Welcome to

Home Visiting Budget (HV-BA)

Version Date: March 14, 20

Prepared by RTI International and James Bell Associates for:

Health Resources and Services Administration Maternal and Child Health Bureau Division of Home Visiting and Early Childhood Systems 5600 Fisher Lane Rockville, MD 20857

Developed under contract number HHSH250201400038i.

Public Burden Statement: The Home Visiting Budget Assistance tool (HV-BAT) is a reporting tool to coll visiting services. The information requested by this tool will be used to assist Maternal, Infant, and Ea need to support program planning, sub-recipient monitoring, and research and evaluation activities. A to, a collection of information unless it displays a currently valid OMB control number. The OMB contr XX/XX/202X. This information collection is required to obtain or retain a benefit (Social Security Act, T information is estimated to average 18 hours per response, including the time for reviewing instruction of information. Send comments regarding this burden estimate or any other aspect of this collection o Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.

the

Assistance Tool

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lect information on standardized cost metrics from programs that deliver home rly Childhood (MIECHV) Program awardees in having the cost information they n agency may not conduct or sponsor, and a person is not required to respond ol number for this information collection is 0906-0025 and it is valid until itle V, § 511 (42 U.S.C. § 711(c))). Public reporting burden for this collection of ns, searching existing data sources, and completing and reviewing the collection f information, including suggestions for reducing this burden, to HRSA Reports gov.

Home Visiting Budget Ass

The Home Visiting Budget Assistance Tool (HV-BAT) was designed to collect costs that local implementing agencient reported costs should include all resources used for the home visiting model regardless of funding source.

Data Entry Worksheets

Please go through each of the nine data entry worksheets listed below by clicking on the tab name at the bottom pulled from other worksheets, such as model name and reporting period. Users should not enter data in any gray

- (1) LIA Characteristics: Collects information on the characteristics of the LIA completing the HV-BAT
- (2) Labor Costs: Collects information on the number of staff working on the home visiting model, their salaries activity below)
- (3) Overhead and Infrastructure: Collects information on indirect costs incurred when delivering the home vis
- (4) Contracted Services: Collects information on costs associated with outside contracts and consultants that
- (5) Model Costs, Tools, and Curricula: Collects information on costs associated with model, tools, and curricul
- (6) Training: Collects information on training costs incurred as part of implementing the home visiting model
- (7) Consumable Supplies: Collects information on costs of consumable supplies purchased for the home visitir
- (8) Non-consumable Supplies: Collects information on purchases of non-consumable equipment and supplies during this period
- (9) Travel: Collects information on travel costs associated with implementing the home visiting model

The **Summary** worksheet provides a summary of costs entered in the HV-BAT; no data entry is needed in this wo

The **Help** worksheets (denoted as "Help" and "Help_overhead") provide additional guidance on how to answer so **Characteristics** worksheet or report costs that are shared across models; no data entry is needed in these worksh

In the **Labor Costs** worksheet, we request additional information about how program staff spend their time on se program activity below. As you complete the Labor Costs worksheet, you may find it helpful to refer to these defi worksheet when you hover your computer mouse over the activity name.

Program Activities for Labor Costs

- (1) Service Delivery: Includes time spent providing services directly to families, such as home visits and family
- (2) Outreach: Includes time spent conducting outreach activities to recruit and enroll families in the program
- (3) Program Management and Coordination: Includes time spent coordinating program activities and oversee
- (4) Supervising: Includes time spent overseeing service delivery personnel, such as home visiting staff
- (5) Admin/Data Entry: Includes time spent providing administrative support, such as scheduling, data entry, a
- (6) Executive: Includes time spent by executive staff overseeing the larger program, facility, or agency
- (7) Other: Includes staff roles not included in any other category (e.g., translators, cultural advisors)

sistance Tool (HV-BAT)

۱) عم	IAs) inclu	r when imn	lamenting a	home visiting	model duri	ag a 12-mo	nth period
ES 11	IAS) IIICUI	r wnen iinb	iemenung a	nome visiting	model durii	18 a 12-1110	min benoa.

