Health Resources and Services Administration
Maternal and Child Health Bureau
Discretionary Grant Information System-Home Visiting
Frequently Asked Questions (FAQs)
(FY 2016 Update)

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's (MCHB) Discretionary Grant Information System – Home Visiting (DGIS-HV) collects program and performance measure data for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program using the DGIS-HV Form 1 (demographic and service utilization data for enrollees and children) and DGIS-HV Form 2 (grantee performance measures) approved for data collection by the Office of Management and Budget (OMB). This FAQs, part of HRSA's ongoing technical assistance to MIECHV grantees to successfully use the DGIS-HV system, provides answers to some of the commonly-asked questions about the DGIS-HV

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HRSA Electronic Handbooks (EHBs) Questions

1. **Q: How can a Project Director grant access privileges to EHB for someone outside our agency (e.g. data contractor)?**

   A: Anyone can register a user account in HRSA's Electronic Handbooks (EHBs). EHB is the agency's portal to the DGIS-HV. An authorized external official outside a grantee's agency will need the HRSA grant number to associate his/her account with your organization. Once the authorized external official has completed the registration, the external official should follow the 8 steps below to request grant access privileges from the Project Director.

   1. Click the "Grants" Tab on the top of the EHB home screen.
   2. Click "Add Grant to Portfolio" button.
   3. Select "Request Grant Access" and click the "Continue" button.
   4. A list of all grant numbers for the organization will be displayed.
   5. Scroll through the list until you find the correct grant number.
   6. Click the "Request Privileges" link on the right for the grant number to which you need access.
   7. Select the submission that you are requesting privileges to. For DGIS-HV, you would select "Other Submissions" and click the "Request Access" button.
   8. The Project Director for that grant number will receive the request and will have to approve.

General Questions

2. **Q: Whom can a grantee contact for further guidance about submitting data to the DGIS-HV system?**

   A: The HRSA Contact Center (1-877-464-4772 or callcenter@hrsa.gov) can assist grantees with HRSA EHB-related issues such as registering and obtaining grant privileges.

   Note: The HRSA Contact Center or your HRSA Project Officer can refer technical issues encountered in the DGIS-HV system to the appropriate staff.

3. **Q: What is the requirement for grantee staff to register for access the DGIS report?**

   A: The grantee should contact the HRSA call center if they are having issues with registering for the system. Staff members must have an EHB account in order to access the DGIS-HV system.

4. **Q: Is there a requirement for length of time to retain data collection documents?**

   A: Document retention requirements are a grants management issue, not specific to data collection. Please consult your GMS.

5. **Q: Is there a Spell Check functionality to check data before submission?**

   A: No, the DGIS-HV does not have spell check functionality. Grantees are advised to work offline in a word processing software (such as Microsoft Word, etc.) where they can complete their spell-checks before copying and pasting into the system.

6. **Q: Does the DGIS-HV have an option for grantees to save and exit the forms and return to them at a later time or date without having to start all over again?**

   A: Yes, grantees can save data and return at a later time to continue. Grantees are advised to work offline in a word processing software (such as Microsoft Word, etc.) where they can complete their work and then copy and paste into the system. Grantees are reminded to periodically save data when working on the data submission.

7. **Q: Do I have to complete my entire report in one session or can it be completed in multiple sessions?**

   A: Any report can be completed in multiple sessions. Ensure you save the report during each session.

8. **Q: How can I view and/or print my report?**

   A: Click on the "View/Download PDF" link in the left navigation menu. You can then print the PDF.

   Note: After edits are made to the form, make sure you click "Save" before viewing or printing the PDF report. This will update the PDF with the new changes before printing.

9. **Q: Can I edit my information after I submit?**

   A: Once a grantee report has been submitted, the status of the report becomes read only and grantees can no longer make changes to the report. Project Officers will receive a notification email once grantees have submitted informing them that reports are ready for review. Project Officers will then return the reports to the grantee for changes or approve the reports. It is HRSA's expectation that data included in all Performance Reports be complete and accurate at the time of submission.

10. **Q: By the time we report our annual data to the DGIS-HV system, some of the data we report might be partial or may not be available because clients hadn't reached**

that time point yet. Will HRSA give grantees any opportunity to update the annual data submitted? If so, when would that opportunity occur?

