

Division of Healthy Start and Perinatal Services
Conversations with the Division
Frequently Asked Questions
April 29, 2026

ADMINISTRATIVE

Q: How can grantees request a change to their Healthy Start's program name?

A: Grantees may change their Healthy Start program name (i.e., the name their Healthy Start program is locally known as) without prior authorization from HRSA. To do so, grantees should follow their internal procedures and notify their Project Officer either during a monitoring call or via email. For monitoring purposes, please include the rationale for name change. Your Project Officer will want to understand the factors influencing the decision and strategies for maintaining continuity in community outreach and partnerships. Project Officers may provide technical assistance, as appropriate.

If you wish to change your **organization's name** (i.e., the entity listed as the award recipient on the Notice of Award), prior approval from HRSA is required. Begin by contacting your Project Officer and Grants Management Specialist, who will provide instructions, including required documentation.

A prior approval request typically includes:

- A cover letter
- The organization's new name
- The effective date of the change
- Any additional supporting documentation requested

You must also update your organization's information in SAM.gov. Once approved, HRSA will issue a revised Notice of Award reflecting the organization's new name.

Q: Are Healthy Start grantees organized by region?

A: Healthy Start grantees are located across multiple U.S. Department of Health and Human Services (HHS)/HRSA regions. You can identify your region using this [HHS regional map](#).

The Division of Healthy Start and Perinatal Services (DHSPS) and the Healthy Start Technical Assistance and Support Center (TASC) may organize grantees by HHS region for technical assistance, training opportunities or regional meetings. Because the number of Healthy Start grantees varies across HHS regions, DHSPS and TASC usually combine multiple regions when planning and delivering these activities to ensure balanced participation.

ALL-GRANTEE MEETING

Q: Will there be a Healthy Start All-Grantee Meeting (AGM) this year, and if so, when?

A: Yes, the 2026 Healthy Start AGM is scheduled for September 14-16, 2026, at the Mayflower Hotel in Washington, DC. Additional details will be shared as they become available.

Q: Will there be a limit on the number of attendees each grantee can bring to the AGM?

A: Yes. Each site may register three to four attendees. Each grantee is required to register the following three individuals: Project Director, Data & Evaluation Manager, and one to two additional attendees selected at the Project Director's discretion. The discretionary attendee(s) may include a Group-Based Coordinator, Consortium Chair/Member, Fatherhood Coordinator, Clinical Care Manager, Case Manager, or other program staff.

Q: Will there be a call for proposals for the AGM?

A: There will most likely not be an open call for abstracts. However, grantees will be invited to present at specific sessions to share best/promising practices and successful program implementation strategies. If you are interested in presenting at the AGM please contact your Project Officer.

Q: When will the AGM registration open?

A: We anticipate opening AGM registration in mid-June. Additional details and registration information will be shared once available.

Q: Will there be an opportunity to meet with the National Healthy Start Association during the All-Grantee Meeting?

A: Yes, the National Healthy Start Association is an integral partner and will participate in the 2026 AGM. They are also on the AGM Planning Committee. Additional details regarding the agenda and opportunities for engagement with the National Healthy Start Association will be shared as planning for the AGM continues.

CLINICIAN AND CLINICAL FUNDING

Q: Is it possible to re-assess acceptable clinician types for Healthy Start advanced-practice maternal-child health providers?

A: At this time, there are no plans to reassess clinician types for Healthy Start services. Advanced practice health professionals are licensed providers who have completed advanced education and specialized training beyond the entry-level requirements for their profession. As outlined in the Notice of Funding Opportunity (NOFO), Healthy Start projects are expected to dedicate a portion¹ of their award to support clinical services provided by advanced practice maternal-child health professionals. Provider types include nurse practitioners, certified nurse midwives, physician assistants, and licensed clinical social workers. Other provider types may still play an

¹ Healthy Start Initiative awardees with a FY24 start date are required to dedicate 12 percent of their award to advanced practice maternal-child health professionals. Healthy Start Initiative – Enhanced awardees with an FY23 start date are required to dedicate 10 percent of their award to advanced practice maternal-child health professionals.

important role in supporting Healthy Start program activities; however, the required percentage for clinical services must be allocated to the clinician types meeting advanced practice provider qualifications.