ı of the screen and following the instructions on each tab. Gray cells contain instructions and information γ cells.
s, and the percentage time allocations across program activities (please see definitions for each program
iting model were used when delivering the home visiting model a used to deliver the home visiting model
ng model
used for the home visiting model; includes items purchased before the reporting period that were used
rksheet.
elected questions in the Local Implementing Agency (LIA) neets.
even program activities. We provide definitions for each initions. The definitions are also shown in the Labor Costs
assessments
ing the program
nd reimbursement

Local Implementing Agency Characteris

Instructions: In this section, please respond to the following questions about your organization's services by f column. The boxes with default text "(Select one)" are dropdown menus: Click on the box to view and select gray "Help" buttons for guidance on how to answer applicable questions.

	Question
1.	What are the dates of the 12-month reporting period for which the costs are reported in this to
	Start Date (Month, Day, Year)
	End Date (Month, Day, Year)
2.	What is the name of the home visiting model for which the costs are reported?
3.	How many years has your agency been implementing this home visiting model?
4.	Does your agency also implement other home visiting models?
5.	What are the funding sources for this home visiting model and the percentage of funding from each source?
	Funding Source #1
	Funding Source #2
	Funding Source #3
	Funding Source #4
	Funding Source #5
6.	
	Does this home visiting model receive outreach services from another organization free of charge? (Outreach services include family recruitment, for example, through a centralized intake and referral system.)
7.	In the reporting period, what percentage of this home visiting model's home visits took place in rural areas? (Click the "Help" button to see the definition of rural areas.)
8.	
	In the reporting period, what percentage of this home visiting model's home visits took place in frontier areas? (Click the "Help" button to see the definition of frontier areas.)
9.	

In the reporting period, what percentage of this home visiting model's scheduled home visits were successfully completed (i.e., services were provided to the family per the evidence-based model's guidance)?

- 10. In the reporting period, what was the total number of home visits completed for this home visiting model?
- 11. In the reporting period, what was the unduplicated count of households served by this home visiting model?
- In the reporting period, what percentage of the families served by this home visiting model were below 200% of the federal poverty line? (Click the "Help" button for guidance on federal poverty line thresholds.)
- 13.

 For this home visiting model, approximately what percentage of visits had more than one person from your agency attending the visit (e.g., another home visitor, trainee, supervisor)?

stics

"illing in the outlined boxes in the "Response" an entry from the dropdown menu. Click on the

Response			
ool?			
(Select one)			
(Select one)			

Funding Sources	Percentage
(Select one)	
Total:	0%
(Select one)	
	Help

Help

Home Visiting Model: (Select one)

Instructions: Enter information on the staff who worked on this home visiting model during the reporting pe **Column A (Job Title)**: Enter the job title of each employee who worked on the home visiting model.

Column B (FTE Number): Enter the full-time equivalent (FTE) number of staff for whom data are being repor 1. For a supervisor who works full time and splits her time equally between two home visiting models, enter 2. For an outreach coordinator who works 75% and spends all of her time on this home visiting model, enter You may report data for multiple staff in the same row if these staff perform similar roles. For example, for fi (5*0.5).

Column C (Annual Salary per Person): Enter <u>per person</u> the annual salary amount assuming full-time status. salary. The reported amount should include salary plus fringe benefits. If fringe benefits or the fringe benefit

Column D (Are Fringe Benefits Included?): From the dropdown menu, select whether fringe benefits are incl

Column E (Total Compensation Amount): Do not enter anything in this cell. This cell calculates the total con reported in column C, a national average fringe rate of 46% is used to inflate the salary and calculate total column F (Is Position MIECHV Funded?): From the dropdown menu, select the appropriate response about **Column G (Percentage MIECHV Funded):** If "Yes, partially" is selected in column F, enter the percentage of the selected in column F, enter the percentage of the selected in column F.

Columns H-N (Percentage Time Allocations): Enter the percentage of total time spent on the home visiting are also displayed as hover-over text for each activity name.

