DEPARTMENT OF HEALTH

2026 Family Home Visiting Grantee Requirements

VERSION 1.2

April 2026

2026 Family Home Visiting Grantee Requirements

Minnesota Department of Health
Family Home Visiting Section
PO Box 64975
St. Paul, MN 55164-0975
https://www.health.state.mn.us/communities/fhv/index.html

To obtain this information in a different format, call: 651-201-5000.

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Introduction

The 2026 Family Home Visiting Grantee Requirements document serves as the primary resource for communicating grant expectations and requirements to family home visiting grantees. Requirements for Strong Foundations, Temporary Assistance for Needy Families (TANF), and Promising Practices grants are described. This document outlines grant requirements and timelines with links to other family home visiting resources (e.g., family home visiting financial guidance). Visit the family home visiting webpage for a current version of this document. Updates to this document will be communicated to family home visiting grantees via the Tuesday Topics email newsletter. See Appendix A to view the version history, including version numbers, dates of updates, and short description of changes or additions.

Purpose of data collection

Family home visiting programs that receive funding from the Minnesota Department of Health (MDH) are required to submit reports, invoices, and program evaluation data to MDH. MDH uses this data for the administration and evaluation of family home visiting grant programs, including:

- Monitoring grantee progress toward workplan objectives.
- Meeting federal and state reporting requirements.
- Communicating with stakeholders about the value of family home visiting services.
- Monitoring state, regional, and county performance.
- Identifying needs for training and technical assistance.
- Prioritization of continuous quality improvement (CQI) projects.

Contact information

Table 1. Family home visiting technical assistance contacts

MDH family home visiting unit	Online resource(s)	Email
Practice consultation	Training and professional development webpage Information for home visitors and supervisors webpage	health.homevisiting@state.mn.us
Evaluation/data	Evaluation webpage	health.FHVData@state.mn.us
Grants management and invoicing	Funding and grants management webpage	health.FHVGrants@state.mn.us
Continuous quality improvement	Continuous quality improvement webpage Family home visiting toolkits webpage	health.homevisiting@state.mn.us

Strong Foundations grantee requirements

2026 Strong Foundations grantee requirement due dates

Key Strong Foundations reporting due dates for family home visiting grantees are presented in the table below **and** are subject to change. MDH will notify grantees of changes to reporting due dates and procedures via email. Family home visiting grantees should notify MDH as soon as there are changes to grant program staff so that MDH has current contact information.

To receive weekly updates about family home visiting, including announcements of updated due dates and reporting procedures, grantees should subscribe to Tuesday Topics e-bulletin.

Tables 2 and 3 display the grant activity requirements by month and quarter, respectively. A brief description of each requirement is presented alphabetically, starting on page 8.

Table 2. 2026 Strong Foundations reporting requirements tracker, by month

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Budget Proposal (2026)								o				
Incentive Policy*	o											
Invoice				o			o			o		
Model Fidelity Letter**												o
Progress Monitoring Report							o					
Quarterly Report				o			o			o		

Table 3. 2026 Strong Foundations reporting requirements tracker, by quarter

	Jan.-March	April-June	July-Sept.	Oct.-Dec.
Practice Connections***	o	o	o	o
Site Visit (1x/year)	(o)	(o)	(o)	(o)
CQI Update	o	o	o	o

* If applicable

** Not applicable to MECSH programs; MECSH programs see Appendix B.

***Site visit may replace practice connection at one of the four quarters.

Note: Strong Foundations and TANF – Community health board grantees are also required to submit program evaluation data. See pages 15-16 for additional detail.

Table 4 presents the reports shared with the grantees. A brief description of each report is presented alphabetically, starting on page 8.

