



September 2019

# MATERNAL AND CHILD HOME VISITING PROGRAM

## HHS Determined That States Generally Met the Maintenance of Effort Requirement

## Why GAO Did This Study

The MIECHV program provides grants to states to support evidence-based home visiting services for at-risk pregnant women and parents with young children. HHS was appropriated \$400 million per year for the MIECHV grant program for fiscal years 2018 through 2022. Families volunteer to participate in the MIECHV program and are provided regular home visits and support services from a nurse, social worker, or other professional. According to HHS, the program builds upon decades of scientific research showing that home visits during pregnancy and early childhood can improve the lives of children and families. States began receiving federal MIECHV program funds in fiscal year 2010, but many states provided home visiting services prior to the MIECHV program using state or other funds. To meet the program's MOE requirement, states are required to maintain home visiting spending that meets MIECHV program criteria. GAO was asked to review the MIECHV program's MOE requirement.

GAO examined (1) what is known about the MOE spending reported by states that receive federal MIECHV program funds and (2) how HHS monitors states to ensure the MOE requirement is met. GAO reviewed MIECHV program notices of funding opportunity for fiscal years 2013 through 2018 and state grant applications for fiscal years 2016 through 2018, the most recent three years available. GAO also reviewed HHS grants monitoring documentation and interviewed HHS officials.

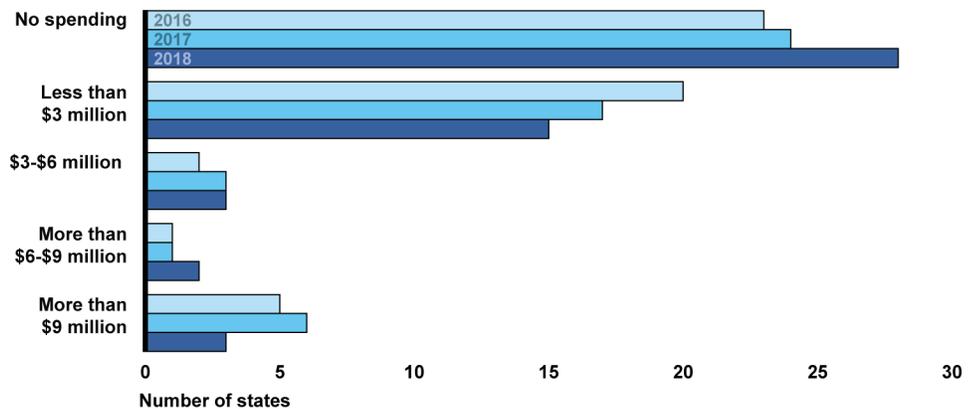
# MATERNAL AND CHILD HOME VISITING PROGRAM

## HHS Determined That States Generally Met the Maintenance of Effort Requirement

### What GAO Found

From fiscal years 2016 through 2018, state reported maintenance of effort (MOE) spending varied from \$0 to more than \$25 million for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, according to GAO's review of MIECHV program grant applications. The program's authorizing statute requires states to meet an MOE requirement. MOE requirements in federal programs generally require grantees to maintain a certain level of spending to ensure grantee dollars are not replaced with federal dollars. To demonstrate their compliance with the MIECHV program's MOE requirement, states report in their annual grant applications their MOE spending for the prior fiscal year.

**Range of Maintenance of Effort Spending Reported by States in the MIECHV Program, Federal Fiscal Years 2016 through 2018**



Source: GAO analysis of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant applications. | GAO-19-645

HHS determined that states generally met the MIECHV program's MOE requirement because states did not replace state funds with federal funds, including states that reported no MOE spending or decreased MOE spending. States may be permitted to report \$0 in MOE spending in certain circumstances; for example, if a state's only home visiting spending was on programs that did not meet MIECHV program criteria. According to HHS officials, state-reported decreases in MOE spending were due to errors in calculations that were subsequently corrected, clarifications to HHS's MOE guidance, or because of circumstances outside of the state agency's control.

HHS uses multiple methods to monitor state compliance with the MOE requirement, according to GAO's review of HHS documentation and interviews with HHS officials. The agency's monitoring strategy includes reviews of grant applications, reviews of state single audits, and operational site visits, among other techniques. According to HHS officials, grant application reviews are the primary mechanism used to monitor state compliance, through which HHS compares state-reported MOE spending in grant applications across two fiscal years to determine if states maintained their level of spending. In addition, HHS identifies and resolves issues with state-reported MOE spending through its operational site visits and the agency's review of state single audits.

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### **Abbreviations**

HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MOE	maintenance of effort
NOFO	notice of funding opportunity

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September 17, 2019

The Honorable Jackie Walorski  
Ranking Member  
Subcommittee on Worker and Family Support  
Committee on Ways and Means  
House of Representatives

The Honorable Adrian Smith  
House of Representatives

In 2010, the Patient Protection and Affordable Care Act established the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program to support evidence-based home visiting services for at-risk pregnant women and parents with young children.<sup>1</sup> Families volunteer to participate in the MIECHV program and are provided regular home visits and support services from a nurse, social worker, or other professional. The MIECHV program's statute requires the use of high-quality home visiting program models that have been shown by research to have positive outcomes.<sup>2</sup> The program, administered by the Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA), authorizes grants to states to provide home visiting services intended to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.<sup>3</sup> According to HHS, the program also provides an opportunity for increased collaboration at the federal, state, tribal, and community levels to improve health and developmental outcomes for children.

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<sup>1</sup>Pub. L. No. 111-148, § 2951, 124 Stat. 119, 334-44 (2010) (codified as amended at 42 U.S.C. § 711). MIECHV program funds are provided as formula and competitive grants. According to HRSA officials, the majority of MIECHV program funds are awarded as formula grants. Formula grants are used to deliver home visiting services and to ensure MIECHV funding stability for states, whereas recent competitive grants are used to develop and evaluate MIECHV program innovations that support and enhance the delivery of home visiting services, according to HRSA officials.