A: No, it is HRSA's expectation that all data included in the Performance Report be complete and accurate at the time of submission. There will be no opportunity to update incomplete or inaccurate data after the Performance Report has been approved by the Project Officer.

General Data Reporting Questions

11. Q: How long do grantees have, after the close of the reporting period, to report the data?

A: For Federal fiscal year (FY) 2016 the reporting period will open on September 2, 2016 and end on October 30, 2016.

Generally, grantees will have at least 30 days to submit reports at the end of the fiscal year for which the data corresponds. Specific reporting periods may vary in future years.

12. Q: For data entered into DGIS-HV, should the reporting period capture the federal fiscal year?

A: **For HV Form 1**, the reporting period should cover the previous federal fiscal year for annual reporting purposes.

For HV Form 2, the reporting period also covers the previous fiscal year. In a letter received by grantees dated June 3, 2015, HRSA provided guidance that all performance measures should align with the federal fiscal year for the purposes of FY 2015 and subsequent performance reports. On HV Form 2 for each performance measure, the grantee will include a value for the reporting year which will capture data collected during the fiscal year. Grantees are no longer required to report separate baseline and comparison values for the purposes of demonstrating improvement.

13. Q: Will the FY 2015, 2016, 2017 period count as another three-year reporting period with FY 2015 as the baseline? Or should the post-year 3 data be compared against the same baseline grantees are currently using?

A: No. At this time HRSA is not required to conduct additional assessments of improvement of grantee performance beyond the FY 2014 assessment. For grantees that did not demonstrate improvement in at least four of the six benchmark areas after their third year, FY 2014 annual performance value will be used as the baseline for comparison purposes.

Note that grantees whose three-year reporting period ends in FY 2016, an assessment of improvement will be conducted using annual performance values.

14. Q: Were there any changes for the DGIS-HV Data Entry 2016 release?

A: Yes, the DGIS-HV Data Entry 2016 release includes the following major changes:

- Grantees will complete one annual report under the X10 activity code instead of reporting on two annual reports under the X02 and D89 activity codes. Grantees will report on their aggregated data for their program under the X10 activity code.
- Grantees will have the ability to enter negative numbers in the numerator and denominator fields for rate, average and percentage types of scoring on the Data Collection form of Form 2 and Form 3.
- Grantees will have the ability to enter values greater than 100 for the "Average" scoring type, up to 5 numerals long.
- The "Considerations" field is no longer required to be completed for each measure.

15. Q: Who accesses DGIS-HV Data Entry?

A: The DGIS-HV Data Entry web-based system is accessed by 55 MCHB grantees and 25 ACF grantees to report their demographic, service, and utilization data to MCHB and ACF. MCHB grantees report on Form 1 (Service Utilization and Demographic Data) and Form 2 (Grantee Performance Measures) while ACF grantees report on Form 1 (Service Utilization and Demographic Data) and Form 3 (Grantee Performance Measures). MCHB Project Officers and ACF Project Officers access the DGIS-HV Data Entry system to review and approve the demographic, service, and utilization data.

For the September 1, 2016 system opening, there will be thirteen ACF Cohort 1 grantees reporting on Form 1 and Form 3 (third year). There will be one ACF Cohort 2 CSKT grantee reporting on Form 1 and Form 3 (second year). There will also be six ACF Cohort 3 grantees reporting on Form 1 and Form 3 (first year). Cohort 3 grantees will have the ability to create their performance measures as it is the first year. Cohort 1 and Cohort 2 grantee performance measures were created in prior years.

Home Visiting Form 1: Demographic and Service Utilization Data for Enrollees and Children Form

Form 1: General Data Reporting

16. Q: Can a grantee submit DGIS-HV Form 1 even if there are some missing data for some enrollees?

A: Yes. If data are missing for some enrollees, grantees should report the data in the "Unknown/Did not Report" or "Unrecorded" fields in HV Form 1. Grantees are expected to explain reasons for missing data in Table G of Form 1. Because missing data impacts

the overall data quality for the MIECHV Program, grantees are encouraged to limit the amount of missing data reported. Technical assistance on strategies to address missing data is available through HRSA and DOHVE.