Table 4. 2026 Reports shared to grantees

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Grantee Feedback Report				○				○				
HFA HFAST *		○										
MIECHV Performance Measure*		○										○
MESCH Fidelity Report*					○						○	

*Applicable to implementing agencies

Strong Foundations completed budget for 2027

- Budget proposal due dates: Late summer 2026. Budget templates for 2027 will be provided in midsummer 2026.
- How to submit: Grants Interface (Foundant)

As outlined in the grant agreement: Strong Foundations grantees will submit an annual budget that will be incorporated into the grant agreement once approved by MDH. The budget narrative will be in the format provided by MDH family home visiting for the subsequent budget year. Funding will be determined annually by MDH based on availability of state and federal funding. Grant managers will contact grantees to collect and review your budgets annually. Award letters will be sent to local agency coordinators and directors by November, or earlier if available. Yearly budget periods are from Jan. 1 to Dec. 31 each year.

Strong Foundations continuous quality improvement

- Due dates: Quarterly
- How to submit: Provide updates at practice connections and/or to CQI coordinator

Continuous quality improvement (CQI) is a deliberate, defined process focused on activities that are responsive to community needs and improving population health. Strong Foundations grantees will provide updates on CQI activities, aims, tests of change, strengths, challenges, and parent engagement efforts. Strong Foundations grantees funded by Maternal, Infant, and Early Childhood Home Visiting (MIECHV) will provide monthly updates to MDH. See full MIECHV requirements in Appendix C.

The MDH family home visiting CQI coordinator, in close collaboration with the practice consultants and evaluation staff, will support this work by providing consultation, training, coaching, and technical assistance to grantees. Grantees will report on CQI activities during quarterly practice connections. See continuous quality improvement for additional information.

Strong Foundations incentive policy and reconciliation documentation

- Due date: Jan. 21, 2026
- How to submit: Email Health.fhvgrants@state.mn.us

Grantees implementing incentive programs with MDH family home visiting grant funding are required to have written effective policies and procedures addressing the handling and distribution of incentives, separation of duties, tracking documentation, invoicing, and reconciliation. The grantee must safeguard these incentives and ensure they are only used for authorized purposes. For more information, see the MDH Family Home Visiting Financial Guidance 2025 (PDF).

***New for 2026**: Grantees must submit the signed and dated reconciliation documentation (incentive tracker) to their grant manager with each quarterly invoice.

If grantee updates their incentive policy or decides to add incentives to their budget, an updated or new incentive policy should be submitted to the grant manager.

Strong Foundations invoices

- Due dates: April 20, 2026; July 20, 2026; Oct. 20, 2026; (Jan. 20, 2027)
- How to submit: Email Health.fhvgrants@state.mn.us

Grant funds are paid on a reimbursement-basis only. Invoices must be submitted quarterly unless otherwise negotiated and approved by your grant manager.

Invoices must be emailed to Health.fhvgrants@state.mn.us prior to the due date, signed and in PDF format. The invoice file name and email subject line should follow this naming convention: Site FHV Time Invoice (Example: “GranteeName FHV Q1 2026 Invoice”). For more information, see the MDH Family Home Visiting Financial Guidance 2025 (PDF).

Strong Foundations model fidelity letter

- Due date: Dec. 31, 2026
- How to submit: Practice consultant will collect

Strong Foundations grantees will submit model fidelity letter(s) from the model developer(s) once a year for each model being implemented. Model fidelity letters assure that the grantee is meeting their model’s expectations to continue implementing the model.

Grantees implementing Maternal Early Childhood Sustained Home-Visiting (MECSH) will not submit model fidelity letters; MECSH model fidelity requirements and reporting are briefly described in Appendix B and in the current version of the MECSH Reporting Guidance (PDF).

Practice consultants collect the model fidelity letter(s) once a year, by the end of the calendar year. Email your practice consultant or Health.HomeVisiting@state.mn.us with questions.

Strong Foundations practice connections

- Due dates: Quarterly
- How to submit: Microsoft Teams/email/in-person/phone

Practice consultants check in with each grantee at least quarterly. This may be via an email, an in-person or virtual meeting, a phone call, or a component integrated into the annual site visit. It is expected that the grantee's home visiting supervisor, at a minimum, will engage in the practice connections. For MDH's family home visiting program, it is expected that the practice consultant, at a minimum, will engage in the practice connections. Additional staff from the grantee's agency or MDH may be included as needed.

