

Tribal Home Visiting Emergency Response to COVID-19

Guidance for Tribal Home Visiting Grantees

As of May 18, 2020

ACF and the Tribal Home Visiting Program are continuing to monitor the COVID-19 situation and will continue to keep grantees updated with the most current guidance. Where this guidance differs from existing Tribal MIECHV policies, the information below supersedes the grantee responsibilities outlined in the cooperative agreement. Please contact your Federal Project Officer with any questions or concerns. Please note that the flexibilities outlined below are specific to the COVID-19 emergency and will no longer apply once the emergency designation has been lifted.

Please refer to [Information Memorandum: IM-ACF-OA-2020-01: ACF grant flexibilities in conducting human service activities related to or affected by COVID-19](#) for more information. As noted in the IM, these flexibilities are applicable to ACF applicants and grantees where the entity is conducting human service activities related to or affected by COVID-19. Affected entities are those that have been closed or that have business activities that are hindered due to COVID-19 precautionary measures and/or illnesses. ***Entities that are affected will be asked to provide documentation to the respective ACF Program Office describing the effects, including how long their program and ACF-related work or instruction were and/or will be affected.***

Updated Guidance (as of May 18, 2020):

Counting Telehealth Visits in Performance Measures

Well-child telehealth visits completed according to the American Academy of Pediatrics (AAP) schedule can be included as meeting the numerator criteria for THV core measure 6. The AAP has issued guidance on providing well-child care via telehealth during COVID-19. Similarly, postpartum telehealth visits can be included as meeting the numerator criteria for THV flex measure 3. ACF recognizes that not all providers may offer well-child or postpartum visits, in person or via telehealth, during this time. We encourage grantees to document any changes to well-child and/or postpartum visits that caregivers and families are experiencing in the notes section for core measure 6 and flex measure 3 in the performance measurement report.

Home Visiting Service Delivery as States Re-open

As states and tribes begin to re-open and programs consider transitioning back to in-person work, ACF encourages grantees to follow tribal, organizational, local, and state guidance in this transition. ACF is committed to ensuring the overall safety of home visitors and families during the COVID-19 public health emergency. The Health Resources Service Administration, in consultation with the Centers for Disease Control and Prevention, has developed [information on home visitor mitigation of risk](#) guidance. ACF encourages programs to consider this guidance alongside guidance provided by state and local government, public health leaders, and home visiting model developers. Please keep your Federal Project Officer informed of any transitions or changes to service delivery.

Guidance shared on April 1, 2020

Virtual Home Visiting & Remote Work

ACF is aware of the impact the COVID-19 public health emergency has had, and will continue to have, on service delivery to families. We understand that some Tribes, Urban Indian Organizations, Tribal Consortia, states, and counties have suspended face-to-face home visits to protect the health and safety of families and they are now recommending the use of telephone and/or video communication in lieu of face-to-face home visits.

ACF supports tribal entities who choose to instruct their home visiting teams to work from home and to provide visits virtually according to model developer guidelines. A number of home visiting service delivery models have disseminated guidance related to precautions and safeguards recommended during a public health emergency. Model developer guidance may allow the use of telephone and/or video technology to maintain contact with families during an emergency.

During the COVID-19 public health emergency, ACF encourages awardees to follow CDC, tribal, state and local health department, and model developer guidance. ACF supports appropriate use of alternate methods to conduct home visits in alignment with model fidelity standards.

Please alert your Project Officer if the tribe or organization suspends home visits and/or temporarily changes their service delivery strategy. Follow model developer guidelines about virtual home visiting and definitions of completed home visits for the purposes of performance reporting if service delivery adaptations are being instituted. ACF recognizes that all participating families may not have the technology required for virtual face-to-face options. In these cases, using a telephone call, rather than a video connection, is allowable for Tribal MIECHV performance reporting.

Use of Funds

Please ensure that you keep accurate financial records throughout this public health emergency and fully document all expenses. In all cases, please consult with your Federal Project Officer and Grants Management Specialist if you have any questions about use of funds.

Purchasing Technology to Support Virtual Home Visiting Program Activities

Grantees are able to use available funds to purchase items that would facilitate conducting virtual home visiting program activities (such as home visits, group connections, supervision, and team meetings), including technology, supplies, internet, and phone cards, without prior approval. This temporary flexibility does not make unallowable expenses (e.g. food, emergency supplies that are not related to the content of a home visit or group connection, infant formula) allowable under a Federal award. For those selected items of **cost that are not directly related to COVID-19**, the prior approval requirements (i.e. consulting with your Federal Project Officer and Grants Management Specialist) remain in effect.

Salaries and Benefits

Grantees are allowed to use grant funds for staff salaries and benefits, consistent with the grantees' policy of paying salaries (under unexpected or extraordinary circumstances) from all funding sources. Grantees will be permitted to amend/create emergency policies in order to put emergency contingencies in place. MIECHV funds must continue to be used to support approved activities within the scope of the MIECHV grant. Approved MIECHV activities may include funding for staff salaries and benefits for staff performing work under the grant. Please note that MIECHV grant funding cannot be

used to support salary costs for MIECHV-funded staff that are reassigned to non-MIECHV duties. Contact your Federal Project Officer and Grants Management Specialist if you have any questions regarding appropriate use of grant funds for salaries and benefits.