17. Q: Since children born during the reporting year need to be counted in HV Form 1, should all data pertaining to children be collected for these infants (e.g., insurance status, gender, age)?

A: Yes. Grantees should report all the required information pertaining to index children for all infants born during the reporting year whenever possible. This timely data collection will provide a more accurate reflection of the MIECHV program utilization and impact (e.g., number of individuals served).

18. Q: Does the birth of an infant during the reporting year affect the definition of the mother as a "pregnant woman" or as a "female caregiver" as used in HV Form 1?

A: If a child is born during the reporting period, the grantee should count and report that child within that year whenever possible. If a female participant is pregnant upon enrollment (or during a subsequent reporting period) the status for that person for the reporting period is "pregnant". A woman who is pregnant with an index child at any time during an annual reporting period is counted as "pregnant," even if she gives birth to the index child during that reporting period. If a pregnant woman delivers the index child during the reporting period, the child is also counted during the same reporting period.

19. Q: How do we count women enrolled with an index child who become pregnant?

A: If a grantee is aware that a participant has become pregnant while enrolled in the program, the grantee has the discretion to count her as either a pregnant woman or a female caregiver depending on the home visiting model practice. Grantees and/or local implementing agencies have discretion to count the participant's subsequent child as an additional index child for that household depending on home visiting model practice. In all cases, grantee should avoid double counting of participants.

20. Q: For marital status, we have coded families who are not married but are cohabitating as "other". Should they be coded as "never married" instead?

A: "Other" is not a category listed in HV Form 1 for marital status of enrollees. Grantees have discretion on how to categorize participants among the categories listed by noting and consistently applying the selected methodology over time for all participants.

21. Q: We have some participants who declined to identify as male or female. DGIS-HV does not have an "other" category for gender and requires gender assignment to proceed. How do we report the gender for these participants?

A: Grantees can use their discretion in categorizing participants by describing and using an assignment method (e.g., statistical) that is reasonable and consistently applied as well as noted as a comment in section G.

22. Q: When going through HV Form 1, can a grantee submit the information without checking the Form Status Checker section?

A: Yes. However, grantees are encouraged to save their information intermittently while working in the system.

23. Q: Regarding the demographic reporting on HV Form 1, how does a grantee determine the index child(ren) especially where there may be multiple children enrolled in a family?

A: The HV Form 1 defines the index child as "the target child in an individual household who is under the care of the enrollee(s)." Please refer to the instructions in the HV Form 1 for more details on how to identify and report data for index children. The HV Form 1 is available on HRSA's website: http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources.

24. Q: Our program is seeing a mother of twins. How do we count the twins in the number of index children and complete the number of home visits?

A: The grantee should check with the model developer and ensure that they are reporting according to the model-specific guidelines.

25. Q: How should grantees enter demographic data for subsequent pregnancies/children in Form 1?

A: Grantees should report on each individual enrollee annually. Information on the parent/caregiver is reported once regardless of the number of pregnancies/children s/he has. If a participating family has a subsequent pregnancy or additional children in the home that are considered enrolled in the program, the grantee should include their data in the submission.

26. Q: What if a youth has both a male and a female caregiver? Should the grantee report on multiple caregivers/family members that participate in the program or simply report data on one of the caregivers?

A: Caregivers should include all the persons in the household who registered to participate in the home visiting program. Please refer to the instructions accompanying HV Form 1 for more details.

27. Q: Should the grantee collect data on all participants if there is a parent that participates and another caregiver who occasionally participated in one home visiting program?

A: As long as socio-demographic and utilization data are regularly collected for at least the primary caregiver and the index child enrolled in the program, grantees have discretion to collect and provide such information for additional enrollees or members of the household. Please refer to the instructions on HV Form 1for more details.

28. Q: In HV Form 1 Sections A-D, grantees are instructed to report data collected at enrollment and annually thereafter. Is it correct to report both newly enrolled and currently enrolled families/clients continuing from Year 1 in those tables?

A: The term "enrollees," per the form instructions, is defined as a person or persons in the household who signed up to participate in the home visiting program and refers to all those served in the reporting period. This will include all newly enrolled and previously enrolled, who have received at least one home visit during the reporting period.