Focusing on practice at least quarterly allows MDH to monitor model fidelity, assess technical assistance and training needs, and provide appropriate assistance and support to grantees in the successful implementation of evidence-based home visiting.

Practice consultants will initiate the practice connections quarterly or more frequently as needed. Note: A site visit may replace a practice connection during one of the four quarters.

Please email your practice consultant or Health.HomeVisiting@state.mn.us with questions.

Strong Foundations progress monitoring report for 2026

- Due dates: July 22, 2026; (Jan. 20, 2027)
- How to submit: REDCap survey will be emailed to primary grant contact

Strong Foundations grantees are required to complete and submit progress monitoring reports. In 2026, MDH will continue to require progress reports every six months via REDCap survey reports. Reports will be due July 22, 2026, and Jan. 20, 2027. For these reports, grantees will answer both open- and close-ended questions related to key work plan activities. As available, the updated prompts for each report will be posted on family home visiting's current evaluation resources page.

Strong Foundations site visit

- Due date: Annually
- How to submit: In-person or virtual

MDH family home visiting staff will conduct an annual site visit with each grantee. Site visits may be scheduled at any time during the year and may be conducted in-person at the grantee's office or virtually. It is expected that the grantee's home visiting supervisor will participate in the site visit, and other staff may be included as needed, e.g., fiscal staff, program director, CEO, and home visitors. MDH family home visiting staff will include the grant manager, practice consultant, and data/evaluation staff. Email health.fhvgrants@state.mn.us with questions.

Strong Foundations quarterly data report

- Due Dates: April 20, 2026; July 20, 2026; Oct. 20, 2026; (Jan. 20, 2027)
- How to submit: Strong Foundations Quarterly Data REDCap Report

Strong Foundations grantees are required to complete and submit the Strong Foundations Quarterly Data Report each quarter. Refer to the Strong Foundations Quarterly Data Report Submission Guide (PDF) for additional information. Each grantee should submit one report for their Strong Foundations grant, unless notified of an exception by MDH.

This report collects aggregate data, including the number of families served by the grant, family engagement, current staffing information, and third-party reimbursement information. MDH uses this data to track grantee progress toward meeting and maintaining target caseloads.

Strong Foundations annual work plan for 2027

The Strong Foundations work plan is a working document and will be updated as needed throughout the year. Strong Foundations grantees will review their work plan throughout the year with their practice consultant.

Reports shared with grantees

Grantee feedback report

The grantee feedback report presents Strong Foundations grantee data with statewide Strong Foundations grant data for comparison. This information is intended to guide conversations and generate strategies to promote and improve program implementation. The report is organized around the topics included in the Strong Foundations workplan and includes data from Information for Home Visiting Evaluation (IHVE), the MDH family home visiting data system (where applicable), quarterly reports, and progress monitoring reports.

Healthy Families America Site Tracker report

The Healthy Families America Site Tracker (HFAST) report contains demographic and outcome data for Healthy Families America (HFA) providers that is needed for their annual HFAST site profile reports that are submitted around the end of February. Because HFA sometimes changes the site profile report contents, those changes need to be identified beforehand, preferably by November or December. The report for each HFA provider is generated at the end of January to allow for the completion of data submission to IHVE for the previous year. Each individualized HFA report is then distributed to the provider. The report is shared with agencies implementing HFA.

MESCH fidelity report

The MECSH fidelity report is currently evolving and contains measures that were identified by either Western Sydney University or MDH to monitor fidelity to the MECSH model and/or track important outcomes. The report is specific to each MECSH provider and shared with agencies implementing MECSH.

MIECHV performance measure report

The MIECHV performance measure report presents MIECHV grantee data with statewide MIECHV grant data for comparison. It includes 20 demographic measures and 19 performance measures. The report specific to MIECHV provider and shared with MIECHV grantees.

Temporary Assistance for Needy Families grantee requirements

TANF grant

TANF grant agreements were renewed in 2023 for State Fiscal Years 2024-2027. Community health boards and Tribal nations were eligible to apply for TANF funds to support family home visiting, teen pregnancy prevention, and WIC nutrition services.