<sup>2</sup>The statute requires that the majority of MIECHV grant funds be used for evidence-based models that meet certain criteria, although up to 25 percent may be used for promising new approaches that will undergo rigorous evaluation. See 42 U.S.C. § 711(d)(3)(A).

<sup>3</sup>HHS's Health Resources and Services Administration (HRSA) administers the program for states and territories while HHS's Administration for Children and Families administers the program for tribal entities.

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In fiscal year 2018, the MIECHV program served nearly 77,000 families and provided more than 930,000 home visits. The Bipartisan Budget Act of 2018 appropriated \$400 million per year to HHS to carry out the MIECHV program for fiscal years 2018 through 2022.<sup>4</sup> States began receiving federal MIECHV program funds in fiscal year 2010.<sup>5</sup> However, many states provided home visiting services prior to the MIECHV program, using state or other funds.

The MIECHV program's authorizing statute requires states to meet a maintenance of effort (MOE) requirement.<sup>6</sup> In general, MOE requirements in federal programs require grantees to maintain a certain level of spending to ensure grantee dollars are not replaced with federal dollars, and are intended to ensure that federal funding results in an increased level of program activity.<sup>7</sup> For the MIECHV program, for example, this could mean that federal funds result in an increased number of home visits provided or families served, compared to before the receipt of federal funds.

You asked us to examine the MIECHV program's MOE requirement. This report examines (1) what is known about the MOE spending reported by states that receive federal MIECHV program funds and (2) how HHS monitors states to ensure the MOE requirement is met.

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<sup>4</sup>Pub. L. No. 115-123, § 50601, 132 Stat 64, 228. The Patient Protection and Affordable Care Act initially appropriated \$100 million for fiscal year 2010, \$250 million for fiscal year 2011, \$350 million for fiscal year 2012, and \$400 million for fiscal years 2013 and 2014 to carry out the MIECHV program. The Medicare Access and CHIP Reauthorization Act of 2015 appropriated \$400 million for each of fiscal years 2015 through 2017. Pub. L. No. 114-10, § 218, 129 Stat. 87, 153.

<sup>5</sup>MIECHV program funds are provided to states, territories, and Indian tribes and certain tribal organizations. Our review focused on states, and in this report we use the term "states" to describe the 50 states and the District of Columbia. Three states (Florida, North Dakota, and Wyoming) declined MIECHV program funding. In those states, nonprofit organizations administer the program. Under the MIECHV program statute, HHS is authorized to make grants available to non-profit organizations to administer the program in states that had not applied for MIECHV program funding by fiscal year 2012. Non-profit organizations are required to have an established record of providing early childhood home visitation programs and to meet the same program requirements as states, to the greatest extent practicable. 42 U.S.C. § 711(h)(2)(B), (k)(1)(B).

<sup>6</sup>Specifically, the statute requires that funds provided to an eligible entity receiving a MIECHV grant "shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives." 42 U.S.C. § 711(f).

<sup>7</sup>GAO, *Principles of Federal Appropriations Law*, 3rd ed. [GAO-06-382SP](#) (Washington, D.C.: February 2006).

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To address these objectives, we reviewed relevant documentation and interviewed HRSA officials. Specifically, we reviewed notices of funding opportunity (NOFO) for MIECHV program formula grants from federal fiscal years 2013 through 2018 to examine the MOE guidance that HRSA provided to states on how to demonstrate compliance with the MOE requirement.<sup>8</sup> We also compiled and analyzed data on state-reported MOE spending in MIECHV program formula grant applications for the three most recent fiscal years, 2016 through 2018. To assess the reliability of the data, we spoke with knowledgeable HRSA officials and confirmed the data we compiled with the agency. We found the reported MOE spending data to be sufficiently reliable for our purposes. Although MIECHV program funds are provided to states as both formula and competitive grants, we focused our review on formula grant NOFOs and applications because in recent years HRSA provided the majority of its MIECHV grant funding through formula grants. In addition, our review focused on state MIECHV programs and did not include territories or tribal MIECHV programs.

We also reviewed relevant HHS grants monitoring documentation to determine the extent that MOE is included in these documents, including its Grants Policy and Administration Manual and monitoring reports. We also interviewed relevant HRSA officials to obtain a better understanding of the MOE instructions in the NOFOs, state-reported MOE spending, types of monitoring conducted, and officials' experiences assessing compliance and addressing potential non-compliance with the MIECHV program's MOE requirement.

We conducted this performance audit from October 2018 to September 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## Background

The MIECHV program provides voluntary, evidence-based home visiting services for at-risk eligible families with children up to kindergarten entry.

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<sup>8</sup>We did not assess HHS's legal determinations, such as whether states met the MOE requirement, as doing so was outside the scope of this report.

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HRSA allocates MIECHV program formula grant funds to states based partly on the proportion of children under age 5 living in poverty in each state, among other factors.<sup>9</sup> In fiscal year 2018, states received an average of \$6.9 million in MIECHV program formula grant funding, ranging from \$1.2 million provided to North Dakota to \$21.4 million to California (see appendix I for a list of all states and their fiscal year 2016 through 2018 funding). Generally, the state's public health or social services department is the lead agency that receives and administers the funds.

States target MIECHV program resources to at-risk communities and have the flexibility to tailor the program to serve the specific needs of their communities.<sup>10</sup> States are generally required to provide home visiting services using an HHS-approved evidence-based program model.<sup>11</sup> Currently, HHS has determined through its Home Visiting Evidence of Effectiveness review that 18 evidence-based home visiting models meet

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<sup>9</sup>HHS's formula to allocate MIECHV program formula grant funds includes two components: need and base funding, according to HHS. The need funding comprises 35 percent of available funding, and need determinations are based on the proportion of children under age 5 living in poverty as calculated by the Census Bureau's Small Area Income and Poverty Estimates. The base component comprises 65 percent of funding available, and changes from year to year only if the total amount of funding available for formula grants changes. In addition, HRSA officials said to promote funding stability for states, "guard rails" are applied to limit fluctuation in award amounts at certain percentages. For example, in fiscal year 2018, no state's MIECHV formula grant award ceiling could vary by more than plus or minus 7.5 percent compared to that state's fiscal year 2017 award.

