

FY 2019 Performance Measurement Reporting Updates

In an effort to improve reporting for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and reduce reporting burden, the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) is issuing clarifications and updates related to reporting on Forms 1, 2, and 4. These updates reflect the formal revisions that have been made to Forms 1 and 2 through the Paperwork Reduction Act process. In addition, this document provides clarifications for FY 2019 reporting on Forms 1, 2, and 4 related to the revised definition of a MIECHV household that was included in the FY 2018 Notice of Funding Opportunity announcement (NOFO). Some of these updates may require awardees to make changes to their approved Performance Measurement Plans (PMP) or to reporting practices. Instructions for how and when to make those changes are also included in this update. **Note that these changes are effective beginning with Fiscal Year 2019 reporting (October 1, 2018-September 30, 2019).**

Reporting Updates Based on Revisions to Forms 1 and 2

Before making the updates to Forms 1 and 2, HRSA’s MCHB sought public feedback via a Federal Register Notice as well as meeting with members of the Association of State and Tribal Home Visiting Initiatives (ASHTVI). HRSA’s MCHB obtained feedback regarding reporting burden, consistency, and implementation. Note that the only revisions included below are those that represent a change or update to guidance.

Form 1: Demographic, Service Utilization, and Select Clinical Indicators

1. Reporting on Unknown/Did Not Report

Tables Affected	Guidance Update	How to Report Differently
4-14, 16, and 18-20	Guidelines were added to these tables that specify instructions on when table notes should be provided that address issues of missing data. That is, when the percent of data that is “unknown/did not report” is greater than 10%, provide a table note that addresses the reason for the missing data, and if possible, describes plans to reduce the amount of missing data in future reporting. Missing data should be calculated at the table level, and not for each field. For example, by dividing the total number missing from the table with the auto-calculated table total for all fields within the table.	There are no changes to the data that is being reported. This change provides added guidance on when table notes should be included to provide additional information.

2. Table Deletions

Tables Effected	Guidance Update	How to Report Differently
Adult Participants by Educational Status (formerly Table 10) and Unduplicated Count of Home Visitor Full Time Equivalents (formerly Table 18)	These tables have been deleted.	Awardees will no longer report data for these tables.

3. Table Update

Tables Effected	Guidance Update	How to Report Differently
Index Children by Usual Source of Dental Care (Table 22)	This table has been revised to only include children greater than or equal to 12 months of age.	Awardees should only report on usual source of dental care for children greater than or equal to 12 months of age at enrollment or at the annual update of this information.

Form 2: Performance Indicators and Systems Outcome Measures

1. Reporting on Missing Data

Measures Effected	Guidance Update	How to Report Differently
All measures (1-19)	A new data field was added to report the number of cases missing from the measure calculation, consistent with the missing data definition for each measure. In addition, guidelines were added to these measures that specify additional instructions related to table notes. That is, when the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data, and if possible, describes plans to reduce the amount of missing data in future reporting.	Awardees should report the number of cases missing from the measure calculation in the missing data field. Awardees should also include a table note when the percent of missing data is greater than 10%.

2. Measure Update

Measures Effected	Guidance Update	How to Report Differently
Continuity of Insurance Coverage (Measure 16)	The 6 consecutive months of health insurance coverage no longer needs to be within the same reporting period and caregivers may be applicable in more than one reporting period.	Awardees will need to ensure that their data collection and reporting practices align with this new guidance, and update PMPs accordingly.

Reporting Updates Based on the Revised Definition of a MIECHV Household

In the FY 2018 NOFO, HRSA's MCHB issued a revised definition of a "MIECHV household." The new definition is as follows:

A "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA's MCHB has identified two different methods that can be used to identify MIECHV households that are described below:

1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.

Reporting Based on Method

Consistent with this revised definition, awardees should report data in Forms 1, 2, and 4 in accordance with their selected method for identifying a MIECHV household: either the home visitor personnel cost method, or the enrollment slot method.