Agencies eligible to bill for third-party reimbursement are required to do so for TANF grant activities. Third-party reimbursement must be reported annually on the year-end TANF progress report.

Community health boards funded by TANF are required to report to IHVE.

TANF year-end progress report for 2026

- Due dates: Summer 2026
- How to submit: REDCap survey will be emailed to primary grant contact

TANF grantees are required to complete and submit annual year-end progress reports after each fiscal year of the grant. For these reports, grantees will answer both open- and close-ended questions related to key work plan activities.

TANF site visit

- Due dates: Annually
- How to submit: In-person or virtual

MDH family home visiting staff will conduct an annual site visit with each grantee. Site visits may be scheduled at any time during the year and may be conducted in-person at the grantee's office or virtually. The grantee's home visiting supervisor is expected to participate in the site visit, and other staff may be included as needed (e.g., fiscal staff, program director, and home visitors). MDH family home visiting staff will include the grant manager, practice consultant, and data/evaluation staff.

Promising Practices grantee requirements

Key contacts

- General implementation: Kristen.Tharaldson@state.mn.us
- Data and evaluation: Luke.Huber@state.mn.us

Promising Practices reports schedule

Promising Practices home visiting grantee reporting due dates are presented in Table 5 below **and** are subject to change. MDH family home visiting staff will notify grantees of any changes to reporting due dates and procedures via email.

Table 5. Promising Practices reports tracker, 2026

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Quarterly Data Report	○			○			○			○		
Progress Monitoring Report	○						○					
Program Evaluation Report								○				

Promising Practices quarterly data report

- Due dates: Jan. 30, 2026; April 30, 2026; July 30, 2026, Oct. 30, 2026
- How to submit: Promising Practices Quarterly Report

Promising Practices grantees are required to complete a Promising Practices Quarterly Report each quarter. Please refer to the Promising Practices Quarterly Data Collection Submission Guide (PDF) for additional information. Data from the three previous months will be collected (e.g., Jan., Feb., March for April 30 report). This report collects aggregate data, including the number of families served by the grant, family engagement, current staffing information, and visit information. MDH family home visiting staff will use this data to track grantee progress toward meeting and maintaining target caseloads.

Promising Practices progress monitoring report

- Due dates: Jan. 30, 2026; July 30, 2026
- How to submit: REDCap survey link will be emailed

Promising Practices grantees are required to complete Progress Monitoring Reports every six months via REDCap survey reports. Data from the six previous months will be collected (e.g., July, Aug., Sept., Oct., Nov., Dec., for report due Jan. 30, 2026. This report includes both open- and close-ended questions related to key work plan activities. MDH family home visiting staff will use this data to track grantee progress toward meeting work plan goals. As available, the updated prompts for each report will be posted on the current evaluation resources webpage.

Promising Practices program evaluation report

- Due date: Aug. 10, 2026
- How to submit: Email to data mailbox (Health.FHVdata@state.mn.us)

Promising Practices grantees are required to complete an annual evaluation report. Data from the 12 previous months (July 2025-June 2026) will be collected. This report will summarize the chosen performance measure outcomes for each grantee. MDH family home visiting data staff will be available to assist in reviewing performance measures prior to the report due date. MDH family home visiting staff will use this data to track grantee performance measure outcomes and support grantees with data to action strategies.

Promising Practices grant monitoring schedule

Promising Practices home visiting grant monitoring important dates are presented in Table 6 **and** are subject to change. MDH will notify family home visiting grantees of changes to grant monitoring procedures via email.

Table 6. Promising Practices grant monitoring tracker, 2026

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Invoicing (following month on the 20)	o	o	o	o	o	o	o	o	o	o	o	o
Invoicing (following quarter on the 20)	o			o			o			o		
Practice Connections/ Check-ins	o	o	o	o	o	o	o	o	o	o	o	o
Site visit			o	o	o	o						
Budget and workplan update			o	o	o							

Note: MDH financial management will conduct a financial reconciliation once per grant year at random.