<sup>10</sup>States are required to conduct a statewide needs assessment that identifies at-risk communities in their state. For the MIECHV program, at-risk communities include communities with concentrations of premature birth, low-birth-weight infants, and infant mortality; poverty; crime; domestic violence; high rates of high school drop-outs; substance abuse; unemployment; or child maltreatment. 42 U.S.C. § 711(b)(1)(A). As amended by the Bipartisan Budget Act of 2018, states are required to give priority to high-risk communities identified in the statewide needs assessment, as well as certain other populations such as pregnant women under age 21 and eligible families who are low-income, have children with low student achievement or disabilities, or include individuals who are serving or formerly served in the Armed Forces. 42 U.S.C. § 711(d)(4).

<sup>11</sup>The statute requires that the majority of MIECHV funding be used for models that conform to a clear, consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive standards, and has demonstrated significant positive outcomes when evaluated using randomized controlled or quasi-experimental research designs. HHS is required to establish criteria for evidence of effectiveness of the service delivery models. 42 U.S.C. § 711(d)(3)(A).

HHS-established criteria for evidence of effectiveness, and are therefore eligible for MIECHV funding. States may select programs to implement from the models that have been approved by HHS, or states may choose to implement a home visiting service delivery model that qualifies as a promising approach, as defined in the statute.<sup>12</sup> In MIECHV-funded home visiting programs, professionals meet regularly with families and provide services tailored to the families' specific needs, such as teaching parenting skills, promoting early learning in the home, or conducting screenings and providing referrals to address caregiver depression, substance abuse, and family violence. According to HHS, the MIECHV program builds upon decades of scientific research showing that home visits by a nurse, social worker, or early childhood educator during pregnancy and early childhood have the potential to improve the lives of children and families. From fiscal years 2013 through 2018, the number of families served and number of home visits conducted nearly doubled (see table 1).

**Table 1: Number of Participating Families and Visits Provided under the Maternal, Infant, and Early Childhood Home Visiting Program, Federal Fiscal Years 2013 through 2018**

Fiscal year	Number of families served	Number of home visits conducted
2013	41,639	489,363
2014	60,981	746,303
2015	75,415	894,347
2016	82,318	979,521
2017	79,646	942,676
2018	76,622	930,595

Source: Health Resources and Services Administration. | GAO-19-645

The MIECHV program is the primary federal program focusing exclusively on evidence-based home visiting, according to HHS. However, in addition to administering the MIECHV program, states may have other home visiting programs that may be supported by funds from other federal programs, such as Temporary Assistance for Needy Families and the

<sup>12</sup>To be eligible as a promising approach, the model must conform to a promising and new approach to achieving specified benchmark areas and participant outcomes, have been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process. No more than 25 percent of the MIECV grant may be used for such models.

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Maternal and Child Health Services Block Grant.<sup>13</sup> These home visiting programs may provide services that differ from those provided under the MIECHV program. For example, states may provide home visiting services through these programs that use program models that are different from the MIECHV program models approved by HHS.

The MOE requirement in the MIECHV program's authorizing statute provides that funds provided to an eligible entity receiving a MIECHV grant "shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives."<sup>14</sup> To demonstrate their compliance with this statutory requirement, states are required by HRSA to report in their annual grant applications their MOE spending for the prior fiscal year. HRSA provides guidance to states on how to report their MOE spending in the annual NOFOs. For example, since fiscal year 2013, the MOE guidance in the NOFOs generally has directed states to only report spending that meets the following criteria:

- paid for with state general funds,
- spent in the prior fiscal year on HHS approved evidence-based programs that include home visiting as a primary service delivery strategy,
- implemented in response to findings from the most current statewide needs assessment, and
- offered on a voluntary basis to pregnant women or caregivers of children from birth to kindergarten entry.<sup>15</sup>

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<sup>13</sup>Temporary Assistance for Needy Families (Title IV-A of the Social Security Act) is a block grant to states to operate programs that address at least one of four goals, including to provide assistance to needy families so that children may be cared for in their own homes. 42 U.S.C. § 601 *et seq.* The Maternal and Child Health Services Block Grant (Title V of the Social Security Act) supports the well-being of mothers and children through grants to state maternal and child health agencies. 42 U.S.C. § 701 *et seq.*

<sup>14</sup>42 U.S.C. § 711(f).

<sup>15</sup>NOFOs also include guidance to nonprofit organizations on how to demonstrate compliance with the MOE requirement. Specifically, starting with the fiscal year 2016 NOFO, they provide that nonprofits "must agree to take all steps reasonably available for this purpose and should provide appropriate documentation from the state supporting its accomplishment of the maintenance of effort/non-supplantation requirement."

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Over time, HRSA has clarified the MOE guidance provided in the NOFOs to help address questions received from states, according to HRSA officials.

We previously reported that certain grant design features affect the likelihood that states will use federal funds to supplement, rather than supplant (or replace), their own spending.<sup>16</sup> One such design feature requires grant recipients to contribute their own funds in order to obtain grant funds.<sup>17</sup> Requiring grant recipients to contribute their own funds can take the form of a match or MOE requirement. According to our prior report, matching grants typically contain either a single rate (e.g., 50 percent) or a range of rates (e.g., 50 to 80 percent) at which the federal government will match state spending on a particular program. An MOE requirement, in contrast, requires states to maintain existing levels of state spending on a particular program as a condition of receiving federal funds. Depending on the specific program and its MOE requirement, if a state did not previously spend any state funds on covered activities, then the state could be allowed to maintain MOE spending of \$0.

The MOE requirement is one of many MIECHV program requirements that HRSA is responsible for monitoring. HRSA also monitors MIECHV's programmatic and technical requirements, such as evidence-based model implementation, policies and procedures, data collection, and organizational structure and capacity. HRSA also monitors fiscal and administrative requirements, such as those related to accounts payable and cash flow, accounting systems, and cost allocations.

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<sup>16</sup>GAO, *Federal Grants: Design Improvements Could Help Federal Resources Go Further*, [GAO/AIMD-97-7](#) (Washington, D.C.; December 1996).