MIECHV Household Status Changes

The revised definition of a MIECHV household includes the following language: "Once designated as a MIECHV family, the family is tracked for the purposes of data collection through the tenure of family participation in the program." This language was included to encourage continued data collection on MIECHV families for the purpose of documenting outcomes as a benefit for families, programs, and awardees. In addition, the language is meant to limit shifts in participant status, particularly as it relates to temporary changes in participant status, in order to promote stability and consistency in provision of services.

Temporary Household Status Changes

It is HRSA's understanding that in most circumstances, efforts are taken to minimize changes in participant status (i.e., changing from a MIECHV home visitor/slot to a non-MIECHV home visitor/slot, or vice versa), and any changes that do take place are generally permanent in nature. However, there are some circumstances that may warrant a temporary change in status. For example, a home visitor goes on family leave or extended medical leave, or a position is temporarily vacant, and families may not be able to transfer to another MIECHV home visitor/slot. In these cases, families may need to switch to a non-MIECHV home visitor/slot until they can return to the MIECHV home visitor's caseload/MIECHV slot. In these instances, if an awardee is deeming the transfer as temporary, HRSA's MCHB would expect continued data collection and reporting on these families.

- **Forms 1 and 2:** Data should continue to be reported on families, counting data as unknown/missing if it is unable to be provided.

- **Form 4:** Because HRSA’s MCHB would anticipate that the slot for this family is being held for a defined period of time, we expect them to continue to be reported as part of the current caseload numbers in Table A.1, and that they would continue to be reported as currently receiving services in Table A.3.

Permanent Household Status Changes

- **Forms 1 and 2:** If an awardee is considering the status change as permanent, awardees should consider if it is feasible to continue to collect and report MIECHV data.
 - For programs that continue data collection and reporting, awardees should continue to report data for those participants for Forms 1 and 2, while maintaining the family status as “currently receiving services” on Table 17 (Family Engagement).
 - For programs that are not able to continue data collection and reporting for MIECHV, awardees should count families under “stopped services before completion” on Table 17.
- **Form 4:** In both instances these families would be no longer be counted towards current caseload numbers in Form 4 and should therefore be reported under “stopped services before completion” on Table A.3.

Updates to Performance Measurement Plans

FY 2018 PMPs are being reviewed and revised in August and September 2018, HRSA will note areas that may need modification in order to be in compliance with the above changes for FY 2019. Awardees should also consider any other areas of their PMP in need of modification for FY 2019. For example, any changes that may be necessary based on model updates or data system upgrades. While it is not required that a revised FY 2019 PMP be submitted, a change request should be submitted for any change to a PMP, and all changes must be reviewed and approved by HRSA’s MCHB before being implemented by an awardee. PMP change requests can be submitted at any time and will be reviewed on a rolling basis.

Below is a table that outlines the processes MIECHV awardees should follow when requesting a change to a PMP.

	Guidance	Questions to Consider
1	Identify all potential changes to your PMP to ensure your request is as comprehensive as possible and minimizes the need for future change requests	Have I considered all areas of my PMP that may need updating at this time? Do any of the changes being submitted have implications elsewhere in my PMP?
2	Discuss potential changes with your HRSA Project Officer (PO) and PM-CQI Technical Assistance Specialist (TAS)	What questions do I have for my PO about these changes?
3	Document your requested changes in your current approved PMP using the track changes mechanism	Have I captured all necessary changes?
4	Provide additional comments, rationale, and context in a separate document accompanying the revised PMP	What are the reasons for the proposed changes? Is there additional clarification or context that would help expedite the review process? How will these changes affect the

		consistency and comparability of my data in future reporting periods?
5	Submit your documented changes to your PO	

Additional Resources

In addition to these updates, and to assist awardees in their data collection and reporting efforts, a number of other resources are available on the [HRSA website](#). Awardees can always contact their Project Officer with questions or for more information.

- Revised FY 2019 versions of Form 1 and Form 2 (currently available)
- A recording of the August 9 awardee webinar detailing the updated guidance (currently available)
- An update to the Performance Measure FAQs (available September 2018)
- An update to the Form 1 and Form 2 Performance Measurement Toolkits (available September 2018)