Q: We provide a range of clinical and support services through our Healthy Start program. Are we required to bill Medicaid or other insurers for services provided to participants, or can we use grant funds to cover these costs?

A: Per your Notice of Award (NOA), Healthy Start projects are expected to make every effort to recover third-party revenues for services provided when applicable. This means that when a participant has coverage (e.g., Medicaid or another insurance), those payors should be billed for covered services before using grant funds.

Grant funds should generally be used for services that are not covered by insurance, such as outreach, care coordination, health education, or other support services. For example, if a pregnant participant enrolled in your program has Medicaid and receives a prenatal visit or behavioral health service from a qualified provider, those services should be billed to Medicaid if eligible. Healthy Start funds can then be used to support additional non-billable services, such as case management or other program supports. Establishing procedures to identify participants' insurance status at intake and ensuring appropriate billing processes are in place can help maximize available resources and support program sustainability.

We recognize that many grantees have questions about Medicaid billing and we are working to identify additional resources and information we can share on this topic.

COMMUNITY CONSORTIUM

Q: How can we re-convene an already established community consortium when our partners are disengaged, seem uninterested, and aren't prioritizing their participation?

A: This is a common challenge as community consortium members navigate their own competing priorities. Fostering shared ownership and trust and articulating clear mutual value for their participation is central to supporting sustained engagement.

Grantees in this situation should build on the foundation established through your co-developed community consortium plan, which used community data and needs assessments to define shared goals and strategies. Re-engagement efforts should include revisiting and reaffirming these priorities with partners and confirming that the goals and activities remain relevant for all members.

Sustained engagement also depends on demonstrating the value of participation and establishing clear expectations. Highlight how involvement supports each partner's mission, recognize member contributions, and share progress and success stories tied to the community consortium plan.

It is also important to clearly define roles, responsibilities, and decision-making processes so partners understand their responsibilities and how to contribute to advancing shared outcomes. Regularly sharing updated data and community impact helps maintain momentum. Periodic

check-ins to assess progress against the consortium plan and to identify where adjustments may be needed can help ensure the work remains relevant.

Structure some meetings to be outcomes-oriented (as opposed to always focusing on share-outs). Define clear next steps and if possible, opportunities for smaller workgroups to advance priority areas identified in the community consortium plan.

Finally, aligning community consortium efforts with existing local or state initiatives can reduce duplication and support long-term collaboration.

Grantees are encouraged to utilize support from the Healthy Start TASC and to participate in the required Advancing Community Consortia Community of Practice (CoP), which provides practical strategies for strengthening engagement. Upcoming CoP cohorts are scheduled for July–September 2026 and October–December 2026. Find CoP registration information and other resources [here](#).

Q: Are there resources or tools that can be shared with Community Consortium members to support advocacy for continued program services?

A: Yes, the National Healthy Start Association’s [Policy Advocacy webpage](#) and the [Association of Maternal & Child Health Programs](#) Policy & Advocacy resources provide useful information, tools, and guidance for Community Consortium members to advance maternal and infant health priorities.

As a reminder, Healthy Start and Catalyst grantees may educate policymakers, community leaders, and other stakeholders about maternal and infant health needs, program activities, and outcomes. Examples of allowable activities include sharing data, providing information about community health issues, and sharing program achievements.

Federal funds may not be used to engage in lobbying activities. For example, asking lawmakers to support or oppose specific legislation or asking the public to contact legislators to support a specific bill.

DATA

Q: Are there any changes or additions planned related to data collection?

A: Yes, we will have some minimal changes to the Healthy Start Forms (instructions and/or questions) and the Data Dictionary in response to grantee feedback and issues that we have noted in summarizing data. We will inform you of these changes shortly; they will not go into effect immediately. We will also seek grantee feedback on proposed changes.

Q: Can data uploads go back to monthly instead of quarterly?

A: At this time, we are not able to return to monthly reporting. The shift to quarterly reporting was made in response to overwhelming grantee feedback to reduce the burden associated with frequent, monthly data submissions. Under the previous monthly structure, many grantees submitted data in a cumulative manner rather than submitting only new monthly data,

which greatly increased the level of data cleaning and processing required by HRSA. As we begin to think about the next Healthy Start grant cycle we will continue to have conversations about preferences for data submission and areas for improvement.

