disparities,
and improve birth outcomes.
https://healthystart-tasc.org/

Calendar of Technical Assistance and Training Offerings
https://healthystart-tasc.org/about/stay-connected/calendar/
Please note that all event times are listed in Eastern Standard Time.

Communication is Key
https://healthystart-tasc.org/implement/project-director-resources/project-management-guide/communication/

Healthy Start Community Health Worker Course
https://healthystart-tasc.org/learn/community-health-worker-course/

Healthy Start TASC E-news
HS TASC regularly shares important HS related updates, including information about upcoming technical assistance and training offerings, events, and reporting deadlines.
https://healthystart-tasc.org/about/stay-connected/newsletter/

Healthy Start Hub
The Healthy Start Hub, an enhanced engagement platform, will provide a space for Healthy Start, Catalyst, and HSE grantees and partners (e.g., subject matter experts, TASC staff, DHSPS staff) to connect, engage in discussions, share resources, and more.
https://hub.healthystart-tasc.org/wp-login.php?redirect_to=https%3A%2F%2Fhub.healthystart-tasc.org%2F&bp-auth=1&action=bpnoaccess

Healthy Start Project Director Resources
Available resources designed to help Project Directors/Managers manage their HS project and meet the HS benchmarks and goals. Project Directors/Managers are responsible for hiring and overseeing staff that have the skills and expertise to deliver high-quality, effective services to HS program participants.
https://healthystart-tasc.org/implement/project-director-resources/

Power Podcast for Justice
Power Podcast for Justice is a vehicle to uplift conversations aimed to move the Healthy Start community – and others in the maternal and child health field – towards action. In each episode, TASC Director Kenn Harris and Dr. Linda Henderson-Smith, President and CEO of ATC Consulting, LLC, discuss topics and issues that lead to liberation of ideas, action, and a better world.
https://healthystart-tasc.org/about/stay-connected/power-podcast-for-justice/

Resources for Healthy Start Programs
Accessible resources to help you deliver robust Healthy Start services to your community.
https://healthystart-tasc.org/resources/

Submit Technical Assistance (TA) Requests
Healthy Start TASC provides free training and TA to support HS grantees in achieving program goals.
https://healthystart-tasc.org/request-technical-assistance/

Talking Participants through the Healthy Start Screening Tools
Healthy Start participants should feel respected throughout the screening process and know how the information will be used to best tailor the services they need. This recorded webinar will provide HS staff who administer the screening tools the fundamental approaches that will make the screening tools conversational. The rationale for inclusion of specific medical conditions and medications sections of the screening tools will also be discussed.
https://healthystart-tasc.org/ask-the-expert-screening-tools-initiative-talking-participants-through-the-healthy-start-screening-tools/

Healthy Start Data Collection and Performance Reporting

CAREWare for Healthy Start
While not mandatory, HRSA strongly encourages recipients to consider using the CAREWare database for their data collection, management, and reporting needs. CAREWare provides recipients with a client-level data collection system at no cost with reporting and case management features; customization capabilities; dedicated technical assistance; a quick-start option for new and inexperienced recipient; and an adaptable system that is directly informed by/linked to Healthy Start's data reporting requirements.
https://mchb.hrsa.gov/programs-impact/programs/home-visiting/overview-careware-healthy-start

Discretionary Grants Information System (DGIS)
https://mchb.hrsa.gov/data-research/discretionary-grants-information-system-dgis

How to Access Performance Reports
https://help.hrsa.gov/display/EHBSKBFG/Video+-+How+to+Access+Performance+Reports

Healthy Start Monitoring and Evaluation Data System (HSMED) Reports
https://help.hrsa.gov/display/public/EHBSKBFG/Healthy+Start+Monitoring+and+Evaluation+Data+System+%28HSMED%29+Reports+Dashboard

Electronic Handbooks (EHBs)

Instructions for Electronic Handbooks (EHBs) Login and Registration
https://help.hrsa.gov/display/public/EHBSKBFG/EHBs+Login+Process+-+Login.gov+for+Applicants%2C+Grantees%2C+Service+Providers%2C+Consultants%2C+and+TAs

Electronic Handbooks (EHBs) Login Screen Website
https://grants.hrsa.gov/EAuthNS/external/account/SignIn

Electronic Handbooks (EHBs) Help and Knowledge Base
https://help.hrsa.gov/display/public/EHBSKBFG/Index

Overview of the Electronic Handbooks (EHBs) for Grantees
https://www.youtube.com/watch?v=z2FgYkTwGd8

Requesting Submission Deadline Extensions in EHBs
https://help.hrsa.gov/display/public/EHBSKBFG/Extension+Requests+FAQs