Column O (Total): Do not enter anything in this cell. This cell calculates the total percentage of allocations ac

Job Title (A)	FTE Number (B)	Annual Salary <u>per</u> <u>Person (</u> including benefits) (C)	Are Fringe Benefits Included in Salary Amount? (D)	Total Compensation Amount = FTE * Annual Salary (including benefits) (E)
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0
			(Select one)	\$0

(Select one)	\$0
(Select one)	\$0

Labor Co	sts
	Reporting Period: -
Total Reported Labor Costs:	\$0

riod.

ted in this row. Include the time spent on this home visiting model only. For example—0.5.
0.75.

ive FTE home visitors who dedicate all of their time to this home visiting model, enter 5. For five home visitors

For example, if you had five home visitors who worked 50% each with part-time salaries of \$25,000 each dur is rate is unknown, enter the salary amount and select "No" in column D.

luded in the amount reported in column C (Annual Salary). A national average fringe rate of 46% is used to int

npensation amount for each row by multiplying FTE number (column B) by the annual salary per person (columpensation amount.

the MIECHV funding of each position. Response options include "Yes, 100%"; "Yes, partially"; and "No." he salary that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is selected in column F.

model that was dedicated to each program activity. The total percentage across activities must add up to 100

cross activities. If the total does not add up to 100%, the cell will be red. If the total is 100%, the cell will be greater than the control of the cell will be greater than the cell wi

1033 activities, ii	the total does not ad	dd up to 100%, the cell will be red. If the total is 100%, the cell will be gre				
		Program Activities				
Is Position MIECHV Funded? (F)	Percentage MIECHV Funded (if partial) (G)	Service Delivery (H)	Outreach (I)	Program Management/ Coordination (J)	Supervising (K)	
				Percentage	e Time Allocation	
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						
(Select one)						

(Select one)			
(Select one)			

s who each dedicate 50% of their time to this model, enter 2.5

ing the year, you should enter \$50,000 as the per-person annual

flate salary amounts that do not include fringe benefits.

mn C). If fringe benefits are not included in the annual salary

 $\ensuremath{\text{1\%}}$. Definitions of activities are listed in the Introduction tab and

een.				
Administration/ Data Entry (L)	Executive (M)	Other (N)	Total (O)	
าร				
			0%	Total percentage must add to 100%
			0%	Total percentage must add to 100%
				Total percentage must add to 100%
				Total percentage must add to 100%
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0% Total percentage must add to 100%
0% Total percentage must add to 100%

Overhead

Home Visiting Model: (Select one)

Total Reported

Instructions: Enter information on the overhead and infrastructure costs incurr

Column A (Description): Do not enter anything in this column. Categories for w cell with the category name and view the definition that appears in the popup I across models or other programs.

Column B (Annual Expenditures): Enter the annual expenditure for each categor method that is most appropriate for your organization. If your organization has the overhead costs. If tracked separately, include liability insurance and payroll and maintenance separately from indirect costs, include those expenses as infra

Column C (Is Expense MIECHV Funded?): From the dropdown menu, select the "Yes, partially"; and "No."

Column D (Percentage MIECHV Funded): If "Yes, partially" is selected in column or "No" is selected in column C.

Description (A)	Annual Expenditures (B)
Overhead Costs	
Institutional Indirect Costs	
Unallowable Indirect Costs	
Other Overhead Costs	

Infrastructure Expenses		
Office Rent		
Utilities and Maintenance		

Help

d and Infrastructure Costs

Reporting Period: -

Overhead and Infrastructure Costs: \$0

ed for the home visiting model during the reporting period.

hich expenditures should be reported are listed here. For additional detail on each category, click on the box. Click the gray "Help" button for additional guidance on reporting overhead costs that are shared

ory listed in column A. Organizations charge for overhead and infrastructure costs differently, so use the an indirect rate that covers general overhead expenses, include total annual costs for those expenses in taxes in "Other Overhead Costs". If your organization tracks infrastructure expenses such as rent, utilities, astructure expenses.