<sup>17</sup>GAO/AIMD-97-7. In addition to requiring recipients to contribute their own funds to obtain grant funds, we also reported that (1) restricting the use of funds to specified purposes and (2) not restricting federal matching of state funds are two other features that affect the likelihood that states will use federal funds to supplement, rather than replace, their own spending.

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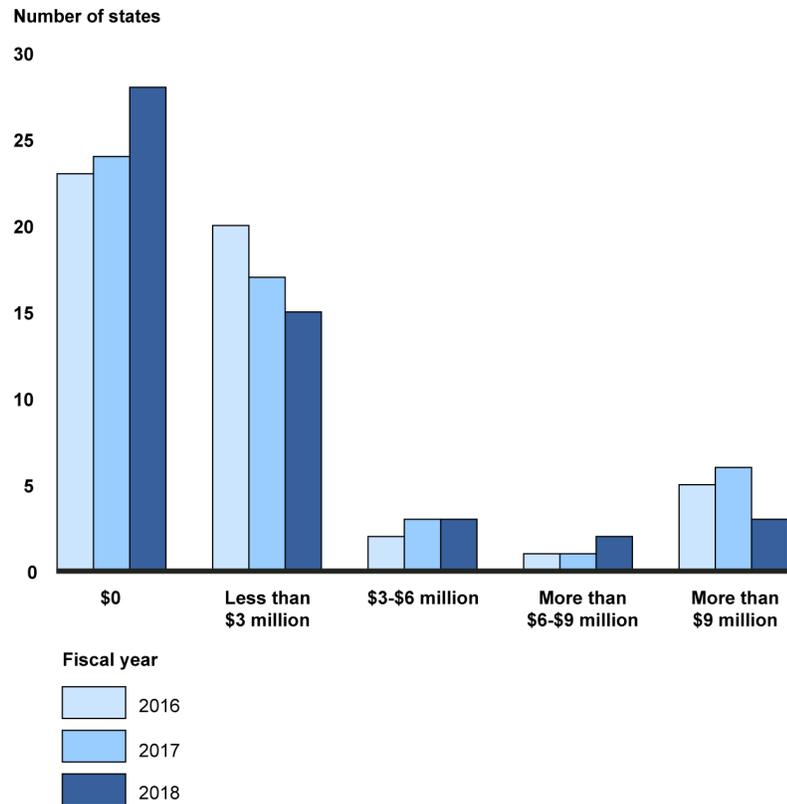
## State-Reported Maintenance of Effort Spending Varied and HRSA Determined States Generally Met the Requirement

From fiscal years 2016 through 2018, state-reported MOE spending varied from \$0 to more than \$25 million, according to our review of MIECHV program grant applications (see fig. 1). For example, 28 states reported MOE spending of \$0 in fiscal year 2018.<sup>18</sup> Most of the 23 states that reported MOE spending greater than \$0 in fiscal year 2018 reported spending less than \$3 million, while three states reported spending more than \$9 million. See appendix II for each state's reported MOE spending for fiscal years 2016 through 2018.

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<sup>18</sup>In each grant application, states generally report the actual expenditures from the state fiscal year prior to the year of the MIECHV application. For example, states generally reported their state fiscal year 2017 expenditures as part of the fiscal year 2018 grant application. When we refer to state-reported MOE spending in this report, we are referring to the actual expenditures reported by states for the state fiscal year prior to the year of the application.

**Figure 1: Range of Maintenance of Effort Spending Reported by States in Grant Applications for the Maternal, Infant, and Early Childhood Home Visiting Program, Federal Fiscal Years 2016 through 2018**



Source: GAO analysis of MIECHV grant applications. | GAO-19-645

Note: In each Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program grant application, states report actual maintenance of effort (MOE) expenditures from the state fiscal year prior to the year of the application, which are the numbers reported in this figure. States may be permitted to report \$0 in MOE spending if the non-federal spending on home visiting does not meet the criteria in the MOE guidance in the Notice of Funding Opportunity.

State-reported MOE spending does not necessarily reflect all state spending on all home visiting services. When states report their prior year’s MOE spending on their MIECHV grant applications, they are only required to include home visiting spending if it meets the criteria specified by HRSA in the NOFO. In addition to reporting their MOE spending in grant applications, some states also noted that they spent funds on home visiting services that did not meet those criteria. In fiscal year 2017, for example, one state reported that it had spent funds on home visiting services for a non-evidence-based model (i.e., a model not approved by

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HHS), and the state also funded an evidence-based program with funds other than state general funds. However, the state did not include either in its reported MOE spending because that spending did not meet the criteria for MOE spending in the NOFO.

An update to the MIECHV program's MOE guidance in the NOFO for fiscal year 2018 further impacted some state reported MOE spending. The update clarified the MOE guidance, stating that states should only report MOE spending by the recipient entity administering the MIECHV grant, and not report spending by other state agencies.<sup>19</sup> According to HRSA officials—because the states were now directed to exclude some previously reported home visiting spending—five states decreased their reported MOE spending to \$0. In addition, three other states reported a decrease in their MOE spending ranging from about \$1.2 million to about \$9.3 million because of this change (see table 2).<sup>20</sup>

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<sup>19</sup>Specifically, the fiscal year 2018 NOFO stated that non-federal funding is defined as state general funds “expended only by the recipient entity administering the MIECHV grant and not by other state agencies.” Prior to this change, states were directed to report spending using state general funds and were not explicitly directed to limit their reported spending to spending by particular state agencies. According to HRSA officials, this change was to clarify HHS's interpretation that the award recipient is required, as a condition of eligibility for federal funding, to maintain its own financial contribution to the program, as opposed to the contributions of other agencies.

<sup>20</sup>According to HRSA officials, other changes to MOE guidance in the NOFOs between fiscal years 2013 and 2018 did not affect the MOE spending reported by states. For example, in fiscal year 2016, HHS added language to the NOFO to clarify that states should not include the Maternal and Child Health Services Block Grant (Title V of the Social Security Act) funding as part of its MOE spending.