Promising Practices invoices

- Due date if monthly: 20 of the next month
- Due date if quarterly: 20 of the months following the quarter
- How to submit: email Health.fhvgrants@state.mn.us

Grant funds are paid on a reimbursement-basis. Only line items in the approved/current budget will be reimbursed. If grantees need to make changes to an approved budget, work with your grant manager to complete a budget modification form. Budget modifications must be approved prior to invoicing for revised line items. For example, if a grantee is travelling to a conference, a budget modification form must be approved prior to travel. Invoices should be submitted in PDF format. For more details on budgets and allowable costs, see Appendix E.

Promising Practices practice connections

- Due date: Monthly, bimonthly or quarterly as scheduled
- How to submit: Microsoft Teams/email/in-person/phone

MDH family home visiting staff (practice consultants and grant manager) check-in with grantees monthly unless grantee indicates readiness/preference for quarterly check-ins. This may be a virtual or in-person meeting, phone call, or a component integrated into the annual site visit. The grantee's home visiting supervisor, at a minimum, is expected to engage in practice connections. Additional staff from the grantee's agency or MDH may be included as needed. Practice connections will include a review of progress to date in the areas of program implementation, staffing, target caseload, reflective practice, and other work plan focus areas.

Promising Practices site visit

- Due date: Annually (March-June 2026)
- How to submit: In-person or virtual

MDH family home visiting staff will conduct an annual site visit with each grantee. Site visits may be scheduled at any time during the year and conducted in-person at the grantee's office or virtually. It is preferred that site visits are scheduled for in-person March-June 2026. It is expected that the grantee's home visiting supervisor participates in the site visit, and other staff may be included as needed, e.g., home visitors, fiscal staff, program director, CEO. MDH staff will include the grant manager, practice consultant, and data/evaluation staff. If pre-work is assigned, it will be requested a minimum of three weeks in advance.

Promising Practices budget and work plan updates

- Due date: Annually (final deadline May 2026)
- How to submit: Email Health.fhvgrants@state.mn.us

Promising Practices grantees are required to submit updated budgets and work plans each year of the grant agreement. Updated budgets will be reviewed and approved by your grant manager. Updated work plans will be reviewed and approved by your practice consultant. Other items such as informed consent templates, incentives tracking and policy forms, and federal IDC rate letters may also require updates.

Promising Practices financial reconciliation

- Due date: Annually (final deadline June 2026)
- How to submit: Financial management will request documentation via email

Promising Practices grantees are required to provide supporting documentation for at least one invoice per year for financial review. This documentation is reviewed to ensure grantee invoicing is accurate, costs are allowable, and grantee financial tracking processes are in place.

Program evaluation reporting requirements

IHVE data system

MDH requires recipients of TANF and Strong Foundations grants to submit program evaluation data to the IHVE data system, except for Tribal nations. Some Promising Practices grantees may elect to submit program evaluation data via IHVE. IHVE collects individual-level family home visiting data that is used to calculate monitoring and outcome measures.

Data submission to IHVE is continuous, in near "real-time." Family home visiting providers funded by the grants listed above are expected to complete and submit IHVE forms through their data system in a timely manner after each home visit is completed.

Which participants report to IHVE

Family home visiting participants served (wholly or in part) by funds from these grants are required to be included in reporting to IHVE, unless the participant has not granted informed consent to release their private data with MDH ("opted out" of data sharing).

Grantees must also track any home visiting participants served by funds from these grants that do not grant informed consent to release their private data to the State of Minnesota. These participants should be included in counts of family home visiting participants reported in the Strong Foundations Quarterly Data Report and the TANF Statistical Report.

Family home visiting grantees implementing MECSH must submit participant-level data to IHVE, regardless of funding source for MECSH clients. This includes all families who agree to submit data to MDH. Please see Appendix B for more information.

Reporting to IHVE on family home visiting funded by other sources

Family home visiting grantees are encouraged to report data to IHVE on home visiting participants served entirely with funding sources other than the family home visiting grants listed above, if the client has given informed consent to share their private data. This includes family home visiting participants funded by Title V (Maternal and Child Health Block Grant). Reporting this data will enable MDH to include more complete information on home visiting participants to the Legislature, as well as in reports developed for home visiting grantees.