appropriate response for the MIECHV funding of each expense. Response options include "Yes, 100%";

n C, enter the percentage of the expense that is funded by MIECHV. Do not enter anything if "Yes, 100%"

Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
(Select one)	
(Select one)	
(Select one)	
(Select one)	
(Select one)	

Home Visiting Model: (Select one) Total Re

Instructions: Enter information on the costs associated with contracted service

Column A (Contracted Services): Do not enter anything in this column. Contrac each type of contracted service, click on the cell with the name of the service a

Column B (Annual Expenditures): Enter the annual expenditure associated with

Column C (Is Expense MIECHV Funded?): From the dropdown menu, select the "Yes, partially"; and "No."

Column D (Percentage MIECHV Funded): If "Yes, partially" is selected in column column C.

Contracted Services (A)	Annual Expenditures (B)
Data Services	
Outreach Services	
Service Delivery	
Other Services	

racted Services Costs			
Reporting Period: -			
eported Contracted Services Costs: \$0			

s incurred for the home visiting model during the reporting period.

ted services categories for which expenditures should be reported are listed here. For additional detail on nd view the definition that appears in the popup box.

- h each contracted service listed in column A.
- appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%";
- n C, enter percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is selected in

Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
(Select one)	

Model (

Home Visiting Model: (Select one)

Total Reported Co

Instructions: Enter information on the fees your organization paid to the home visiting model during the reporting period.

Column A (Description): Do not enter anything in this column. The categories for the cell with the category name and view the definition that appears in the pop

Column B (Annual Expenditures): Enter the annual expenditure for each categoreported here only if they were paid during the reporting period, so if the mode fees not covered in the overall model fee, such as training tuition, should be reported to the coverage of the

Column C (Is Expense MIECHV Funded?): From the dropdown menu, select the "Yes, partially"; and "No."

Column D (Percentage% MIECHV Funded): If ""Yes, partially,"" is selected in co is selected in column C.

Description (A)	Annual Expenditures (B)
Model Fees	
Startup Model Fee	
Annual Model Fee	

Assessment, Tools, and Curricula	
Startup Model Curricula Fees	
Annual Model Curricula Fees	
Additional Curricula Fees	
Developmental Screening, Assessment, and Outcome Measurement Tools	

Cost, Tools, and Curricula Reporting Period: sts for Model, Tools, and Curricula: \$0

visiting model developer and expenses related to assessment, tools, and curricula incurred for the home

or which expenditures should be reported are listed here. For additional detail on each category, click on sup box.

ory listed in Column A. Model fees include the startup fee and ongoing annual fees. Startup fees should be el startup fees were paid before the reporting period began, do not report those costs here. Additional ported in the "Training" worksheet and not here.

appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%";

lumn C, enter the percentage that is funded by MIECHV. Do not enter anything if ""Yes, 100%,"" or ""No""

Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
(Select one)	
(Select one)	
(Select one)	

Home Visiting Model: (Select one)

Instructions: Enter information on the training costs incurred for this home visiting mo be reported in the "Model Cost, Tools, and Curricula" worksheet and not here. Do not I "Travel" worksheet.

Column A (Trainings): Do not enter anything in this column. Training categories for wh with the category name and view the definition that appears in the popup box.

Column B (Annual Expenditures): Enter the annual expenditure associated with each t does not include training tuition, report model training costs here. Initial training tuition

Column C (Is Expense MIECHV Funded?): From the dropdown menu, select the approprartially"; and "No."

Column D (Percentage MIECHV Funded): If "Yes, partially" is selected in column C, entecolumn C.