Q: For the demographic and ethnicity counts for direct and enabling services in the Non-Competing Continuation Progress Report (NCCPR) due on June 30, should grantees report by Fiscal Year 2026 or Calendar Year 2025?

A: The directions and deadlines differ by grantee cohort. Please see the following reporting periods by topic area for the 2026 DGIS NCCPR:

- Main cohort of Healthy Start Grantees (due 6/30/26):
 - Financial information: 4/1/25 - 3/31/26
 - All other forms (participant counts and benchmarks): 1/1/25 - 12/31/25
- Healthy Start Enhanced (HSE) Grantees (due 12/29/26):
 - Financial information: 9/30/25 - 9/29/26
 - All other forms (participant counts and benchmarks): 9/30/25 - 9/29/26

Q: Will HRSA share examples or dashboards showing how Healthy Start data are being used? Yes, HRSA plans to share examples of materials showing how Healthy Start data are being used by the Maternal and Child Health Bureau and HRSA.

Q: Should grantees be concerned if the HSMED dashboard data does not align with their internal program reporting?

A: No. Grantees should not be concerned if the dashboard data do not exactly match their internal program reports. The HSMED dashboard may use different reporting periods, calculation methods, or definitions than those used by individual grantees. However, if the dashboard data differ substantially from your internal data, please contact the Division’s Healthy Start Data Team at HealthyStartData@hrsa.gov so we can review and investigate the discrepancies.

Q: When will the Healthy Start National Evaluation Report be released?

A: We anticipate releasing findings from the Healthy Start National Evaluation Report in Fall 2026. We will share high-level summaries and related materials for grantee reference. The final report has been received by the contractor and will have to undergo several levels of internal review and clearance before releasing the report publicly.

Q: Where can grantees access the Maternal and Infant Health Mapping Tool to create a map showing service areas?

A: To create a map showing Healthy Start service areas, access HRSA’s Maternal and Infant [Health Mapping Tool](#). Click on the “Health Resources” tab and select the “Healthy Start Service

Areas” option. *Note:* These services areas are limited to counties served by Healthy Start; they do not represent Census tracts or other smaller areas.

To create a map showing Healthy Start service areas by HRSA region, follow the instructions in the preceding paragraph, then click on the “Geographic Areas” tab and select the “HRSA Regions” option.

If you need assistance, please write the Healthy Start Data Team at HealthyStartData@hrsa.gov.

Q: What is the expected response timeline for emails sent to the Healthy Start Data Team?

A: In general, the Healthy Start Data Team attempts to respond to emails as soon as possible with the goal of responding within 3 business days. Complex questions may take longer if they require discussion among the team and/or input from others within the Division of Healthy Start and Perinatal Services (DHSPS/Division) or Bureau.

FATHERHOOD

Q: Do you have any suggestions or tips on how to increase fatherhood enrollment/engagement?

A: For strategies to increase fatherhood enrollment and engagement, grantees are encouraged to explore resources available through the [Healthy Start Technical Assistance and Support Center Resource Library](#). The [Fatherhood Learning Academy](#) offers recordings and practical tools focused on engaging fathers in Healthy Start programs, and additional materials can be found by filtering for “Fatherhood/Male Engagement Coordinator.” Grantees may also request tailored technical assistance through the Healthy Start TASC [here](#).

Additional tools and best practices are available through [National Healthy Start Association’s Fatherhood/Health & Well-Being resources](#) and the [National Responsible Fatherhood Clearinghouse](#).

FUTURE PLANNING

Q: What are the latest updates on the Healthy Start program?

A: For the latest updates from DHSPS, please refer to the recording of the April 29, 2026, *Conversations with the Division* [webinar](#).

Your Healthy Start Project Officer will also reach out directly if there are any important updates or changes you should be aware of. In addition, you may contact your Project Officer at any time or email the Healthy Start mailbox at MCHBHealthyStart@HRSA.gov with questions.

Q: Are there any upcoming changes to the Healthy Start program?