Identifying data elements

Identifying data elements must be reported to IHVE according to the level of informed consent given by the participant to share their data with the State of Minnesota. Details about identifying data elements associated with each level of informed consent are provided in Appendix D "Collection of Name and Address Data Elements."

Data collection forms

Family home visiting providers funded by MDH family home visiting grants must use IHVE-compatible data collection forms to submit data to IHVE. See the family home visiting's IHVE data system webpage for a current list of data systems with IHVE-compatible data collection forms. Family home visiting grantees that are interested in connecting additional data systems

to IHVE can contact the evaluation unit at Health.FHVData@state.mn.us for information on system requirements.

MDH maintains IHVE data collection forms in the REDCap system for home visiting providers that do not have access to a data system with IHVE-compatible data collection forms. MDH provides training and technical assistance to users of these forms. Staff can register for IHVE REDCap forms training by completing the IHVE REDCap training registration survey.

Data collection in IHVE is standardized. Required questions are the same for all family home visiting grantee and home visiting model or program types, except for MIECHV Target Child Visit-Level Data (see section, "Additional Reporting Requirements for MIECHV-funded Strong Foundations grantees"). More details are available in the IHVE Data Collection Manual (PDF).

Program evaluation requirements for Tribal nations

Tribal nations funded by a Strong Foundations grant may optionally choose to submit evaluation data to MDH using reports submitted to the model developer of their evidence-based home visiting program (model developer reports), instead of submitting data to IHVE. Tribal nations are provided with this option for reporting because MDH acknowledges Indigenous data sovereignty and the right of Tribal nations to govern how their data is collected and used.

Tribal nations grantees that choose to use alternate formats for reports must participate in an evaluation meeting with MDH after the grant is awarded to establish which forms and data will be submitted. They must have a recordkeeping system to track all required data and submit data to MDH using timely and accurate methods. MDH will work with Tribal nations to streamline data submission processes.

If the data submitted to MDH contains private data on individuals, the Tribal nation grantee must obtain written informed consent from home visiting participants for the release of their data to the State of Minnesota before submitting their data to MDH.

Informed consent for release of information

Family home visiting grantees are required to obtain written informed consent from home visiting participants for the release of individual-level data to the State of Minnesota. Strong Foundations and Promising Practices grantees that submit data to IHVE were required to provide MDH a copy of their informed consent for release of information forms in 2023.

Family home visiting grantees should provide updated versions of their Informed Consent for Release of Information Forms to MDH if changes to these forms are made. Updated forms can be emailed to the evaluation unit at Health.FHVData@state.mn.us.

For additional information, see the FHV Informed Consent Guidance (PDF) or contact health.FHVdata@state.mn.us with questions.

Resources

- Family home visiting (www.health.state.mn.us/communities/fhv/index.html)
  - Family Home Visiting Informed Consent Guidance (www.health.state.mn.us/communities/fhv/fhvinfconguide.pdf)
  - Training and professional development (https://www.health.state.mn.us/communities/fhv/training.html)
  - Information for home visitors and supervisors (https://www.health.state.mn.us/communities/fhv/homevisitor.html)
  - Evaluation (https://www.health.state.mn.us/communities/fhv/evaluation.html)
  - Funding and grants management (https://www.health.state.mn.us/communities/fhv/grant.html)
  - Continuous quality improvement (https://www.health.state.mn.us/communities/fhv/cqi.html)
  - Family home visiting toolkits (https://www.health.state.mn.us/communities/fhv/toolkits.html)
  - MDH Family Home Visiting Financial Guidance 2025 (PDF) (www.health.state.mn.us/communities/fhv/finguide725.pdf)
  - MECSH Reporting Guidance (PDF) (https://www.health.state.mn.us/docs/communities/fhv/mecshmemo.pdf)
  - Current evaluation resources (https://www.health.state.mn.us/communities/fhv/evalresource.html)
  - Strong Foundations Quarterly Data Report Submission Guide (PDF) (https://www.health.state.mn.us/docs/communities/fhv/datacollectformguide.pdf)
  - IHVE data system (https://www.health.state.mn.us/communities/fhv/ihve.html)
  - IHVE Data Collection Manual (PDF) (https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf)
  - Promising Practices Quarterly Data Collection Submission Guide (PDF) (https://www.health.state.mn.us/communities/fhv/prompractguide.pdf)
- Tuesday Topics e-bulletin (http://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_263)
- Grants Interface (Foundant) (https://www.grantinterface.com/Home/Logon?urlkey=mdcfh)
- Strong Foundations Quarterly Data Report (https://redcap.health.state.mn.us/redcap/surveys/?s=EYJKFJENWRJRDRMY)
- Promising Practices Quarterly Report (https://redcap.health.state.mn.us/redcap/surveys/?s=LMTFDPFMWTT8PXTC)
- MDH Cloud Drive (https://clouddrive.web.health.state.mn.us/)

