March 6, 2013

HRSA Reports Clearance Officer
Room 10-29, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Submitted via: paperwork@hrsa.gov


Dear HRSA Reports Clearance Officer:

The Association of Maternal & Child Health Programs (AMCHP) is pleased to submit the following response to the Federal Register Notice to Analyze Title V Programs in the Context of the Affordable Care Act. As the national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs, AMCHP would like to submit the following comments and suggestions for the proposed data collection tool and estimated burden indicated in the Federal Register notice Vol. 78. No. 4.

AMCHP supports the overall intent of the request because we believe it will address persistent misperceptions as to what services provided by the Title V Maternal and Child Health Services Block Grant (Title V MCH Block Grant) might no longer be needed with the full implementation of the ACA. These data will also provide a more precise understanding of the current level of direct, clinical/medical services supported by federal Title V MCH Block Grant funds and to counter potential misinterpretations of data from the Title V Information System (TVIS). AMCHP also supports the overall improvement of TVIS and reporting requirements. AMCHP has specific comments on the estimated burden for states to collect and report the requested data and where the data collection tool could be improved.

Burden on State Title V Agencies
AMCHP believes that there will be wide variability from state to state of the burden to collect these data, with some states reporting no burden at all, to some states that will require far more than the estimated eight hours. For example, one state estimates anywhere from 37.5 hours to 112.5 hours depending on the format of the final data collection tool. AMCHP urges HRSA to consider carefully the amount of time this data collection will necessitate. Ideally, the revised data collection tool will be integrated with the existing Title V MCH Block Grant annual application/report and HRSA will work in collaboration with states to improve this tool and will simultaneously lower the burden of reporting while increasing the accuracy and utility of data collected. Ultimately, AMCHP fully supports the more accurate reporting of the federal expenditure of Title V MCH Block Grant funds as it relates to direct services.

AMCHP supports a clear definition of “direct services” currently provided by Title V MCH Block Grant guidance"
In order for states to comply fully with this request, the definition of direct services should be clear and consistent with current guidance. Current Title V MCH Block Grant reporting requirements define direct services as those that “State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning.” However, the guidance for reporting on the data collection tool indicates that direct services “do not include services provided by a program or clinic for which your program only provides operations or salary support.”

Scope of data collection limited to only children

Current reporting for Title V MCH Block Grant recipients is required for five target populations: pregnant women, infants, children with special health care needs and children age 1-22 years and “other.” AMCHP is concerned that the current data collection tool is only limited to infants and children. This diverges significantly from current reporting requirements for states and therefore might decrease the burden for reporting, but also does not properly reflect the full scope of services provided under the Title V MCH Block Grant.

Overall clarity of data collection tool

The data collection tool itself does not provide clear guidance for states in some categories. For example, in the section for reporting the number of children/CSHCN receiving services reimbursed by federal Title V MCH Formula Block Grant Funds, federal FY11, the categories of children include infants <1 year of age, children 1 to 22 years of age, and children with special health care needs. It is possible for a child to fall within more than one of these categories, for example, a child that is 1 to 22 years of age and has special health care needs would be counted twice in the current tool. Each category should be mutually exclusive to ensure accurate data reporting. Additionally, the data collection tool asks that states report the number of children who receive services that are “reimbursed” using federal Title V MCH Block Grant funds. Many states do not pay for these services based on “claims” but rather provide salary support for the practitioners performing those direct services. For example, a practitioner might perform a physical exam in combination with a family planning visit where part of the time spent on that patient would be coded to the Title V MCH Block Grant. The service would not be considered a “claim,” yet the patient would be included in the count of individuals served. This contradiction of not counting money but individuals served needs to be resolved.

AMCHP stands ready and willing to collaborate with its federal partners and our membership to ensure the success of this important endeavor to make certain the longevity of the Title V MCH Block Grant and the critical functions it supports in states to ensure the health of MCH populations.

Thank you for your consideration of AMCHP’s comments. Should you require additional information please contact Brent Ewig, AMCHP Director of Policy and Government Affairs at 202-266-3041 or bewig@amchp.org.

Sincerely,

/s/
Michael Fraser, PhD, CAE
Chief Executive Officer

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1 Title V Maternal and Child Health Services Block Grant to States Program Guidance and Forms for the Title V Application/Annual Report, OMB No: 0915-0172, page 196