**Table 2: Maternal, Infant, and Early Childhood Home Visiting Program Maintenance of Effort Spending Reported by States Impacted by Change in Federal Fiscal Year 2018 Guidance**

	Fiscal year 2017 grant application	Fiscal year 2018 grant application
Delaware	\$2,469,639	\$1,219,950
Indiana	\$2,692,370	\$0
Illinois	\$12,677,369	\$9,761,477
Maryland	\$5,732,338	\$0
Massachusetts	\$14,478,731	\$0
Michigan	\$13,193,180	\$3,942,889
New Jersey	\$4,040,639	\$0
New York	\$25,207,294	\$0

Source: GAO Analysis of Maternal, Infant, and Early Childhood Home Visiting Program Grant Applications. | GAO-19-645

Note: In each grant application, states report actual maintenance of effort (MOE) expenditures from the state fiscal year prior to the year of the application, which are the numbers reported in this table. In the fiscal year 2018 Notice of Funding Opportunity (NOFO), the Health Resources and Services Administration (HRSA) clarified that states should only report MOE spending by the recipient entity administering the MIECHV grant, and should not report spending by other state agencies. Prior to this change, states were directed to report spending using state general funds and were not explicitly directed to limit their reported spending to spending by particular state agencies. According to HRSA officials, in response to the clarification in the fiscal year 2018 NOFO, the eight states included in this table reduced their reported MOE spending. States may be permitted to report \$0 in MOE spending if the non-federal spending on home visiting does not meet the criteria in the MOE guidance in the NOFO.

HRSA determined that states generally met the MIECHV program’s MOE requirement because there was no supplantation of federal funds, including in states that reported no MOE spending and those that reported decreased MOE spending from the prior fiscal year.<sup>21</sup> States may be permitted to report \$0 in MOE spending if the non-federal spending on home visiting does not meet the criteria in the MOE guidance in the NOFO. For example, if the state had not previously funded home visiting programs that met HRSA’s MOE criteria for the MIECHV program, then the state could maintain state spending of \$0, according to HRSA officials. States may report MOE spending of \$0 if state general funds were spent on a home visiting model that was not approved by HRSA, if the state supports an evidence-based home visiting

<sup>21</sup>Specifically, according to HRSA officials, the agency determined that there was no supplantation of federal funds, and therefore did not levy any special award conditions or other actions on any of the states.

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program with funds other than state general funds, or if the state did not support a home visiting program prior to implementation of MIECHV.

HRSA determined that state-reported year-to-year decreases in MOE spending did not constitute supplantation (or replacement) of state funds with federal funds, because as described more fully below, HRSA determined there were valid reasons for the decreased MOE spending, according to agency officials.<sup>22</sup> Based on our analysis of grant applications, 15 states reported decreases in MOE spending from fiscal years 2016 through 2018 (see table 3). These decreases ranged from \$75,000 to \$71,539 in one state, and \$25,207,294 to \$0 in another state.

**Table 3: Changes to Maternal, Infant, and Early Childhood Home Visiting Program Maintenance of Effort (MOE) Spending Reported by States in Grant Applications Compared to Prior Federal Fiscal Years, 2016 through 2018**

	Increased	Decreased	Remained same
MOE spending reported from fiscal years 2016 to 2017	14	6	31
MOE spending reported from fiscal years 2017 to 2018	9	9	33

Source: GAO Analysis of Maternal, Infant, and Early Childhood Home Visiting Program Grant Applications. | GAO-19-645

Note: States reported their maintenance of effort spending by state fiscal year while the grant applications are filed each federal fiscal year.

According to HRSA officials, there were three different reasons why states might have reported a decrease in MOE spending compared to the prior year:

1. The state made a technical error in its MOE calculation that subsequently was corrected. For example, some states reported a decrease in MOE spending compared to the prior year because the

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<sup>22</sup>As previously noted, the MOE requirement in the statute requires that funds provided to an eligible entity receiving a MIECHV grant “shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.” 42 U.S.C. § 711(f). HRSA officials said they have never penalized a state for failing to meet the MIECHV program’s MOE requirement. HRSA has actions at its disposal if it determines that a state did not meet its MOE requirement. According to HHS guidance, a recipient’s failure to comply with the terms and conditions of a grant award, including a MOE requirement, may cause the agency to take one or more enforcement actions, depending on the severity and duration of noncompliance. See generally 45 C.F.R. §§ 75.371-75.375. For example, according to HHS, the penalty for reducing a state’s MOE spending may include a proportionate reduction in MIECHV funds.

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state previously included erroneous funding sources, such as funding for a home visiting program that did not meet the MIECHV program's MOE criteria.

2. Circumstances outside of the state agency's control contributed to the state reporting decreased funding, such as when a state legislature authorized budget cuts that affected home visiting funding or failed to pass a budget.<sup>23</sup> For example, according to HRSA officials, one state experienced state budget challenges in fiscal years 2016 and 2017, which resulted in decreased funding for some home visiting services. The officials said this funding would have been included in the state's reported MOE spending and these budget reductions resulted in a reduction to the reported MOE spending from the prior year.
3. The clarification to the MOE guidance that HRSA made in the fiscal year 2018 NOFO limited the spending states should report, as previously discussed.

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## HRSA Employs Several Methods to Monitor State Compliance with the MOE Requirement

HRSA uses several methods to monitor the MIECHV program and the program's MOE requirement is addressed to some extent as part of each, according to our review of HRSA grants monitoring documentation and interviews with HRSA officials. These monitoring methods include grant application reviews, site visits, and financial assessments, among others. The monitoring methods vary in terms of the extent to which the MOE requirement is specifically examined, who conducts the monitoring, and the frequency of monitoring (see table 4).

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<sup>23</sup>According to HRSA officials, the agency applies the MOE requirement to the state agency with responsibility for administering the MIECHV grant award. For example, if the state legislature reduces funding for home visiting to the state agency, HRSA historically has not imposed award conditions on a MIECHV awardee as a result of that reduction, according to HRSA officials.