Trainings (A)	Annual Expenditures (B)
Home Visitor Initial Training Tuition	
Supervisor Initial Training Tuition	
Administrator Initial Training Tuition	
Other Staff Initial Training Tuition	
Ongoing Trainings and Professional Development	

raining Costs	
Reporting Period: -	
Total Reported Training Costs: \$0	

del during the reporting period. If model training costs are included in the model fee, those costs should report costs incurred for travel to trainings in this worksheet; travel costs should be reported in the

ich expenditures should be reported are listed here. For additional detail on each category, click on the cell

raining listed in column A. If the model fee reported in the "Model Cost, Tools, and Curricula" worksheet on categories include training tuition for new staff.

oriate response about the MIECHV funding of each expense. Response options include "Yes, 100%"; "Yes,

er the percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is selected in

Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
(Select one)	

	Consi
Home Visiting Model: (Select one)	
	Total Rep

Instructions: Enter information on the costs of consumable supplies purchased that are purchased recurrently and get used up or depleted, such as office supp

Column A (Consumable Supplies): Do not enter anything in this column. Consu on each category, click on the cell with the category name and view the definiti

Column B (Annual Expenditures): Enter the annual expenditure for each consu administrative supplies.

Column C (Is Expense MIECHV Funded?): From the dropdown menu, select the "Yes, partially"; and "No."

Column D (Percentage MIECHV Funded): If "Yes, partially" is selected in column selected in column C.

Consumable Supplies (A)	Annual Expenditures (B)
Administrative Supplies	
Startup Supply Costs	
Consumable Administrative Supplies	

Service Delivery Materials	
Client Support Materials	
Consumable Programmatic Materials	

umable Supplies Costs

Reporting Period: -

ported Consumable Supplies Costs: \$0

for the home visiting model during the reporting period. Consumable supplies are supplies and materials lies or phone usage fees.

mable supplies categories for which expenditures should be reported are listed here. For additional detail on that appears in the popup box.

mable supplies category listed in column A. Cell phone usage fees should be reported as consumable

appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%";

n C, enter the percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is

Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
(2.1)	
(Select one)	
(Select one)	
(Select one)	
(Select one)	

Non-consumal

Home Visiting Model: (Select one)

Instructions: Enter information on the costs of non-consumable supplies used for the home visiting model durir these items cannot be used up or depleted. Examples of non-consumable equipment include computers and ot the maintenance costs associated with vehicles. Include purchases made in this reporting period and in prior ye were used during the reporting period, report the costs for those computers here.

Column A (Non-consumable Equipment and Supplies): Enter a description of the non-consumable equipment c prior years if used during the reporting period.

Column B (Purchase Price): Enter the purchase price of the non-consumable equipment or supply. The cost will **Column C (Expected Years of Use):** Enter the number of years that you expect the equipment or supply will be a **Column D (Annualized Cost):** Do not enter anything in this column. The annualized cost is automatically calculated.

Column E (Is Expense MIECHV Funded?): From the dropdown menu, select the appropriate response about the

Column F (Percentage MIECHV Funded): If "Yes, partially" is selected in column C, enter the percentage of the ϵ

Non-consumable Equipment and Supplies (A)	Purchase Price (B)	Expected Years of Use (C)

ble Supplies Costs

Reporting Period: -

Annualized Costs for Non-consumable Supplies

ng the reporting period. Non-consumable supplies include equipment that I her electronics equipment, computer software, phones, and automobiles. I ars if the supply was used during the reporting period. For example, if you

or supply used in the reporting period. Include equipment and supplies pur

be annualized automatically based on the number of expected years of us used.

ted as purchase price (column B) divided by the number of expected years

MIECHV funding of each expense. Response options include "Yes, 100%";

expense that is funded by MIECHV. Do not enter anything if "Yes, 100%" or

Annualized Cost (D)	Is Expense MIECHV Funded? (E)
	(Select one)

\$O

has a useful life of more than one year; Non-consumable supplies also include purchased computers in 2016 and they

chased during the reporting period and in

e entered in column C.

of use (column C).

"Yes, partially"; and "No."

"No" is selected in column C.

Percentage MIECHV Funded
(if partial)
(F)

Home Visiting Model: (Select one)

Instructions: Enter information on travel expenses incurred for the home visitir

Column A (Travel): Do not enter anything in this column. Travel categories for vell with the name of the category and view the definition that appears in the poption to report costs in aggregate by selecting "Yes" for the question "Do you table.

