# Example Scope of Work

Nevada Home Visiting

Scope of Work for “ABC Agency” (September 30, 2025 –September 29, 2026)

This example does not utilize actual data and is meant to be used as a framework to understand the above definitions.

ABC Agency, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

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| *Baseline Narrative:*Two of seven of the Nevada-based FQHCs are fully implementing maternal safety evidence-based interventions (EBIs) Four rural health clinics with a maternal mental health screening rate less than 60 percent at baseline |
| *Expected Outcomes:*Four of seven of the Nevada-based FQHCs will be fully implementing maternal safety EBIs at the end of the period of performanceTwo of the four clinics with a maternal mental health screening rate less than 60 percent will increase their screening rate at the end of the period of performance |
| *Goal 1: Improve access to quality maternal and child health care services in rural Nevada**Responsible Person(s): ABC Agency Program Coordinator (1.1.1), ABC Agency Program Manager (1.2.1-1.3.1)* |
| *Objective* | *Activities* | *Outputs* | *Timeline* | *Target**Population* | *Evaluation**Measure (indicator)* | *Evaluation Tool* |
| 1.1 Develop one (1)provider facing toolkit on maternal safety evidence-based interventions. | 1.1.1 Utilize nationaland local evidence- based resources to develop a provider facing toolkit that will be posted on ABC Agency and Title V MCH website. | 1.1.1 Providerfacing EBI toolkit | 1.1.1 By January31, 2026 | 1.1.1 Maternalhealth providers | 1.1.1 Toolkitcompleted on time | 1.1.1 Toolkit |
| 1.1.2. Develop andadminister a survey to providers to get feedback on the usefulness of the toolkit | 1.1.2 Survey | 1.1.2 ByFebruary 28,2026 | 1.1.2 Maternalhealth providers | 1.1.2 Percent ofsurvey respondents who found the toolkit useful | 1.1.2 Survey responses |
| 1.2 Offer trainingand technical assistance to a minimum of two(2) rural health | 1.2.1 ABC Agencywill establish formal agreements with at least two clinics | 1.2.1 Formalagreement with clinics | 1.2.1 September30, 2025-September 29,2026 | 1.2.1 Clinicsserving the priority population | 1.2.1 # of formalagreements with identified clinics | 1.2.1 Formal Agreement |

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| center clinicsserving the priority population and with a screening rate lower than 60 percent through September 30,2026 |  |  |  |  | List of partneredclinics |  |
| 1.2.2 Use data (e.g.BRFSS, HRSA UDS,other state or local data sources) to identify priority populations and screening rates to select appropriate health center clinics to provide training and technical assistance. | 1.2.2 ClinicDemographics (# of patients of childbearing age, # of pregnant patients)Maternal mental health screening rate | 1.2.2September 30,2025-September 29,2026 | 1.2.2 RuralHealth Center clinics | 1.2.2 # of clinicsserving the priority population# of clinics with a screening rate less than 60 percentList of identified clinics meeting criteria | 1.2.2 Quarterly ReportClinic readiness Assessment |
| 1.2.3 Identify staff orpartners with expertise in implementing EBIs (e.g., clinic workflowprocesses, process mapping, quality | 1.2.3 List ofstaff and summary of qualifications | 1.2.3September 30,2025-September 29,2026 | 1.2.3 ABCAgencyExternal staff/partners | 1.2.3 # of staff orpartners identified | 1.2.3 Quarterly Reports |

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|  | improvement, datamanagement, use of EHR data) |  |  |  | Summary of staffor partner qualifications |  |
| *1.3* ABC Agencywill attend all quarterly Maternal and Child Health Advisory Board (MCHAB)Meetings and present updates to the Board for comment at the August 2026 meeting. | *1.3.1* ABC Agencywill attend all quarterly MCHAB meetings to stay up to date on relevant impacts to maternal and child health care in Nevada and deliver a presentation to the Board updating on program progress. | *1.3.1 Quarterly**Reports completed and submitted* | *1.3.1* September30, 2025-September 29,2026 | *1.3.1 ABC**Agency* | *1.3.1 # of MCHAB**meetings attended*List of attendeesAugust 2026 Presentation | *1.3.1 Quarterly Reports* |