The 'enrollee' category can include more than one member of the household, if more than one individual is enrolled in the program (e.g., a father and a mother both have registered to participate). At a minimum, the primary caregiver of the index child should be included for every household.

Grantees should include newly enrolled and currently enrolled families. **In the first column in Table A.1 of HV Form 1**, grantees should enter the unduplicated count of enrollees, index children, and families newly enrolled during the reporting period.

In the second column, grantees should enter the total number of all enrollees, index children and families served during the reporting period (i.e., those who received at least one home visit). This column should include both families enrolled and families previously enrolled who continue to receive services during the reporting period. (For the first reporting year, the numbers in the two columns may be the same.) Please see the instructions for HV Form 1 for additional information on reporting information for these sections.

29. Q: Will the data reported in Sections A-D on HV Form 1 be reported in aggregate?

A: Yes. In addition, the aggregate data will include data collected at enrollment and at one year post-enrollment in the aggregate.

30. Q: The instructions for Form 1 state that Sections A, B, C and D are collected at the time of enrollment and annually thereafter. What does this mean? What data for which time points should be entered in Form 1?

A: This means that grantees should collect demographic data about enrollees at the time of enrollment and reassess the enrollees annually throughout the period during which they were enrolled in the program. The data should include the demographic data for all enrollees served during each Federal fiscal year. For example, if a family enrolled in FY 2016, demographic data collected at the time of enrollment would be included in the FY 2016 data submission.

31. Q: At what time point in the subsequent years should the grantee reassess the family? In other words, when should the grantee conduct its annual reassessment and from what time point should the data begin?

A: Grantees should select the time point to update the data on their enrollees, as long as this will be updated in a timely fashion to ensure that they report the most complete and accurate data to the DGIS-HV system for their program when the next reporting period begins. In other words, grantees can set a time point that is reasonable and does not necessarily align with the anniversary of enrollment, but this time point should be consistent across grantee participants/sites. A time point that corresponds with the anniversary of enrollment is one approach that grantees can employ, but this is not the only possible approach. The grantee is required to document its approach for its decision in its annual data plan regardless of the approach selected by the grantee.

32. Q: A client (e.g., prospective mom) can be disengaged from the program for many days before they are discharged. This category includes clients who are lost to follow-up. If a client did not receive any visits after the birth of their baby before formal discharge, how do we count their infants?

A: In general, infants who receive no visits are not counted. However, an unusual circumstance could arise where the number of newly enrolled participants is greater than the number served due to loss of follow-up. Since the DGIS-HV precludes such values for data entry, a grantee could technically count the infant under "numbers newly enrolled" in the program but not count the same child as "served by the program".

33. Q: How should grantees account for missing data in HV Form 1?

A: Grantees should use Section G in HV Form 1 to explain all missing data in their annual data reporting. This section should include an explanation for all unknown or unreported data. Additionally, if the program used a sampling methodology or estimates, this information should also be noted in Section G of HV Form 1.

Form 1: Zip Code

34. Q: The HV Form 1 asks grantees to complete the zip codes of its service areas. If a grantee provides services in more than one zip code, how does the grantee report this information?

A: The grantee should enter the zip code followed by a comma and add the subsequent spaces where it provides services. The DGIS-HV system will accept spaces before and after each zip code. However, the system will remove the extra spaces when the grantee saves data successfully.

35. Q: What do we do if the system says a zip code is not valid for our state, for example, if the zip code is new?

A: First, confirm the validity of the zip code by checking the list of valid zip codes in the system. To do this, click on the link in the system that appears on HV Form 1 Section A to view the list of valid zip codes. If the zip code is not in the list, submit the zip code(s) to the HRSA Project Officer who will work with HRSA to confirm the validity of the zip code. Once it is confirmed that the zip code exists, the grantee may add it to the system by emailing the zip code to the HRSA Project Officer. HRSA will send the valid zip code(s) to the responsible system staff person.

Form 1: Section A – Table A.2: #2 Enrollees Insurance Status

36. Q: What should a grantee do if the type of insurance the participant is unknown?

A: Grantees should use the "Unknown/Did not Report" category if the insurance type is unknown. However, grantees are encouraged to train their home visitors to collect the insurance status of program enrollees given that insurance status is a very important indicator for the MIECHV Program.