**Table 4: Types of Monitoring of the Maternal, Infant, and Early Childhood Home Visiting Program Conducted by the Health Resources and Services Administration (HRSA)**

Monitoring type	Conducted by	Description	Frequency
Grant application reviews	HRSA’s Division of Home Visiting and Early Childhood Systems project officers	Project officers review the grant application to ensure the maintenance of effort (MOE) chart is complete and compliant with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program requirements. This review is the primary mechanism for monitoring the MOE requirement. Project officers compare the prior year’s reported MOE spending to 2 years’ prior MOE spending, using 2 years of grant applications.	All states, every year
Monitoring calls	Project officers	Project officers conduct routine monitoring calls with states, which are scheduled based on the state’s fiscal and programmatic risk. MOE spending is discussed on an as-needed basis.	All states, every year, with calls made at least quarterly
Operational site visits	Project officers and contracted site visit consultants	These visits are on-site assessments of state compliance with MIECHV programmatic and fiscal requirements conducted by project officers and contracted consultants. The site visit assessment tool has two modules—programmatic and fiscal—the latter of which addresses MOE spending.	12-15 states per year, with the goal of each state receiving a site visit every 3 years
Financial assessments	HRSA’s Division of Financial Integrity financial analysts	HRSA uses a financial assessment that determines the financial risk of grantees. Financial assessments include a review of MOE spending on an as-needed basis.	All states, every other year
Grant reviews	Financial analysts	Grant reviews are conducted in cases of serious financial issues or fraud, waste, and abuse. MOE spending is addressed on an as-needed basis.	Approximately one to two states per year, as needed
Reviews of single audits <sup>a</sup>	Financial analysts	Financial analysts review state single audits if there are any HRSA-related findings, including findings related to state compliance with the MIECHV program’s MOE requirement.	If there are findings related to HRSA programs, including the MIECHV program

Source: GAO analysis of HRSA documentation and interviews with HRSA officials. | GAO-19-645

<sup>a</sup>Federal agencies have oversight responsibilities under the Single Audit Act of 1984, as amended, for the funds they award to nonfederal entities. Federal award recipients that expend \$750,000 or more in federal awards in a fiscal year are required to undergo a single audit, which is an audit of an entity’s financial statements and federal awards, or a program-specific audit, for the fiscal year. Single audits are generally conducted by state auditors or independent public accounting firms, and federal agencies are responsible for following up on audit findings to provide reasonable assurance that award recipients take timely and appropriate action to correct deficiencies identified through the single audit process. See, generally, 31 U.S.C. §§ 7501-7507, 2 C.F.R. §§ 200.500-200.521. State single audits are required to include testing specific to the MIECHV program if it is considered a major program by the auditor. Auditors are required to use a risk-based approach to determine which federal programs are major programs in the context of that particular audited entity. 45 C.F.R. § 75.518(a).

The primary mechanism for monitoring the MIECHV program’s MOE requirement is the review of grant applications, according to HRSA officials. HRSA project officers review the MOE chart in states’ grant applications for 2 fiscal years to compare state reported MOE spending—

actual non-federal expenditures—and determine if states maintained their level of spending (see table 5). If there is a missing MOE chart or potentially inaccurate MOE spending information, project officers work with states to resolve the issue.

**Table 5: Summary of Health Resources and Services Administration (HRSA) Maintenance of Effort (MOE) Chart Used by Grantees to Report Annual MOE Spending**

<b>Non-Federal Expenditures</b>	
State Fiscal Year Prior to Application (Actual Expenditures) <sup>a</sup>	Current State Fiscal Year of Application (Estimated Expenditures) <sup>a</sup>
Actual prior year non-federal funds expended for activities proposed in this application	Estimated prior year non-federal funds expended for activities proposed in this application
Amount \$ _____	Amount \$ _____

Source: GAO analysis of HRSA MOE guidance and MIECHV Notices of Funding Opportunity. | GAO-19-645

<sup>a</sup>The chart specified that the expenditures were to be reported by state fiscal year starting with the federal fiscal year 2016 Notice of Funding Opportunity.

Note: In annual Notices of Funding Opportunity, HRSA includes additional guidance and instructions for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant applicants on how to report their compliance with the program’s MOE requirement. According to HRSA officials, the estimated expenditures column is one piece of information that is used to determine compliance with the MIECHV program’s MOE requirement. However since the estimated expenditures are not final, the primary mechanism HRSA uses to determine compliance is to compare prior year actual expenditures.

While HRSA primarily relies on its review of grant applications to monitor state compliance with the MIECHV program’s MOE requirement, the agency supplements these reviews with other monitoring techniques, and some of these techniques have identified issues with state-reported MOE spending. For example, operational site visits provide HRSA an opportunity to ask detailed questions about state-reported MOE spending and obtain supporting documentation. As a result of operational site visits, HRSA identified inaccurate state-reported MOE spending in some states. We reviewed four completed site visit reports from 2017—the most recently completed reports at the time of our review—and two of these reports had findings related to inaccurate state-reported MOE spending.<sup>24</sup> For example, one site visit report noted that the state incorrectly included home visiting spending that did not use an evidence-based model in its reported MOE spending.

<sup>24</sup>In both site visits, the site visit report found that the state met the minimum MOE requirement.

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HRSA also found some deficiencies with states' reported MOE spending through the agency's review of state single audits.<sup>25</sup> According to HRSA officials, there were five state single audits with MIECHV MOE findings from fiscal years 2014 through 2017. We found that four of these audits identified deficiencies with how states monitored and accounted for their MOE spending.<sup>26</sup> For example, one audit found that the state did not have internal controls in place to ensure that state spending met the minimum MOE requirement. In three of the four single audits that identified deficiencies, the state agencies concurred with the findings and prepared corrective action plans to address the deficiencies.<sup>27</sup>

As of June 2019, HRSA officials said they have taken steps, or are planning steps, to modify or provide additional guidance related to how the agency monitors the MOE requirement for the MIECHV program. Specifically:

- HRSA officials told us that beginning with the formula grant NOFO for fiscal year 2019, HRSA added an additional column to the MOE chart for states to provide the expenditures for the 2 years prior to the current fiscal year of the application. According to HRSA officials, this will streamline HRSA's process to compare state-reported MOE spending across 2 prior fiscal years without having to go back to the previous year's grant application.

