

Department of Health and Human Services  
Health Resources and Services Administration  
OMB No. 0906-0017, Revision

May 19, 2021

To Whom It May Concern,

Thank you for the opportunity to provide feedback on these proposed changes. The University of Kansas Center for Public Partnerships and Research (KU CPPR) has a long history of supporting MIECHV grantees since its inception. Currently, KU CPPR works directly with state awardees to help manage MIECHV and statewide home visiting data for federal and state reporting using a shared data management system, DAISEY. The following feedback considers our collective role with our state partners, MIECHV awardees, and is representative of our opinions and not necessarily that of our state partners.

As an innovative, data-driven Center, we appreciate the willingness of HRSA to make updates to the proposed changes based on the feedback from grantees. While these proposed changes may require little data collection alterations for our partners, the impact of updating report logic will be burdensome, as you have updated in the most recent notice. Although hours have been increased, it is difficult to estimate the time it will take to iterate with the HRSA technical assistance provider because they may have different interpretations of the proposed changes, specifically in Form 2, outlined below.


## FORM 2

### **Measure 16 – Continuity of Insurance coverage**

Over the last several years, the timing requirements of this measure has changed, making it difficult to compare year to year (as the performance improvement requirements are outlined). How is HRSA tracking measures changes from year to year to avoid penalizing states for not meeting performance improvement requirements?

Because there is no inclusion logic provided for the measures, it is difficult to know when someone *should* be included in any given year. The numerator inclusion criteria requires that a primary caregiver must be enrolled for at least 6 months AND had continuous coverage for the most recent 6 months, but it is unclear what “most recent” means. The most recent 6 months compared to what? The end of the fiscal year (reporting period), the most recent 6 months prior to discharge, or maybe even 6 months from their latest home visit?

Our Center supports multiple MIECHV recipients with various data collection timings for this measure. One state may collect this information one time at the end of the year, another may collect this information quarterly, at every home visit, etc. Releasing the logic statements for data inclusion in reporting for each measure would be helpful to offer a more specific perspective on this change. In the



future, it would be helpful to receive the logic statements for data inclusion in reporting when there are proposed/published Form 2 changes to better all the requirements of the measure. Additionally, being clear on definitions will help alleviate various interpretations and will allow HRSA to have consistent data to compare for this measure across all awardees.

#### **Measures 17-19 – Referral measures**

Like Measure 16, providing the logic statements for data inclusion in reporting would give a clearer picture on this reporting element. Removal of “including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown” indicates that primary caregivers with no documentation that a screening occurred would not be considered ‘missing’ but excluded from this measure. I believe this change will remove a lot of missing data for our partners and minimize confusion on interpretations on how the missing data criteria work for these measures.

#### **Measures 20-21 – Substance use screening and referral**

Not to be redundant but providing the logic statements for data inclusion in reporting would help data folks better understand what the logic should look like for new measures. At this point, we have no questions or comments on how these measures are proposed. We appreciate making it optional this year, that will allow us to better understand expectations through additional discussions before being required to add to PMPs.

### **Form 1**

We have no questions or comments. We support the changes from the original proposal.

Again, thank you for taking into consideration the feedback of MIECHV awardees. These changes create stress amongst LIAs and leads and when they feel heard, changes often seem less burdensome.

Respectfully submitted,

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