A: At this time, no major changes are planned for the Healthy Start program. The program and its technical assistance efforts will continue to address emerging needs and priorities that may evolve.

DHSPS, your Project Officer, and the Healthy Start TASC will keep grantees informed of any new activities, technical assistance opportunities, or updates to program requirements and expectations.

FUNDING

Q: When will Healthy Start grantees with an April 1 start date receive the remainder of their FY26 funding?

A: Some grantees have already received a second NOA that includes the remainder of FY26 funds. At this time, we don't have a specific timeframe for when all grantees will receive their second and final NOA reflecting full FY26 funding. However, we anticipate that the remaining awards will be issued soon.

We recognize that when funds are released in multiple disbursements it can make planning and budgeting more challenging. Grantees are encouraged to reach out to their Project Officer to discuss any questions or concerns.

Q: Why were FY26 awards issued in partial amounts?

A: FY26 funds were released in partial amounts because the final FY26 federal budget was not enacted until after the start of the federal fiscal year (October 1, 2025). The FY26 Department of Health and Human Services (HHS) budget was signed into law on February 3, 2026, as part of the Consolidated Appropriations Act, 2026 (H.R. 7148).

Following enactment, it takes time for funds to be allocated to agencies and distributed across Bureaus and programs before awards can be fully issued. As a result, initial awards may be released in partial amounts, with additional funding provided as it makes its way through the process and becomes available.

We recognize that this can make planning more challenging. Grantees are encouraged to reach out to their Project Officer to discuss any questions or concerns.

Q: Will Healthy Start Programs have funding through March 2027?

A: Yes, Healthy Start programs are funded in FY26. Healthy Start grantees with an April 1 start date have been funded through March 31, 2027. Healthy Start Initiative - Enhanced grantees with a September 30 start date have been funded through September 29, 2027.

This year the House and Senate will work to pass FY27 appropriations which will determine funding for the next project budget year (April 1, 2027 – March 31, 2028 and September 30, 2027 – September 29, 2028).

Q: Is there a sustainability plan in place in case Healthy Start appropriations are reduced or discontinued?

A: Federal funding levels are determined through the Congressional appropriations process and may change from year to year. Grantees are required to plan for sustainability by strengthening partnerships and exploring additional funding opportunities where appropriate. Grantees can

access tools and strategies on sustainability through the TASC [Resource Library](#) and may request individual TASC technical assistance [here](#).

Q: Given that only a portion of FY26 funding has been released, will performance expectations be impacted?

A: We recognize that receiving partial funding at the start of the fiscal year may create operational challenges. At this time, performance expectations remain unchanged, and grantees should continue program activities as planned. If funding delays significantly impact your ability to implement activities, please communicate with your Project Officer to discuss your specific situation.

Q: How should grantees communicate delays in receiving full FY26 funds with community partners, key stakeholders and participants?

A: We recognize that delays in receiving full-year FY26 funding can create challenges for program operations and planning. Grantees are encouraged to use their discretion in communicating with community partners, key stakeholders, and participants, sharing information as appropriate for their context.

If funding delays have caused interruptions in services, it is important to communicate this clearly with program participants so they understand any changes or temporary disruptions. Maintaining transparent and timely communication can help manage expectations and support continued trust and engagement. Grantees are also encouraged to share with the Division and local partners the impact of funding delays at the community level, as appropriate, so that stakeholders understand the importance of Healthy Start and the role it plays in supporting mothers, infants, and families.

Q: What should Healthy Start programs know about the use of program income?

A: Program income is gross income earned by an award recipient, subrecipient, or contractor as a result of grant-supported activities. Per the NOFO, Healthy Start uses the addition method, meaning program income is added to the total project funds and increases the overall amount of the award. Programs must use program income in accordance with federal grant regulations and HRSA guidance. In general, program income should:

- Be used to support and expand approved program activities
- Be used only for allowable costs within the scope of the grant
- Be tracked and reported appropriately in your Federal Financial Report (FFR)

For specific questions about program income, please consult your Project Officer and Grants Management Specialist.

FISCAL YEAR (FY) 2027 BUDGET

Q: Healthy Start is not in the FY27 President's Budget, will the program be funded in FY27? What is the future for Healthy Start?