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<sup>25</sup>Federal agencies have oversight responsibilities under the Single Audit Act of 1984, as amended, for the funds they award to nonfederal entities. Federal award recipients that expend \$750,000 or more in federal awards in a fiscal year are required to undergo a single audit, which is an audit of an entity's financial statements and federal awards, or a program-specific audit, for the fiscal year. Single audits are generally conducted by state auditors or independent public accounting firms, and federal agencies are responsible for following up on audit findings to provide reasonable assurance that award recipients take timely and appropriate action to correct deficiencies identified through the single audit process. See, generally, 31 U.S.C. §§ 7501-7507, 2 C.F.R. §§ 200.500-200.521. State single audits are required to include testing specific to the MIECHV program if it is considered a major program by the auditor. Auditors are required to use a risk-based approach to determine which federal programs are major programs in the context of that particular audited entity. 45 C.F.R. § 75.518(a).

<sup>26</sup>The fifth state single audit we reviewed found that the state agency administering the MIECHV program incorrectly included federal expenditures from other funding sources in its calculation of MOE spending. However, the single audit found that the state's non-federal MOE expenditures still met the MOE requirement.

<sup>27</sup>The fourth state agency did not concur with the finding.

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- In February 2019, HRSA published an internal grants policy bulletin that specifically addressed MOE requirements and the agency's monitoring of those requirements for all HRSA programs.
  - HRSA is currently working on MIECHV program standard operating procedures that are intended to clarify staff monitoring roles and responsibilities across the agency. Completion of this resource is targeted for the end of fiscal year 2019.
  - HRSA is also planning to add the MOE table to future MIECHV program Final Reports submitted by grantees, beginning with the fiscal year 2017 Final Report, which is due to HRSA in December 2019. According to officials, this will allow for a formal resubmission of MOE spending if there have been any changes since the submission of the most recent grant application.

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## Agency Comments

We provided a draft of this report to HHS for review and comment. HHS provided technical comments that we have incorporated in the report as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to the appropriate congressional committees, the Secretary of the Department of Health and Human Services, and other interested parties. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.



Kathryn A. Larin  
Director, Education, Workforce, and Income Security Issues

# Appendix I: Maternal, Infant, and Early Childhood Home Visiting Formula Grant Funding

**Table 6: Maternal, Infant, and Early Childhood Home Visiting Formula Grant Funding by State, Fiscal Years 2016 through 2018**

	Fiscal year 2016	Fiscal year 2017	Fiscal year 2018
Alabama	\$6,646,654	\$6,593,481	\$6,928,995
Alaska	\$1,717,555	\$1,703,815	\$1,952,247
Arizona	\$10,934,069	\$10,846,596	\$11,410,696
Arkansas	\$7,136,908	\$7,107,244	\$7,784,751
California	\$22,201,618	\$22,024,005	\$21,384,282
Colorado	\$7,836,087	\$7,773,398	\$8,143,045
Connecticut	\$9,100,000	\$9,028,358	\$9,765,192
Delaware	\$3,665,161	\$3,635,840	\$4,005,571
Florida	\$10,937,600	\$10,850,099	\$10,236,342
Georgia	\$7,539,019	\$7,478,707	\$7,559,892
Hawaii	\$3,538,445	\$3,510,137	\$3,878,058
Idaho	\$2,959,619	\$2,935,942	\$3,254,217
Illinois	\$8,688,340	\$8,618,833	\$8,744,850
Indiana	\$10,518,746	\$10,434,596	\$10,911,705
Iowa	\$5,686,076	\$5,640,587	\$6,096,921
Kansas	\$4,834,188	\$4,795,514	\$5,119,126
Kentucky	\$7,076,041	\$7,019,433	\$7,548,849
Louisiana	\$9,475,543	\$9,339,739	\$10,304,719
Maine	\$5,992,218	\$5,944,280	\$6,458,030
Maryland	\$7,511,026	\$7,450,938	\$7,925,829
Massachusetts	\$6,856,437	\$6,801,586	\$7,212,800
Michigan	\$7,971,034	\$7,907,266	\$7,799,696
Minnesota	\$8,651,762	\$8,582,548	\$9,243,786
Mississippi	\$3,078,041	\$3,053,417	\$3,024,410
Missouri	\$3,988,612	\$3,956,703	\$3,906,090
Montana	\$4,315,889	\$4,281,362	\$4,680,084
Nebraska	\$1,274,280	\$1,264,086	\$1,509,215
Nevada	\$1,885,343	\$1,870,244	\$2,174,954
New Hampshire	\$2,982,681	\$2,958,820	\$3,294,207
New Jersey	\$10,581,564	\$10,496,911	\$10,969,325
New Mexico	\$3,570,937	\$3,542,370	\$3,742,370
New York	\$9,234,796	\$9,160,198	\$9,212,347
North Carolina	\$3,289,101	\$3,262,788	\$3,590,686
North Dakota	\$1,076,906	\$1,068,291	\$1,207,045
Ohio	\$7,552,896	\$7,492,473	\$7,547,944

**Appendix I: Maternal, Infant, and Early  
Childhood Home Visiting Formula Grant  
Funding**

	<b>Fiscal year 2016</b>	<b>Fiscal year 2017</b>	<b>Fiscal year 2018</b>
Oklahoma	\$6,377,853	\$6,326,830	\$7,001,342
Oregon	\$8,454,283	\$8,386,641	\$8,793,254
Pennsylvania	\$11,798,665	\$11,704,276	\$12,282,659
Rhode Island	\$7,181,772	\$7,124,318	\$7,718,082
South Carolina	\$8,388,323	\$8,321,216	\$8,495,768
South Dakota	\$1,018,486	\$1,010,338	\$1,210,687
Tennessee	\$9,935,297	\$9,855,815	\$10,366,741
Texas	\$17,233,145	\$17,095,280	\$18,577,426
Utah	\$3,172,699	\$3,147,317	\$3,423,566
Vermont	\$1,371,223	\$1,360,253	\$1,587,515
Virginia	\$7,648,351	\$7,587,164	\$7,860,627
Washington	\$10,083,591	\$10,002,922	\$10,463,215
West Virginia	\$5,809,290	\$5,762,816	\$6,231,476
Wisconsin	\$8,653,908	\$8,584,677	\$9,076,894
Wyoming	\$1,643,671	\$1,630,522	\$1,708,233
Washington, D.C.	\$1,642,146	\$1,629,009	\$1,878,267