For grantees who may encounter enrollees who do not have health insurance coverage, grantees are encouraged to visit https://www.healthcare.gov/ to learn about the ACA Marketplace and get the information necessary to inform their enrollees and community members about coverage options available in their state. Grantees should also visit the health insurance market place for further information on health insurance coverage for their program participants: https://www.healthcare.gov/what-is-the-health-insurance-marketplace/.

37. Q: For infants born during the reporting period, are grantees required to report on child health insurance status at birth, or at any time during the reporting period? (Some grantees collect this information at different times, e.g., 2 months post-partum, 6 months, but not at birth).

A: Grantees can report on insurance status for infants born at any time during the reporting period as long as grantees utilize a consistent methodology for data collection (e.g., the data are collected within a pre-defined period after birth).

Form 1: Section B – Ethnicity & Race

38. Q: How should grantees capture and report race data for a client that is multi-racial?

A: HV Form 1 includes a category for "more than one race." Grantees should use this column to report data for multi-racial enrollees. With respect to ethnicity, grantees should report based on the two designations that are defined on the form "Hispanic or Latino," "Not Hispanic or Latino" or "Unrecorded."

39. Q: Regarding Section B on HV Form 1, what should the program do when a program site is collecting and ethnicity and race differently than what is specified in the form?

A: Ethnicity/Race is a required data element for the MIECHV Program, so the grantee should revise their forms so that they are able to collect and provide the required data for Federal reporting. If program forms are not designed to capture data in a way that can be reported on the form, the grantee should report the data that is known and identify the number of 'unrecorded' cases for data that is unknown.

40. Q: Regarding Section B.5 on Form 1, one program site is collecting marital status differently than what is specified in the table. This site collects data on whether the participant is married or not married; none of the other categories are recorded. How should we enter this?

A: Marital status is a required data element for the MIECHV Program, so the grantee should revise forms so that they are able to provide the required data for Federal reporting. If program forms are not designed to capture data in a way that can be reported on the form, the grantee should report the data that is known and identify the number of "unrecorded" cases for data that is unknown.

Form 1: Section C – Socioeconomic Data

41. Q: How should grantees calculate families' poverty levels if they are capturing income using ranges?

A: Grantees capturing income in ranges should use the midpoint of the range for purposes of calculating household income in relation to the Federal poverty level (FPL).

42. Q: For the Federal Poverty Guideline income totals, is there an example of how to collect this data? To collect the Federal Poverty Guideline percentage, do grantees need to explore household/family size as well?

A: Yes, grantees can use the most current Federal Poverty Guideline available at the time in which they are completing the form and reporting data. More information and

guidance on the Federal Poverty Guideline can be found by clicking here: http://aspe.hhs.gov/poverty/index.cfm.

43. Q: How do we calculate the income for enrollees? Should this include income from benefit programs or only earned income?

A: Grantees have discretion in defining the household size to calculate where to place the primary caregiver and the index child in relation to the FPL. The unit of analysis for this purpose would ideally include not only the primary caregiver and the index child but also any other household member (e.g., spouse, siblings) meaningfully involved in their economic well-being. HRSA understands that states have different eligibility requirements for benefits. Therefore, grantees are encouraged to consult with the agency in their state that is responsible for determining eligibility for state programs for further guidance on determining eligibility for programs.

44. Q: Can a grantee modify data collection forms to be able to count household income and the number living on that income instead of reporting only the woman's and index child's income?

A: Yes. We encourage the inclusion of all the relevant members of the household in the calculation of household income in relation to the Federal Poverty Guidelines.

Form 1: Section D – Table D.2: Primary Language

45. Q: How does a grantee determine the primary language of the index child/ren if the caregiver requests the use of an interpreter?

A: The primary language is the language that is used in the home most of the time. The grantee should ask the caregiver which language is used in the home most of the time.