# Scope of Work Template

Nevada Home Visiting

Scope of Work for Subgrantee Name Year X (Month Date, Year – Month Date, Year)

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| *Baseline Narrative:* |
| *Expected Outcomes:* |
| *Program Goal 1:**Responsible person(s)* |
| *Objective* | *Activities* | *Outputs* | *Timeline Begin/Completion* | *Target Population* | *Evaluation Measure**(indicator)* | *Evaluation Tool* |
|  |  |  |  |  |  |  |

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| --- |
| *Baseline Narrative:* |
| *Expected Outcomes:* |
| *Program Goal 2:**Responsible person(s)* |
| *Objective* | *Activities* | *Outputs* | *Timeline**Begin/Completion* | *Target**Population* | *Evaluation**Measure (indicator)* | *Evaluation Tool* |
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MIECHV Scope of Work should include the following Data Requirements - 2025

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| Objectives | Activities | Outcomes |
| Follow reportingcadence | Monthly, Quarterly and Annual reportingactivities | Regular updates facilitate ongoing assessmentand program adjustments |
| Improve outcomes | Utilize data to drive program decision making | Enhance service delivery and accountability |

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| --- | --- | --- |
| Ensure data qualityand integrity | Implement a process for regular datacleaning, validation, and auditing | Maintained data accuracy and integrity |
| Monthly performancetracking | Align data collection efforts to assess programoutcomes – Form 1, Form 2, and Form 4 | Improved understanding of program effectivenessand identification of best practices |
|  | Coordinate data collection initiatives toensure that at least one group connection occurs per month, which can be accessed onthe Visit Tracker calendar. | Consistent engagement and monitoring of homevisiting effectiveness through tracking |
|  | At monthly check-ins report and present onutilization of data, performance measures caseload and efforts focused on reducing missing data 10% or greater (Form 1, 2 and 4) | Identification and assessment of specificperformance indicators to gauge success. Increase data completeness and reliability |
| Quarterly/Annualperformance tracking | Align data collection efforts to assess programoutcomes – Form 1, Form 2, and Form 4 – Datacompleteness is due by the 10th of every month following end of quarter | Improved understanding of program effectivenessand identification of best practices |
|  | Identify and assess missing data (10% orgreater)Data completeness is due by the 10th of every month following end of quarter | Strategic initiatives to reduce missing data,thereby enhancing the overall quality of data available |
|  | At monthly check-ins report and present onutilization of data, performance measures caseload and efforts focused on reducing missing data 10% or greater (Form 1, 2 and 4) | Informed stakeholders and decision-makersthrough comprehensive data insights |
|  | Annually compare outcomes against otherstate benchmarks. Identify and assess utilization of data, performance measures caseload and efforts focused on reducing missing data 10% or greater (Form 1, 2 and 4) | Contextualized program performance andidentification of improvement areas |

MIECHV Scope of Work should include the following Program Requirements – 2025

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| Objectives | Activities | Outcomes |
| Site Visit | Site visits will involve a comprehensive reviewof programmatic, fiscal and data activities, | Detailed assessment of the program'seffectiveness, compliance and overall impact. |

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|  | client case files, as well as an observation of ahome visit |  |
| Home Visiting ModelFidelity | *Complete and submit the respective model’s annual progress report (APR) to NHV to**ensure all program measures are met.* | Home visiting services are delivered in alignmentwith the model's specific requirements and established timeline |
|  | *Ensure consistent adherence to the model during home visits including frequency of**visits, duration of engagement, and group connections* |  |
|  | *Ensure the materials and resources used in**home visits align with the model’s curriculum and guidelines* |  |

Please add as many rows to the table as needed to capture the objectives for your work. Please also add as many goals as needed. This template can be found online on NHV’s website for easier downloading.

The Scope of Work document should include the following subrecipient assurances:

It is not intended that the subrecipient assurances serve as a Scope of Work. Despite being included in the Scope of Work, subrecipient assurances are to be considered as a unique item. Subrecipient assurances should detail the basis on which the Scope of Work will be performed.