A: At this point FY27 appropriations have not been passed by Congress. The President's Budget request reflects exactly that - the President's requested funding levels and is not final appropriations. It serves as a starting point for the federal budget process. Final funding decisions are made by Congress through the appropriations process. Therefore, the President's Budget does

not necessarily determine whether a program will be funded or not. Ultimately, Congress will pass an appropriations bill that provides the final funding numbers.

Q: Is DHSPS engaged in federal advocacy efforts to ensure Healthy Start is in the final FY27 budget?

A: HRSA, as part of the Executive Branch, implements Administration priorities and laws enacted by Congress and does not advocate for specific programs, legislation, or regulations.

DHSPS does play a key role in educating federal partners both within and outside of HRSA, about the value and impact of Healthy Start. We use data and information shared by grantees through monitoring calls, site visits, and required reports to demonstrate how Healthy Start improves maternal and infant health outcomes.

OTHER FUNDING OPPORTUNITIES

Q: What makes a competitive application for the Maternal Produce Prescription Program (MP3)?

A: Applicants should carefully review the NOFO when it comes out and ensure their application is complete, clear, and aligns with the stated requirements and review criteria. Applicants are encouraged to use [HRSA's application preparation resources](#).

Note: The forecast listings were temporarily removed from Grants.gov and were re-posted the week of May 11. As a result, if you subscribed to the original forecast posting (prior to the week of May 11) you will *not* automatically receive updates or notifications related to these opportunities.

To ensure you continue to receive notifications when the NOFO is officially posted, as well as any subsequent updates, we encourage you to visit [Grants.gov](#) and re-subscribe to the forecast announcements.

Q: How can Healthy Start sites take advantage of Rural Health Transformation Program funds?

A: Depending on the state's use of [Rural Health Transformation Program](#) funds, Healthy Start programs may be able to benefit by aligning their work with broader state or regional initiatives supported through these funds.

Grantees are encouraged to engage with their state health departments, rural health offices, Medicaid agencies, and other regional partners leading Rural Health Transformation efforts to identify opportunities for collaboration. This may include participating in planning processes, contributing data and community insights.

We encourage you to stay informed about state-level opportunities and maintain strong local partnerships. The Division will also share information on the Rural Health Transformation initiative as it becomes available.

Q: Are there additional funding opportunities available to Healthy Start grantees beyond core grant funding?

A: At this time, there are no additional funding opportunities available through DHSPS. However, grantees are encouraged to pursue other funding sources to enhance and sustain their services. These may include federal, state, local and private opportunities. Current and forecasted federal funding opportunities can be found on [Grants.gov](https://www.grants.gov). For example, HRSA has forecasted the Maternal Produce Prescription Program (MP3) on [Grants.gov](https://www.grants.gov), which will support community-based produce prescription programs and nutrition education for maternal populations at risk of poor health outcomes related to nutrition insecurity ([Maternal Produce Prescription Program \(MP3\) Grant Opportunity Forecast](#)).

PROGRAM SUPPORT & RESOURCES

Q: What resources are available to support expecting and new mothers in making informed decisions about vaccines?

A: Grantees can access U.S. Centers for Disease Control and Prevention [vaccine guidance](#) for pregnant women and infants on the TASC website. You can also request individual technical assistance from the TASC [here](#).

Q: What other evidence-based curricula, in addition to Partners for a Healthy Baby, are used by Healthy Start programs?

A: In addition to Partners for a Healthy Baby, Healthy Start programs use a variety of evidence-based or evidence-informed curricula to support participants, depending on the needs of their communities. These may include models focused on maternal and child health, parenting education, home visiting, perinatal mental health, breastfeeding support, and health education. Examples include Parents as Teachers, 24/7 Dads, CenteringParenting, CenteringPregnancy, as well as other locally or culturally adapted approaches.

Selecting a curriculum is an important decision and should be tailored to best meet the needs of your program, community, and participants. Grantees are encouraged to consider factors such as the population served, cultural relevance, staff capacity, and alignment with program goals and required Healthy Start components.

Grantees may also benefit from consulting with the TASC. You may request individual support [here](#).