Prior Approval Requests

Prior Approval (PA) Request FAQs
https://help.hrsa.gov/display/EHBSKBFG/Prior+Approval+Requests+FAQs

How to Request a Prior Approval for a Carryover of Unobligated Balances
https://help.hrsa.gov/pages/viewpage.action?pageId=56492063

Federal Financial Reports (FFR)

Federal Financial Reports (FFR) Overview
https://www.youtube.com/watch?v=SkUYDCartM0

Federal Financial Reports (FFR) Integration with Payment Management System (PMS)
https://help.hrsa.gov/display/public/EHBSKBFG/Federal+Financial+Report+Integration+with+PMS

Payment Management System (PMS)

PMS is a leader in processing grant payments for the federal government and helps grantees monitor their financial activity to ensure it aligns with their award.
https://pms.psc.gov/

Payment Management System (PMS) User Guide
https://pms.psc.gov/training/pms-user-guide.html

HRSA Grants Management Resources

Award Recipients FAQs
https://www.hrsa.gov/grants/faqs

Award Recipients Reporting Requirements
HRSA award recipients are required to report on their use of HRSA funds.
https://www.hrsa.gov/grants/manage-your-grant/reporting-requirements

Award Recipients Policies, Regulations and Guidance
Policies, regulations, and guidance provide a consistent standard for HRSA grant recipients. Follow these when applying for and managing a grant.
https://www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance

Communicating and Acknowledging Federal Funding
HRSA requires grant and cooperative agreement recipients to acknowledge HRSA when describing projects or programs funded in whole or in part with HRSA funds. Please ensure to add HRSA's funding notice to your program's publications that were developed with HRSA federal award funding.
https://www.hrsa.gov/grants/manage-your-grant/acknowledge-hrsa-funding

How to Manage Your Grant
Tools and information to manage your grant successfully.
https://www.hrsa.gov/grants/manage-your-grant/training/how-to-manage-grant-guide

Tip Sheet for HRSA Grantees
Tip sheet to help avoid misspending grant funds and avoid unallowable costs.
https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/tip-sheet-unallowable-costs.pdf

Tips for Developing Effective Internal Controls
Effective internal controls prevent fraud, waste, and abuse.
https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/internal-controls-tip-sheet.pdf

Understanding the Notice of Award (NOA)
The NOA sets forth grant terms and conditions, and allows grantees to view their federal award number, funding amount, budget and project period, reporting requirements, and program and grants management contacts.
https://help.hrsa.gov/pages/releaseview.action?pageId=112460729

Other Federal Award Resources

Code of Federal Regulations (CFR) Appendix XII to Part 75 – Award Term and Conditions for Recipient Integrity and Performance Matters
https://www.ecfr.gov/current/title-45/part-75/appendix-Appendix%20XII%20to%20Part%2075

Grants.gov
Resource for applying for federal funding opportunities.
http://grants.gov
Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

System Award Management (SAM)
A system for registering to do business with the federal government and navigating the federal award lifecycle.
https://sam.gov/content/home

HHS Office of the Inspector General (OIG)
This is a resource for submitting tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in the U.S. Department of Health and Human Services' programs.
https://oig.hhs.gov/fraud/report-fraud/

B. *Other Healthy Start Resource Sites (Non-Federal)*

CityMatCH
https://www.citymatch.org/

CityMatCH is a national membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the U.S. The mission of CityMatCH is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities.

National Healthy Start Association (NHSA)
NHSA is committed to improving birth outcomes and health disparities that exist within communities of color throughout the United States. As the membership association for the over 100 federally-funded Healthy Start grantees nationwide, NHSA promotes the development of community-based material and child health programs, particularly those addressing the issues of infant mortality, low birth weight and racial disparities in perinatal outcomes.
http://www.nationalhealthystart.org/

National Healthy Start Association (NHSA) – Become a Member
https://www.nationalhealthystart.org/become-a-member/

National Institute for Children's Health Quality (NICHQ)
NICHQ serves as the 2024-2029 Healthy Start Technical Assistance & Support Center (HS TASC).
https://www.nichq.org/

The Association of Maternal and Child Health Programs (AMCHP)
AMCHP's mission is to advance the health of women, children, youth, families, and communities by strengthening governmental public health and deepening community partnerships through a health equity lens. Since being founded in 1950, AMCHP has served as a national resource, partner, and advocate for state public health leaders and others working to improve maternal and child health public health systems.
https://amchp.org/

Gantt Chart
A Gantt chart is a project management tool that helps plan, schedule and monitor a project.
https://asq.org/quality-resources/gantt-chart

Steps to Building an Effective Team
http://hr.berkeley.edu/hr-network/central-guide-managing-hr/managing-hr/interaction/team-building/steps

VI. GLOSSARY

Benchmarks – A means of assessing progress on a select group of outcomes and activities, which are common to all Healthy Start (HS)/Healthy Start – Enhanced (HSE) projects.