- MN MECSH Basecamp (https://3.basecamp.com/4106165/buckets/21415142/vaults/3591045921)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program (https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program)
  - MIECHV (https://data.hrsa.gov/topics/maternal-child-health/miechv)
  - MIECHV data and continuous quality improvement (https://mchb.hrsa.gov/programs-impact/programs/home-visiting/miechv-data-continuous-quality-improvement)
- MN Family Home Visiting CQI Monthly Activities (https://forms.office.com/pages/responsepage.aspx?id=RrAU68QkGUWPJricIVmCjJqaHXXgNiJBmOw93L43JHlUOFowS0ZKTVRXUE1DMDVZTlowTDNaN0hNWC4u&route=shorturl)

Appendices

Appendix A: Version history

Table 7. Version history of this document

Version Number	Release Date	Changes Made
1.1	1/5/2026	Original version
1.2	4/28/2026	Updates to page 14 (which participants report to IHVE)

Appendix B: MECSH reporting requirements

Family home visiting grantees implementing the Maternal Early Childhood Sustained Home-visiting (MECSH) model are required to submit data on MECSH participants to IHVE to meet model fidelity monitoring requirements. Table 8 lists the different requirements and their respective due dates. MDH uses IHVE to create MECSH fidelity data files each quarter, which are sent to Western Sydney University for calculation of fidelity measures. MECSH model fidelity is tracked by MDH as the state license holder for MECSH.

MECSH implementing agencies are required to submit additional data to MDH for fidelity monitoring purposes. This includes quarterly submissions of the MECSH Core and Focus Module Form and the Adapt and Self Manage (ASM) Survey, as well as bi-annual data on reflective supervision. Review the current version of the MECSH Reporting Guidance (PDF) posted on the MDH website for more information and for full requirements. Please contact health.MECSH@state.mn.us with questions.

Table 8. MECSH fidelity requirements

Fidelity Requirement	Due Date	Location
IHVE Forms (e.g., visit data, screening data)	Daily/ Real time	IHVE
MECSH Forms within EHR System (Core and Focus module data & ASM)	April 10 July 10 Oct. 10 Jan. 10	Submit data exports to MDH CloudDrive
MECSH Reflective Supervision tracker	July 20 Jan. 20	Excel file to health.MECSH@state.mn.us Tracker template available on MN MECSH Basecamp

Appendix C: Additional reporting requirements for MIECHV-funded Strong Foundations grantees

Strong Foundations grantees receiving MIECHV funding are required to report additional data to MDH to meet federal performance measure requirements. For more information on MIECHV performance measures, visit the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program webpage under 'How do you know how awardees are doing?' or visit the MIECHV dashboard.

MIECHV target child visit-level data

MIECHV grantees are required to complete two additional questions for each home visit provided to a family with a MIECHV target child.

1) Did the caregiver have any concerns regarding the child's development, behavior, or learning?
2) Has the child been taken to the emergency room (ER) for an injury since the last visit? (if "Yes" report the approximate date of each ER visit)

Contact the vendor for your data system for more information on where to find these questions in your data system's IHVE-compatible forms.