Form 1: Section E – Priority Populations

46. Q: Our program does not collect some items for priority populations. Do we omit these items from the reporting?

A: No, grantees should not omit any items from their reporting. Grantees should explain why the program does not collect the information in Section G and briefly discuss how the missing data will be addressed in subsequent reporting periods. Priority populations enrolled are a required data element for the MIECHV Program. If the data collection forms used do not capture this data, the grantee should revise data collection forms so that they are able to provide the required data for Federal reporting.

47. Q: Regarding Section E.19: Is the program only concerned with collecting the caregiver's history with abuse? Should grantees inquire about their status either as a victim or as a perpetrator, or as a victim only?

A: Although the statute did not provide a definition for this priority population, any member of the household with a history of child abuse and neglect could potentially benefit from home visiting services. In addition, since the family's well-being as a whole could be enhanced if both victims and perpetrators were identified, we encourage counting any of these types of participants as eligible. HRSA does not require grantees to provide breakdown of this data at this time.

48. Q: Regarding Section E.20, does 'substance use' include both alcohol and illicit drugs?

A: Yes, substance use includes alcohol and illicit drugs.

Form 1: Section F – Service Utilization

49. Q: If a grantee chooses to allow services for existing caseloads, what are the assumptions about the collection of benchmark area-related data for these existing caseloads?

A: For programs serving existing caseloads prior to MIECHV funding, data collection for these "rollover" participants should begin once the participants start receiving services supported with MIECHV funds.

50. Q: Are participants still eligible to receive transition services funded by MIECHV if they do not meet the eligibility criteria of any of the benchmark denominators?

A: Participants are eligible to receive services funded by MIECHV if they meet the eligibility criteria for the MIECHV Program. If participants are receiving services funded by the MIECHV Program, the grantee is obligated to collect benchmark data on those participants wherever applicable. HRSA understands that some benchmark constructs may not be applicable for all participants (i.e., for participants who enroll with an infant and are not pregnant at enrollment, the inclusion criteria in the operational definition for certain indicators may make the data collection not applicable for these participants). However, whenever applicable, data should be collected on all participants served with MIECHV funds.

Note that participants served with MIECHV funds means any participant, including a pregnant woman, female caregiver, or male caregiver who signs up to participate in the home visiting program at any time during the reporting period, who was served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) is paid for with MIECHV funding.

51. Q: In HV Form 1 Sections A-D, grantees are instructed to report data collected at enrollment and annually thereafter. So, would grantees be reporting on both newly enrolled and clients continuing from Year 1 in those tables?

A: Yes. Grantees would include newly enrolled and currently enrolled families. The totals for Sections A-D should equal the total numbers served during reporting period from Table 1.

Home Visiting Form 2: Grantee Performance Measures

Form 2: General Questions

52. Q: Will unchanging information for HV Form 2 such as the lists of indicators, operational definitions, etc., carry over annually, or should grantees reenter the data in subsequent reporting years?

A: The master list of measures will be pre-populated for subsequent reporting periods.

53. Q: What happens after the first three years?

A: No major changes have been made to the measurement system for the FY 2015 and FY 2016 reporting periods. The most significant change is that grantees are only required to report annual values for all performance measures and are no longer required to report baseline or comparison values. This has standardized comparisons as cross-sectional (i.e., utilizing the reporting period as the most recent comparison period).

54. Q: Can grantees cut and paste the descriptions into the system?

A: Yes, grantees can cut and paste into the DGIS-HV system. However, grantees are advised to work offline in a word processing software (e.g., Microsoft Word). This will minimize data entry interruptions (e.g., timing out of the system and losing data that had already being entered).

Form 2: Data Reporting Questions

55. Q: Will the DGIS system allow us to report zero (0) as valid data?

A: Yes, the system accepts zeros as valid data for both numerators and denominators. If zeros are entered for both numerators and denominators the grantee will be required to provide an explanation for why that entry is valid.

56. Q: How should grantees report mean values on Form 2?

A: Form 2 has been updated to include space for a numerator or denominator when the value type is a mean. Please enter the numerator and denominator in the appropriate fields.

57. Q: Will the average value for a measure be auto-calculated based on the numerator and denominator values entered?

A: No. The average value field will not be auto-calculated. A user must enter numeric values in the field or provide notes if 0 or no value is entered.

58. Q: Do grantees need to provide a numerator and denominator for (1) the value for the reporting period, (2) the baseline value, and (3) the comparison value?

