

**The Maternal, Infant, and Early Childhood
Home Visiting Program
Guidance on Meeting Requirements to Demonstrate Improvement
in Benchmark Areas
Frequently Asked Questions (FAQs)
Updated October 2019**

The Health Resources and Services Administration (HRSA) provides state, jurisdiction, and nonprofit Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees guidance for the statutory requirement to demonstrate improvement in four of the six benchmark areas. This FAQ includes commonly asked questions on meeting the requirements to demonstrate improvement and is one of the several technical assistance resources to support MIECHV awardees in tracking and reporting improvements in benchmark areas.

1. If funding is conditional on demonstrating improvement, how will this affect awardees with new LIAs? New LIAs, particularly those with a high enrollment of higher risk families, might face additional barriers in demonstrating improvement.

- A. As outlined in Part V. Methods for Conducting the Assessment of Improvement: Section 5 “Opportunity to Provide Additional Information”, HRSA will give awardees the opportunity to provide additional data that demonstrates improvement if it is determined by HRSA that the awardee does not meet the improvement criteria. If an awardee believes that the on-boarding of new LIAs has contributed to not demonstrating improvement, awardees will be able to include relevant data regarding on-boarding as part of their quantifiable justification. **The final guidance has been updated to include this clarification.**

2. Is HRSA considering revisions to which measures are categorized as Systems Outcomes vs. Performance Indicators?

- A. No, revisions are not being considered.

3. Will HRSA consider revisions to the measures of central tendency used in the methods for measuring improvement? More specifically, what was the rationale for using the mean versus the median for the national thresholds, especially since the mean is more sensitive to outliers?

- A. Upon review of our current data, HRSA has decided to maintain the same measures of central tendency for measuring improvement. From a methodological standpoint, HRSA’s interest in continuing to use the mean is to purposefully incorporate the skewness of the distribution when determining a national standard. For example, if a number of states are performing well on a measure, the current method will factor this into the national standard as a means of acknowledging that this level of performance is achievable across many awardees. Using the same rationale, if there are awardees that are struggling to achieve high performance on a measure, the current method will account for this in the national standard.

Part 1. Background

1. The guidance notes that “Awardees failing to demonstrate improvement in at least 4 of the benchmark areas, as compared to eligible families who do not receive services

under an early childhood home visitation program, must develop and implement a plan to improve outcomes” (p.3) How will HRSA operationalize this comparison?

A. The comparison to eligible families who do not receive home visiting services will be operationalized only if an awardee fails to demonstrate improvement and chooses to include this comparison as part of their Outcome Improvement Plan (OIP). If an awardee fails to demonstrate improvement, HRSA will provide the opportunity for the awardee to identify in the OIP the specific target measures that they intend to compare with families not receiving home visiting services. Please refer to Part VI. Outcome Improvement Plan: Section 1 “OIP Development” for more details on this comparison.

Part II. Purpose

1. How will HRSA use demonstration of improvement results for changes to future program oversight activities?

A. HRSA, in collaboration with awardees and other relevant stakeholders, will use the results to inform changes to performance measurement plans, CQI plans, and TA priorities to support program improvement and to further improve performance. Technical assistance is available to support awardees in using this information for program improvement purposes. Please refer to Part VII. Using the Results of the Assessment of Improvement, for more details on these activities.

Part IV. Requirements

1. What is the potential timeline for addressing non-compliance with reporting, or if awardees fail to demonstrate improvement after implementation of OIP plan?

A. More details on timeline and process to address these issues will be forthcoming closer to the Oct. 30th, 2020 deadline.

2. If there is an area for improvement that the selected model does not intend to improve, can it be counted towards an awardee’s 4 benchmark areas of improvement?

A. Yes. Improvement in any of the 6 benchmark areas, following the benchmark level improvement criteria, will be counted towards an awardee's 4 benchmark areas of improvement.

3. What will be the submission time for the FY 2020 data? Will it be the same process as this year, or rolling submission with opportunities to revise data after initial submission and review?

A. The submission timeline for FY 2020 will follow the standard submission timeline HRSA has used in the past and will not be substantively different from previous years.

Part V. Methods for Conducting the Assessment of Improvement

Section 2: Measure-Level Improvement

1. What if a state reports using two different measures for safe sleep due to implementation of two home visiting models? How will that be take into account?

A. As outlined in each awardee's Performance Measurement Plans, each awardee should ensure appropriate consistency of data reporting across models for aggregation and reporting purposes.

2. How will a 10% decrease from baseline be calculated? Is it a difference of 10 percentage points? Or 10% off the score?

A. The 10% decrease constitutes a percent change calculation from FY 2020 performance as compared to baseline.

Part V. Methods for Conducting the Assessment of Improvement

Section 3: Baseline

1. In regards to baseline calculation, is an awardee able to use just one year's worth of data (instead of the required two years), if the awardee can demonstrate that the one year's worth of data is cleaner and more representative than the average of the two years?

A. For the baseline calculation, HRSA will compute the average over two years (FY 2018 and FY 2019 for this reporting period). If an awardee fails to demonstrate

improvement, the awardee can provide information on missing baseline data as part of their opportunity to provide additional information that demonstrates improvement. Please refer to Part V.: Section 5. “Opportunity to Provide Additional Information” for more details on this process.