Child maltreatment performance measure data

MDH collects data for the MIECHV child maltreatment measure via an annual survey. This data consists of the aggregate number of children served by MIECHV who were involved with screened-in or investigated child maltreatment cases. Reporting will be due in early October 2026, for children enrolled in MIECHV home visiting during Federal Fiscal Year 2026 (Oct. 1, 2025, through Sept. 30, 2026). MIECHV-funded Strong Foundations grantees will receive a link to the survey and instructions in early September 2026.

Continuous quality improvement

MIECHV-funded Strong Foundations grantees will follow the general CQI requirements outlined on page 9 and submit information on CQI activities to MDH monthly (20 of the month following month end) by filling out MN Family Home Visiting CQI Monthly Activities. Grantees can also submit documents (e.g., PDSA cycles, etc.) to health.FHVcqi@state.mn.us. MDH CQI staff will participate in practice connections and site visits as able to support grantee's CQI efforts.

Strong Foundations grantees may also find MIECHV specific resources from HRSA helpful as they are engaging in CQI. They can be located by visiting MIECHV data and continuous quality improvement.

Appendix D: Collection of name and address data elements

Family home visiting providers should submit identifying data elements to IHVE for family home visiting participants according to the level of informed consent given by the participant (or on the participant's behalf if the participant is a child). Table 9 lists identifying data elements and their inclusion in or exclusion from each level of informed consent[1] used in family home visiting evaluation data reporting to IHVE.

Data systems that have IHVE-compatible data entry forms send these data elements to IHVE according to the level of informed consent indicated for each participant. For more information on how to enter the level of informed consent, contact the vendor for your data system.

Table 9. Identifying data elements by level of family home visiting participant informed consent

Field Name	Full Consent	Exclude Direct Identifiers	No Consent
First Name	Include	Exclude	Family home visiting grantees must track the number of participants in this category for aggregate-level data reporting
Middle Name	Include	Exclude	
Last Name	Include	Exclude	
Previous Last Name	Include (Optional)	Exclude	
All dates, including Birth Date, Visit Date, Enrollment Date, Closure Date, Screening Date, and Referral Date	Include	Include	
Address	Include – collected for Primary Caregiver only	Exclude	
City	Include – collected for Primary Caregiver only	Exclude	
State	Include – collected for Primary Caregiver only	Include	
Zip Code	Include – collected for Primary Caregiver only	Include	
County	Include – collected for Primary Caregiver only	Include	
Local Participant ID (ID assigned to the family home visiting participant by the local provider agency)	Include	Include	

[1] Inclusion of identifying data elements in the Exclude Direct Identifiers level of participant informed consent was determined using the Family Home Visiting Informed Consent Guidance (PDF).

Appendix E: Promising Practices budgets and allowable/ineligible expenses

Promising Practices grantees are awarded between $120,000 and $440,000 per grant year. The amount is based on the target caseload with a maximum of $10,000 per family. Grantees will receive an award letter each year of the grant and will be eligible for reimbursement of expenses not to exceed the amount listed in the award letter.

Promising Practices home visiting programs include new or adaptive approaches to meet the needs of families from priority populations. Eligible expenses must be necessary, reasonable, allowable, and allocable to these home visiting approaches.

Promising Practices allowable expenses:

- Home visitor and home visitor supervisor salaries and fringe
- Hourly and contract staff salaries (doula support, lactation support, language access, cultural consultants, reflective practice consultants)
- Home visitor travel expenses (mileage) to provide home visiting services in a family's home or other safe and accessible place for the family
- Transportation expenses for families to attend group events
- Office supplies for staff
- Safety and/or educational supplies for families (up to $250 per family per year)
- Incentives for families (up to $250 per family per year)
- Parenting curriculum or workbooks for families
- Family home visiting training for home visitors and home visitor supervisors
- Electronic Health Record documentation system license fees (if applicable)
- Staff or contractor support for program evaluation activities
- Other (as approved by grant manager)

Promising Practices ineligible expenses:

- Fundraising
- Bail bonds
- Childcare expenses
- Rent or mortgage payments
- Lobbyists, political contributions
- Taxes, except sales tax on goods and services
- Bad debts, late payment fees, finance charges, or contingency funds
- Direct medical, dental, or mental health services and expenses for families