A: Grantees should provide the numerator and denominator for the reporting period. Grantees are no longer required to provide data for baseline or comparison values.

59. Q: How should grantees enter a denominator if the value equals zero?

A: Denominators equaling zero can occur for three reasons:

- No participants reached the time point for data collection. For example, the denominator should equal all women enrolled at 12 months post-partum but no women have reached the 12-month post-partum point;
- Although some participants reached the time point for data collection, the denominator as defined and calculated is actually zero. For example, if the denominator was defined as the number of women who have screened positive on an intimate partner violence screener at 12 months post-partum and no women screened positive during the period, the denominator would be a valid zero; and
- The value auto-calculated by DGIS for the Reporting Period is less than 0.1 and the system rounds the value to zero.

The DGIS-HV system has been updated to allow for zeros to be entered in the denominator. If zeros are entered in both the numerator and denominator the grantee will be required to provide an explanation for why the entry is valid.

60. Q: There will be no data for certain constructs. Will this affect our ability to submit the report?

A: No, not having data for certain constructs will not prevent data submission. Please note that grantees are expected to create all of their measures in the system during their first reporting year. The system will allow grantees to provide a note in lieu of data for the "value" fields on HV Form 2. The grantee should use this note feature to document the reason why no data can or will be submitted for the construct.

61. Q: How should grantees handle missing data on Form 2?

A: There could be multiple reasons for missing data on Form 2. One possible reason for "missing" data is that the participant hasn't reached the specified data collection time point. This is a legitimate reason for not having data to report as the data is not actually "missing" since the participant was not eligible for the assessment at the time of the reporting. One way to clarify this is to specify the inclusion and exclusion criteria for the

population being targeted for measurement in the data calculation. For example, if the performance measure is assessing the rate of women completing maternal depression screeners within 6 months post enrollment, then it would be reasonable to include only those women who have been enrolled for 6 months or more in the rate calculation.

Other reasons for missing data on Form 2 could be related to data quality issues that could lead to missing data (e.g., inability to discern if a screening occurred for a given participant). Resolving data quality issues are within a grantee's ability to address; in fact, it is the grantee's responsibility to address data quality issues to ensure that the data reported accurately reflects the participant population targeted for measurement. Grantees should take steps to ensure the data reported is of high quality and accurately reflects the participant populations targeted for measurement.

62. Q: Should the values entered always be a figure? What if the grantee has a percentage as the scoring for the measure: should the grantee include the percent sign?

A: Yes, values entered should always be figures. A percent sign is not necessary when "percentage" is selected as the type of scoring. The system automatically generates the percentage value based on the numerator and denominator that the grantee has entered.

63. Q: Will grantees be able to submit data even if some construct sections cannot be completed?

A: Yes, grantees will be able to provide a note in lieu of data for the value fields for the reporting period. All other sections for HV Form 2 must be completed in order to successfully submit.

64. Q: If data for a specific benchmark measure is <u>unavailable</u>, for example, if participants have not been enrolled in the program long enough to be able to report on the percentage change, will grantees still be able to submit the benchmark measure?

A: Grantees have the ability to provide a note in lieu of data for the measure allowing grantees to submit the report.

65. Q: On Form 2, we're no longer required to report demonstration of improvement data, and most of the fields related to the demonstration of improvement are now greyed out. However the "Considerations" box is still available to enter content; are we expected to write anything there, or should we just stick to the "Notes" field in the annual data reporting section?

A: You only need to add "Considerations" if you want/need to provide explanation for your data that would be useful to project officers in review. It is not required. You can start with the Notes field and use Considerations if more space is needed, but it is up to your Project Officer how they prefer to review the narratives.

66. Q: The 'Considerations' field was not used for the first two DGIS submissions because considerations were first used for comments on year 3 improvement. Grantees will need to know if the "Considerations" field is replacing the "Note" field that was used to explain missing data.

A: Considerations is not replacing Notes. Notes are required if there is a zero in the denominator or no data entered in in the value field. The grantee will receive an error and be prompted to enter text into the notes field if that is the case. Considerations should be used to provide other information that is relevant. As previously stated, if the grantee does not have any additional information to provide, they can simply enter dummy text into the Considerations field.