* Individual family/client assessments will be conducted of all enrollees and services will be provided in accordance with those individual enrollee assessments.
* Subrecipient will ensure priority will be given to serve eligible participants who:
	+ Have low income
		- Low income, for purposes of data entry and program eligibility, is defined as 100% or less of the Federal Poverty Level, using the most current Federal Poverty Guideline, according to the United States Department of Health and Human Services. The most up-to-date income levels can be found at [https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines#guidelines) [guidelines-federal-register-references/2021-poverty-guidelines#guidelines](https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines#guidelines)
	+ Are pregnant, and have not attained age 21
	+ Have a history of child abuse or neglect or have had interactions with child welfare services
	+ Have a history of substance abuse or need substance abuse treatment
	+ Are users of tobacco products in the home
	+ Have, or have had children with low student achievement
	+ Have children with developmental delays or disabilities
	+ Are in families including individuals serving or formerly serving in the armed forces, including families with members of the armed forces who have had multiple deployments outside the United States.
* Subrecipient will maintain at least 90% enrollment beginning in the first quarter of the subgrant period; if active enrollment falls below 90% for more than 3 months, enrollment slots and funding may be reduced. If good faith attempts to re-engage a family after their departure from the program are unsuccessful, a new enrollee must fill that slot no later than 90 days from the original attrition date.
* Subrecipient will provide culturally and linguistically competent services to targeted communities through appropriate training of home visiting staff.
* Subrecipient will list their agency’s services with the Nevada 211 system.
* Subrecipient will refer to the Tobacco Quitline and to appropriate services as needed.
* Subrecipient will establish and maintain an MOA with at least one Substance Abuse Prevention and Treatment Agency (SAPTA) approved treatment facility.
* Subrecipient will ensure home visitor safety by providing comprehensive safety protocols, training, and necessary equipment. Home visitors will conduct risk assessments prior to each visit and adhere to emergency procedures outlined in the organization's safety guidelines.
* Subrecipient will conduct background checks on all new hires to ensure the safety and well-being of families enrolled in the home visiting program.
* Subrecipient will utilize the personnel reporting form to notify Nevada Home Visiting of any new staff vacancies and additions.
* Subrecipient will ensure services will be provided on a voluntary basis and signed documentation of the assurance is required. All enrollees must sign the consent form provided by Nevada MIECHV, stating that their participation is 100% voluntary, and exclusive of coercion or condition. Additional consent forms provided by the individual agency or program model are permitted, provided that the MIECHV form is also signed and returned to Nevada MIECHV.
* All materials provided by Nevada Home Visiting to be distributed will only be provided to enrolled families.
* Identify the source of funding on all printed documents purchased or produced within the scope of this contract, using a statement similar to: “This publication (journal, article, etc.) was supported by the Nevada Division of Public & Behavioral Health through Grant Number TBD from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada Division of Public & Behavioral Health nor the Health Resources and Services Administration.”
* Incentives may only be purchased if a category for incentives has been included in the budget. Additionally, all incentives must follow HRSA guidelines.
* Subrecipient will ensure staff attend all quarterly Nevada Home Visiting data and quality improvement meetings.
	+ Subrecipient will ensure data is validated and entered into Visit Tracker by the 10th of each month. Additionally, staff will attend monthly check-in calls with Nevada Home Visiting and provide key data updates. Key data updates should include a plan to reduce construct missing data with 10% or greater. The plan should include:
	+ Specifying appropriate indicators that can be monitored over time to reduce missing data.
	+ Description of why there is missing data for each family.
	+ If missing data cannot be reduced or sufficiently explained, Nevada Home Visiting may recommend CQI centered around missing data at the subrecipient level.
* Subrecipient will ensure staff participate in DPBH technical assistance.
* Subrecipient staff must complete all Essentials of Home Visiting trainings and discussions. All newly hired staff are to complete “The Essentials of Home Visiting” self-paced course within one month of hire and will continue to complete a minimum of one self-guided online class or one webinar per month until the entire course catalog pertaining to their scope of work has been exhausted. It is required that both established, and newly hired staff members must engage in 3 ongoing trainings per quarter that further their knowledge and improve their skill sets.
* Subrecipient is prohibited from utilizing MIECHV funds to provide direct medical, dental, mental health care or legal services.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.