Column B (Annual Expenditures): Enter the annual expenditure associated with selecting "Yes" to the question "Do you want to report travel costs in aggregate

Column C (Is Expense MIECHV Funded?): From the dropdown menu, select the "Yes, partially"; and "No."

Column D (Percentage MIECHV Funded): If "Yes, partially" is selected in column selected in column C.

Travel (A)	Annual Expenditures (B)
Mileage to Families for Service Delivery	
Mileage for Outreach	
Travel to Trainings and Meetings	

Do you want to report travel costs in aggregate

Travel Costs	
Reporting Period: -	
Total Reported Travel Costs: \$0	

ng model during the reporting period.

which expenditures should be reported are listed here. For additional detail on each category, click on the opup box. If you do not track travel costs separately for each category shown in column A, you have the want to report travel costs in aggregate rather than by categories show above?" at the bottom of the

n each travel type listed in column A. Note, you have the option to report travel costs in aggregate by at the table.

appropriate response about the MIECHV funding of each expense. Response options include "Yes, 100%";

n C, enter the percentage that is funded by MIECHV. Do not enter anything if "Yes, 100%" or "No" is

Is Expense MIECHV Funded? (C)	Percentage MIECHV Funded (if partial) (D)
(Select one)	
(Select one)	
(Select one)	

rather than by categories shown above?	(Select one)

Summary	of Report€
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Home Visiting Model: (Select one)

Re

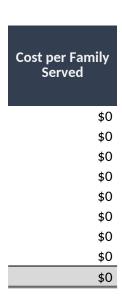
Table 1. Total and Per Family Costs of Home Visiting Model by Cost Category

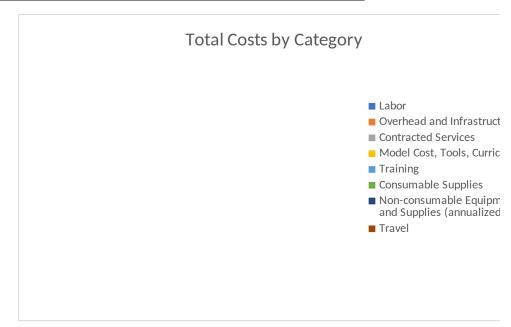
	Total Cost	
Cost Category	\$	%
Labor	\$0	0%
Overhead and Infrastructure	\$0	0%
Contracted Services	\$0	0%
Model Cost, Tools, Curricula	\$0	0%
Training	\$0	0%
Consumable Supplies	\$0	0%
Non-consumable Equipment and Supplies (annualized)	\$0	0%
Travel	\$0	0%
Total Costs	\$0	0%

Table 2. Total and per Family Labor Costs by Program Activity

	Total Cost	
Program Activity	\$	%
Service Delivery	\$0	0%
Outreach	\$0	0%
Program Management and Coordination	\$0	0%
Supervising	\$0	0%
Administration/Data Entry	\$0	0%
Executive	\$0	0%
Other	\$0	0%
Total Labor Costs	\$0	0%

porting Period: -





\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0



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Rural and Frontier Definitions (Questions

We recommend that you use the rural-urban continuum codes (RUCC) from the United States Department of Agriprovided in rural and frontier areas. These codes for each county in the United States are provided at the link shopercentages of home visits in rural and frontier areas:

- 1. Download the Rural-urban Continuum codes from the US Department of Agriculture: https://www.ers.usda.
- 2. Download excel file: Rural-urban Continuum Code 2013. Filter the data to select your state.
- a. You can do so by clicking on the drop down menu in the State column (column B), then unchecking "Select a
- 3. Filter the data to select the counties (column C) in which your agency provides home visits.
- 4. Use the codes in the RUCC_2013 column (column E) to determine the urban/frontier status of each county.
- a. Codes 1, 2, and 3 correspond to urban areas.
- b. Codes 4, 5, and 6 correspond to rural areas.
- c. Codes 7, 8, and 9 correspond to frontier areas.
- 5. Use the number of home visits in each county and the corresponding RUCC to calculate the percentage of home