Costs Due to Event and Travel Cancellations

Grantees who have incurred costs related to the cancellation of events, travel, and/or other activities due to the public health emergency are allowed to charge these costs to their award. Please consult with your Federal Project Officer and Grants Management Specialist. Grantees should not assume additional funds will be available should the charging of cancellation or other fees result in a shortage of funds to eventually carry out the event, travel, and/or other activities.

Cost Savings

Grantees have the ability to reprogram cost savings due to the COVID-19 emergency. For example, with the MIECHV All Grantee Meeting (AGM) cancelled, the funds originally allocated to travel and attendance at the meeting can be moved to other parts of the budget without a budget revision if the adjustments fall within the 25% threshold and are allowable expenses that align with the scope of the project.

Extension of Currently Approved Indirect Cost Rates

Indirect costs will not be restricted, but will be moved to the “Other” budget category if they do not have an extension or current and approved agreement in place. Upon being granted an extension or receiving the updated agreement, the grantee should submit a “NGA Revision” amendment in GrantSolutions, with the relevant document(s) attached, so that OGM can issue a new NOA to reallocate IDC funds from “Other” to the “Indirect Costs” budget category. Please note: Grantees should be contacting their cognizant Federal agency whether it be PSC, BIA or other, for all IDC-related matters, i.e. extensions, new agreements, etc.

Reporting

THV is granting a one-month extension to reports for the quarter ending March 31, 2020 (SF-425, PPR and Form 4). ACF will consider extending future deadlines for Form 1, Form 2, future SF-425 financial reports, Performance Progress Reports, and Form 4 reports, depending on how the emergency progresses. Please reach out to your Federal Project Officer if you have any concerns related to meeting reporting deadlines. Grantees will be allowed to continue to draw down federal funds without the expected submission of these reports. However, these reports must be submitted at the end of the postponed period.

Data Collection

ACF recognizes that there may be challenges in collecting data on many performance measures, including participant screenings. We recommend that grantees continue to conduct screenings in accordance with model developer recommendations. In the meantime, grantees should document and share with their Federal Project Officer any barriers and challenges to administration of the screeners, including information as to why certain screeners may not have been administered. ACF will continue to provide TA to assist grantees as they navigate this new way of data collection, and may consider adjustments to the requirements in the future.

Assessing Improvement

ACF recognizes that grantees may be wondering how ACF will be assessing improvement on the

benchmarks performance measures, in light of the shift to virtual home visits and disruption of normal program operations. At this point, ACF has not made a decision to change the timeframe for assessing improvement, but will continue to monitor the situation. As is part of the normal process to assess improvement that has already been communicated, ACF will not only consider the performance measurement report, but will also consider all other performance data available to the grantee. (See “FY 2020 Guidance for Assessment of Improvement for Tribal MIECHV Grantees,” available on the Portal) In the performance report, ACF will pay particular attention to the contextual notes field, and as mentioned above, encourages grantees to document any challenges associated with performance measure data collection.

Privacy & Confidentiality

Conducting Visits

ACF expects that grantees will take all necessary precautions to ensure the privacy and confidentiality of home visiting participants during visits. Conducting virtual home visits requires some extra care before, during, and after the visit to ensure that the participant’s privacy and confidentiality is respected. Maintaining confidentiality may mean ensuring that the participant has a private space to complete the visit, letting the participant know where the home visitor will be located during the visit, giving the participant a heads up about what will be asked/discussed during the visit, asking the participant to wear headphones, if available, to help with privacy, confirming that the participant is in a place where they feel comfortable talking, or asking who else is present with the participant, and taking care not to bring up sensitive subjects or confidential information that the participant has previously shared. Home visitors should conduct visits in a private space where they will not be overheard, and must take care to secure grantee information so that they cannot be accessed by unauthorized users.

HIPAA Requirements

ACF will follow the guidance put forth by HHS Office of Civil Rights (OCR) with regard to HIPAA requirements and use of virtual technology:

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules. OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Recruitment and Intake

ACF recognizes that there may be challenges associated with recruiting and intaking families in the move to conducting activities virtually, and encourages grantees to consult with their Federal Project Officer, TA providers, and models on strategies to continue to recruit families, ensuring that privacy and confidentiality can be maintained.

Family Engagement

Even with the growing availability of virtual home visits, lower caseloads and interrupted service are to be expected in many locations and programs. We encourage all grantees to continue to use all available flexibilities and work with their partners and model developers to continue to provide services to families, as best you can. Please reach out to your Federal Project Officer if you have any additional questions or concerns.

Training

ACF recognizes that training options, particularly model specific trainings, may be limited, especially for new grantee staff who have yet to be trained in home visiting models. We encourage you to work with the models to the extent possible to explore alternative methods to in-person trainings. Please keep your Federal Project Officer informed.

Serving Other Children

ACF allows grantees to serve older children who may be home from Head Start, pre-K, and other early childhood programs, if their model allows it and they've been trained/certified to serve older children. Those who have not received that training or whose model does not serve older children could still share resources with families targeted to older children. We encourage you to document any services provided to these children, even though they are not included as part of the caseload. ACF does not expect that you will be collecting data on these children, or including them in Form 1, Form 2, or Form 4 reporting.