2. Why did HRSA decide to establish a baseline using the mean of two fiscal years, instead of using the first time point in the three year improvement period?

A. The use of a two year mean for the baseline calculation is intended to reduce the impact of random variation in point estimate values. Moreover, using the mean value for the baseline calculation will help reduce the effects of annual fluctuations of performance that may be due to outside factors.

3. How often will changes to measurement methodology occur? Will these changes occur every three years, following the DOI reporting timeline?

A. As mentioned in Part VII. Using the Results of the Assessment of Improvement, HRSA intends to reflect on this assessment process and methodology in collaboration with MIECHV awardees order to inform future methodologies. We will take this question into account when planning future assessments.

Part V. Methods for Conducting the Assessment of Improvement

Section 4: National Threshold

1. Is the national mean value the mean of all the percentage values, or is it the average of the actual numbers reported in HRSA Form 2 (numerator and denominator)?

A. The national mean value will be computed by calculating the mean of the awardee performance values, not the actual numerator and denominator numbers reported. For each performance measure (assuming all 56 applicable awardees), this will involve adding up all 56 awardee performance values for that measure and then dividing by the total number of 56 awardees. Then the annual mean values for FY 2018 and FY 2019 will be added together and divided by two to generate the FY 2020 national threshold. **This section has been updated in the final guidance to include this clarification.**

Part V. Methods for Conducting the Assessment of Improvement

Section 5: Opportunity to Provide Additional Information

1. Will HRSA make considerations for additional information prior to requesting the additional data from the awardee? For example, if an awardee does not demonstrate improvement, would HRSA first assess how Systems Outcome Measures and Model Alignment affected the awardee prior to requesting that data?

A. Yes, HRSA will first assess the impact of systems outcomes measures and model alignment prior to requesting additional data from the awardee. **This section has been updated in the final guidance to include this clarification.**

2. In regards to the “Systems Outcome Measures” subsection, why are system outcome measures included in demonstration of improvement, if they are less sensitive to change due to home visiting intervention?

A. Systems outcome measures are included in the demonstration of improvement because they are MIECHV performance measures related to home visiting services. However, HRSA acknowledges that systems outcome measures are more distal to home visiting intervention and are less sensitive to change due to home visiting intervention alone. Therefore, if an awardee fails to demonstrate improvement the awardee has the opportunity to provide additional information outlining how the systems outcome measures directly contributed to the awardee not demonstrating improvement. Based on HRSA’s assessment, HRSA may determine that certain systems outcome measures be excluded in the final assessment. For more information, see Part V: Section 5 “Opportunity to Provide Additional Information”.

3. In regards to the “Systems Outcome Measure” subsection, how does HRSA plan to determine what system outcome measures should be excluded from consideration in the final assessment?

A. All system outcome measures in benchmark areas where an awardee did not demonstrate improvement will be reviewed to determine if they directly contributed to not demonstrating improvement and may be excluded from the assessment.

4. In regards to the "Model Alignment" subsection, how will HRSA assess whether performance on measures that the models being implemented were not intended to improve directly contributed to the awardee not demonstrating improvement?

A. All measures in benchmarks areas where an awardee did not demonstrate improvement will be reviewed to determine if measures not intended to be improved by models being implemented directly contributed to not demonstrating improvement and may be excluded from the assessment.

5. In regards to the “Model Alignment” subsection, will submitting model-specific performance measure data be a requirement in the future?

- A. Submitting model-specific data will not be a requirement in the future. However, if an awardee fails to demonstrate improvement, they will have the option to present model-specific data as additional information to demonstrate improvement.

6. In regards to the “Model Alignment” subsection, what if a state is implementing more than one model and one model is intended to demonstrate improvement in a measure, and another is not? How will that model-specific data be handled?

- A. For the demonstration of improvement, awardees are required to submit state-level aggregate data, not model-specific data. However, awardees will have the option to provide model-specific data if they fail to meet the original improvement criteria.

For example, if an awardee is implementing three models and failed to meet the improvement criteria for a measure, but only two of the three models were intended to improve that measure, the awardee can provide HRSA with data that excludes the model not intended to improve that measures from the analysis. HRSA would then reapply the improvement criteria described in the guidance to demonstrate improvement for that measures.

7. In regards to the “Notification and Performance Summary” subsection, what is the timeline and process for accessing results of the assessment and DOI profile?

- A. More information and details in regards to this timeline and process will be coming soon.

8. In regards to the “Additional Information” subsection, what are examples of additional data to be submitted to help explain why an awardee did not demonstrate improvement?

- A. As mentioned in this subsection, an awardee may not meet the requirements for demonstration of improvement due to many reasons. Awardees can provide *quantifiable justification*, including alternate data to provide context to their performance data. Examples of quantifiable justification may include data associated with transitioning of LIAs, refinements or changes to data systems, and measurements associated to CQI projects. **This section has been updated in the final guidance to include this clarification.**

Part VI. Outcome Improvement Plan

1. **How will HRSA provide guidance on identifying target measures based on a comparison with families not receiving home visiting services?**
 - A. Technical assistance will be provided to help awardees operationalize this process.
This part has been updated in the final guidance to include this clarification.