Form 2: Detail Sheet Questions

67. Q: What are the differences between "Key terms" and "keywords"?

A: The "key terms" field is used to clarify the meaning of terms utilized in the operational definition of the performance measures. On the other hand, the "keywords" constitute a list of pre-defined maternal and child health (MCH) terms that associate performance measures with specific MCH topics. The central purpose of the keywords is to facilitate the search functionality in the system to generate reports filtered by interest (e.g., prenatal care, smoking, etc.)

Form 2: Section 4 – Measurement Tool Utilized

68. Q: What if a grantee is using multiple home visiting models that, in turn, use different measures and different tools, how does the grantee reference both tools? For example, if a grantee is implementing both Nurse-Family Partnership and Healthy Families America. For benchmark 4, one model uses "Women's Experience with Battery Scale," but the other model does not. How does the grantee reference both tools?

A: The system will display a list of common measurement tools that are utilized for each construct, and grantees can select all that apply. Grantees will also be able to specify any other measurement tools that are utilized in a data entry field.

69. Q: Are grantees required to use one of the instruments that are described in the Compendium of Measurement Tools for MIECHV Grantees?

A: Grantees are not required to use any of the instruments described in the compendium, which was published only as a resource.

70. Q: Will grantees be able to change their measures under the benchmark areas as they are currently defined in the DGIS-HV system at the end of the first three years of reporting?

A: No. Grantees should expect to continue reporting on the same measures and constructs specified in their benchmark plan through the FY 2016 reporting period.

Form 2: Section 6 – Value for Reporting Period

71. Q: What is the meaning of "Value for Reporting Period" in Form 2 and who should be included in the data reporting? Should the grantee include only participants newly enrolled during the reporting period, or both newly enrolled and previously enrolled participants served during the reporting period?

A: Participant data included will depend on the time point for data collection, not the time point of enrollment. In other words, the data should include participants who have reached the necessary time point for data collection for a given performance measure during the reporting period. For example, if the grantee performance measure is capturing the rate of participants screened for maternal depression at one month postpartum, the value reported should include all participants who have reached the one month postpartum data collection point during the reporting period, regardless of when they enrolled in program services.

72. Please explain what values that should be entered for the Reporting Period.

A: MIECHV grantees are required to submit data values in Form 2 of DGIS-HV for the annual reporting period.

Annual reporting period: The values entered into the annual reporting period field should reflect data that were collected for a construct during the reporting period (i.e., fiscal year October 1 – September 30). For cohort and cross-sectional data, the value for the annual reporting period should include data for all participants that reached the specified data point for each construct during the fiscal year. If the construct is an individual-level change performance measure, the grantee should report on individuals who have both Time 1 and Time 2 data collected, with Time 2 data being collected during the fiscal year reported.

Data Processes

73. Q: What happens after grantees submit their data to HRSA through the system in October? Is the submission final? Would grantees have another opportunity to update the data that they have already submitted?

A: After grantees submit their data to HRSA through the system, the HRSA Project Officer or other designated staff working in collaboration with the Project Officer will review the grantees submission and provide feedback and comments to the grantee. Once the grantee is deemed to have addressed all of HRSA's feedback, the Project Officer, or other designated staff, will complete a final review and accept the submission as final. Project Officers are required to approve all report submissions by November 30, 2016. To ensure consistency, currently the HRSA (with DOHVE-TA) review period is the

available period during which grantees can correct errors/address HRSA review comments and update their already submitted data (this does not include revisions to the benchmark and or constructs).

74. Q: Does HRSA plan to share information about the DGIS-HV data with grantees?

A: HRSA captures data from Form 1 and Form 2 in the DGIS-HV system. After analyzing the data, HRSA will publish key information about the program on its public website. A summary of FY 2015 performance data can be found at: http://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf.

75. Q: How and when will grantees be notified of updates to these FAQ's?

A: Please visit the HRSA MIECHV Performance Reporting and Evaluation Resources webpage at: http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources. HRSA will also share information on new updates on the FAQs through the MIECHV list-serves. Grantees who have questions that they would like answered and added to this FAQ should send the questions to their HRSA Project Officers.