Case Management/Care Coordination Services (CM/CC) – Helps participants access medical care, community resources and health/parenting information by encouraging, guiding, and coordinating services and supports. It is a family-centered, strength-based partnership between the HS/HSE participant, HS/HSE staff/team and other affiliated providers. Services are flexible, culturally responsive, and linguistically appropriate. CM/CC can include the following components:
- Screening and intake using Healthy Start enrollment forms;
- Comprehensive assessment and identification of each participant's/family's unique needs;
- Partnering with participants to develop a shared plan of care:
  - This includes identifying participant strengths, goals, and support needs (for example, health/parenting information, linkage or referral to medical care and other community-based resources).
  - Monitoring and discussing progress on the shared plan of care.
  - Updating the shared plan of care to reflect participant accomplishments and changes in participant priorities.

Community Consortium – A formally organized partnership, advisory board or coalition of organizations and individuals representing program participants such as appropriate agencies at the State, Tribal, and local government levels; public and private providers, faith-based organizations, and local civic groups; and local businesses which identify with the project's target area. The Community Consortium works collaboratively to develop and implement a plan focused on SDOH with activities resulting in systems changes and improvements to accelerate reducing disparities in perinatal outcomes.

Community of Practice (COP) – A community of practice is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals by sharing expertise, ideas, strategies, and best practices.

Direct Services – Direct services are preventive, primary, or specialty clinical services to pregnant women, infants, and children where funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts.

Division of Healthy Start and Perinatal Services (DHSPS) – DHSPS leads and guides national efforts to improve the health outcomes of mothers and women; Directs its work before, during, and after pregnancy to enhance the well-being of mothers and babies; and focuses on reducing the differences in rates of death between racial and ethnic groups. The Division encompasses three branches: Healthy Start, Women's Health, and Data.

Enabling Services – Enabling services are non-clinical services (that is, not included as direct or public health services) that allow individuals to access health care and improve health outcomes. Enabling services include, but are not limited to, case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach.

Group-Based Prenatal and Parenting Education – A structured and highly collaborative form of learning aimed at improving prenatal health and wellness while providing critical social support for women and increasing empowerment and resiliency. Researchers believe the effectiveness of group prenatal education in improving perinatal outcomes is due to the following:

- Social support provided to pregnant women who attend the education sessions from other pregnant women and mothers in their communities. Social support has been found to reduce chronic and toxic stress and to reduce isolation.
- Additional time provided for health education and skills building with learning done in small groups through a collaborative, interactive, and engaging environment.
- Building health knowledge and skills empowers women to make positive changes in their health habits.

Please note activities such as health fairs do not constitute group-based education.

Group Prenatal Care – An approach to care designed to bring together groups of perinatal patients for routine prenatal care, learning and social support while maintaining the risk screening and physical assessment of individual prenatal care.

Healthy Start Branch (HSB) – The goals of the Branch are to administer the Program initiative with the aim of enhancing mother's health by Improving the well-being of mothers who are expecting or have just given birth and their partners; preventing infant death through investment in communities with infant death rates that are 1.5x the U.S. national average or greater; and eliminating health disparities through the reduction of racial and ethnic differences in rates of adverse infant and maternal health outcomes. This is the grantee's direct contact for all programmatic matters.

Health Resources and Services Administration (HRSA) – HRSA, part of the Public Health Service that operates under HHS, provides health care to people who are geographically isolated, economically or medically vulnerable. HRSA provides equitable health care to the nation's highest-need communities. Specifically, the agency's programs support people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and the health workforce.

Maternal and Child Health Bureau (MCHB) – MCHB administers programs, supports research, and invests in workforce training to ensure the health and well-being of mothers, children, and families across their lives. In partnership with states and communities, the Bureau supports health care and public health services for nearly 60 million people nationwide.

Social Determinants of Health (SDOH) – The conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions. Social determinants of health include aspects of the social environment (for example, discrimination, income, education level, marital status), the physical environment (for example, place of residence, crowding conditions, built environment [that is, buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (for example, access to and quality of care, insurance status).

Technical Assistance (TA) – The process of providing targeted, knowledge-based support to build organizational capacity or address a programmatic need or problem.

U.S. Department of Health and Human Services (HHS) – The Department of Health and Human Services has twelve operating divisions, including nine U.S. Public Health Service agencies and three human services agencies. These divisions administer a wide variety of health and human services and conduct life-saving research for the nation, protecting and serving all Americans. The Office of the Secretary (OS), HHS's chief policy officer and general manager, administers and oversees the organization, its programs, and its activities.