Source: Health Resources and Services Administration. | GAO-19-645

# Appendix II: State-Reported Maintenance of Effort Spending

**Table 7: Maintenance of Effort Spending Reported by States in the Maternal, Infant, and Early Childhood Home Visiting Program Grant Applications, Federal Fiscal Years 2016 through 2018<sup>a</sup>**

	Fiscal year 2016	Fiscal year 2017	Fiscal year 2018
Alabama	\$0	\$0	\$0
Alaska	\$0	\$0	\$0
Arizona	\$0	\$0	\$0
Arkansas	\$0	\$0	\$0
California	\$0	\$0	\$0
Colorado	\$0	\$0	\$0
Connecticut	\$100,000	\$10,230,306	\$10,230,306
Delaware	\$1,569,639	\$2,469,639	\$1,219,950 <sup>b</sup>
District of Columbia	\$0	\$0	\$301,840
Florida	\$0	\$0	\$0
Georgia	\$0	\$0	\$0
Hawaii	\$2,188,272	\$2,932,530	\$3,077,470
Idaho	\$0	\$0	\$0
Illinois	\$16,910,300	\$12,677,369	\$9,761,477 <sup>b</sup>
Indiana	\$2,380,286	\$2,692,370	\$0 <sup>b</sup>
Iowa	\$734,841	\$734,841	\$734,841
Kansas	\$0	\$0	\$0
Kentucky	\$8,300,000	\$8,300,000	\$8,300,000
Louisiana	\$2,600,000	\$2,600,000	\$2,600,000
Maine	\$2,000,000	\$2,000,000	\$2,000,000
Maryland	\$5,732,338	\$5,732,338	\$0 <sup>b</sup>
Massachusetts	\$13,953,567	\$14,478,731	\$0 <sup>b</sup>
Michigan	\$11,261,579	\$13,193,180	\$3,942,889 <sup>b</sup>
Minnesota	\$289,000	\$2,289,000	\$8,289,000
Mississippi	\$0	\$0	\$0
Missouri	\$0	\$0	\$0
Montana	\$223,264	\$525,000	\$525,000
Nebraska	\$1,229,428	\$1,100,000	\$1,100,000
Nevada	\$0	\$0	\$0
New Hampshire	\$75,000	\$71,539	\$75,000
New Jersey	\$4,040,639	\$4,040,639	\$0 <sup>b</sup>
New Mexico	\$1,442,500	\$1,714,411	\$2,793,886
New York	\$22,207,294	\$25,207,294	\$0 <sup>b</sup>
North Carolina	\$0	\$0	\$0

**Appendix II: State-Reported Maintenance of Effort Spending**

	Fiscal year 2016	Fiscal year 2017	Fiscal year 2018
North Dakota	\$0	\$0	\$0
Ohio	\$17,635,157	\$17,568,693	\$17,635,157
Oklahoma	\$0	\$0	\$0
Oregon	\$0	\$0	\$0
Pennsylvania	\$0	\$0	\$0
Rhode Island	\$50,000	\$0	\$0
South Carolina	\$0	\$0	\$0
South Dakota	\$242,977	\$219,734	\$236,228
Tennessee	\$339,868	\$345,000	\$346,604
Texas	\$2,499,365	\$3,495,962	\$3,095,955
Utah	\$0	\$0	\$0
Vermont	\$0	\$0	\$0
Virginia	\$0	\$0	\$0
Washington	\$1,313,360	\$1,787,996	\$2,316,495
West Virginia	\$1,000,000	\$1,000,000	\$1,000,000
Wisconsin	\$985,700	\$985,700	\$985,700
Wyoming	\$770,839	\$1,758,300	\$1,758,300

Source: Health Resources and Services Administration (HRSA) and GAO Analysis of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program grant applications. | GAO-19-645

Note: The MIECHV program statute includes a “maintenance of effort” (MOE) requirement, which specifies that funds provided to an eligible entity receiving a MIECHV grant “shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.” 42 U.S.C. § 711(f). To demonstrate their compliance with this requirement, HRSA requires states to report their MOE spending for the prior state fiscal year in their grant applications. Some states may have an MOE requirement of \$0 if the non-federal spending on home visiting does not meet the criteria in the MOE guidance in the Notice of Funding Opportunity. HRSA determined that states generally met the MIECHV program’s MOE requirement. GAO did not assess HRSA’s compliance determinations.

<sup>a</sup>While the applications are submitted based on the federal fiscal year, states report their maintenance of effort spending based on the state fiscal year.

<sup>b</sup>According to Health Resources and Services Administration officials, a change the agency made to the MOE guidance in the fiscal year 2018 Notice of Funding Opportunity (NOFO) impacted the MOE spending reported by eight states that resulted in reductions to their reported MOE spending as compared to the prior fiscal year. Specifically, the fiscal year 2018 NOFO stated that states should only report MOE spending by the recipient entity administering the MIECHV grant and not report spending from other state agencies. Prior to this change, states were directed to report spending using state general funds and were not explicitly directed to limit their reported spending to spending by particular state agencies.

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# Appendix III: GAO Contact and Staff Acknowledgments

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## GAO Contact

Kathryn A. Larin, (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov)

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## Staff Acknowledgments

In addition to the contact named above, Elizabeth Morrison (Assistant Director), Andrea Dawson (Analyst in Charge), David Reed, and Kelly Snow made key contributions to this report. In addition, key support was provided by Jennifer Cook, Sarah Cornetto, Thomas James, Jean McSween, Mimi Nguyen, Stacy Ouellette, Michelle Sager, Almeta Spencer, and Matthew Valenta.

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