For example, for an agency that is located in North Carolina and provides 50% of home visits in Vance County (RUC home visits in Warren County (RUCC = 8), 50% of home visits are provided in rural areas and 20% are provided in

Federal Poverty Line Definitions (Question 1

We recommend that you use the HHS guidelines for a family of 4 to determine the federal poverty line (FPL) thres and the District of Columbia was household/family income of \$24,300. Based on this number, the specific threshows Source: (https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-gu

7 and 8)

culture to report the percentages of your agency's home visits wn below. Please follow the steps below to determine

30v/data-products/rural-urban-continuum-codes/

II" box, and then checking the box with your state.

ome visits provided in rural and frontier areas.

CC = 4), 30% of visits in Franklin County (RUCC = 1), and 20% of frontier areas.

Return to the LIA Characteristics Tab

L2)

hold. In 2016, the FPL for a family of 4 in the 48 Contiguous States old for below 200% of FPL is \$48,600. idelines#t-1)

Reporting Shared Overhead Cc

Some LIAs have costs for resources that are used to support more than one home visiting model. Other LIAs one agency. For example, an LIA that provides multiple home visiting models will have administrative costs together may incur costs to support the efforts of another agency (e.g., administrative support may be providevel LIAs). In these cases, it is important to report in a way that avoids double-counting of costs. We have p of these shared costs to report in the HV-BAT.

Example 1 (an LIA that provides more than one model): The Apple LIA has been asked to report costs for program and SafeCare. Suppose Apple has 100 families: 60 receive NFP, 20 receive HIPPY, and 20 receive SafeCare. In has \$1000 of administrative costs that support all 3 models. When reporting the share of costs that goes to families receiving NFP. In this example, Apple would report 60% of their \$1000 shared administrative costs,

Example 2 (an LIA that supports other LIAs' home visiting programs): The Beets LIA has been asked to report Beets. However, Beets works closely with 2 other LIAs that provide home visiting models in nearby counties When reporting these administrative costs, Beets should report only the fraction that is used for their home fraction of Beets' administrative costs. Assume that costs shared across LIAs are divided equally among thos \$999 per year, we would assume that 1/3 of those costs are for Beets' home visiting program. Beets would I also report \$333 for administrative costs in their respective HV-BATs.

Example 3 (an LIA that both supports other LIAs' programs and provides more than one model): Cilantro LIA 40 families receiving Family Spirit and another 60 families receiving EHS. They also have shared administratic county and supports a total of 4 home visiting LIAs. Cilantro will need to report its share of the administrativalso needs to report only Family Spirit costs for any of their costs shared across Family Spirit and EHS. In this annual administrative costs of \$1000 that support 4 LIAs, including Cilantro. Cilantro should account for ¼ of Cilantro's work on both Family Spirit and EHS, they should be further prorated to reflect the Family Spirit cost Cilantro will report 40% of \$250, or \$100, in the HV-BAT. If Cilantro has additional costs that are shared between the control of the two home visiting programs, then Cilantro should report 40% of the two home visiting programs.

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may have costs that contribute to the work of more than that support all models. Similarly, agencies that work closely ided by an LIA that organizes the efforts of multiple countyrovided 3 examples below to help you calculate the portion

oviding NFP. In addition to NFP, Apple also provides HIPPY to ther words, 60% of their families are receiving NFP. Apple support NFP, Apple should apply the fraction of their client or \$600.

t costs for providing HFA. HFA is the only model provided by . Beets pays an administrative staff that supports all 3 LIAs. visiting services. The other 2 LIAs should also report a se LIAs. In this example, if Beets has administrative costs of report a cost of \$333 in the HV-BAT. The other 2 LIAs would

has been asked to report costs for Family Spirit. Cilantro has ve staff paid for by another LIA (Dill) that operates in a nearby re cost provided by Dill that is used for Family Spirit. Cilantro example, suppose Dill (the overall administrative agency) has f those costs, or \$250. However, if those costs help support sts. Because 40% of Cilantro's families receive Family Spirit, veen Family Spirit and EHS largely in proportion to the hose costs in the HV-BAT.

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