



August 26, 2014

HRSA Information Collection Clearance Officer  
Parklawn Building  
5600 Fishers Lane, Room 10-29  
Rockville, MD 20857  
Via Email: [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov)

Re: Federal Register Notice (FRN) Doc No: 2014-15051. 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--Revision

Dear Sir or Madam:

The Association of Maternal and Child Health Programs (AMCHP) applauds and commends the Maternal and Child Health Bureau, Health Resources and Services Administration (MCHB/HRSA) for its leadership and efforts to transform the Title V Maternal and Child Health (MCH) Services Block Grant (herein referred to as the MCH 3.0 Transformation), including changes to the Title V Block Grant Guidance and reporting forms. AMCHP has been actively engaged in working with the MCHB for over a year to provide state input, guidance and recommendations to the MCH 3.0 Transformation to ensure that the priorities, interests, and needs of states are reflected in this initiative. We thank the MCHB/HRSA for actively seeking and engaging the input of states.

Our comments to this FRN reflect the input of the AMCHP Board of Directors and in particular, the Future of Title V Work Group. Many of the recommendations that AMCHP has provided to the MCHB over the past year have been addressed and are reflected in the proposed Title V Block Grant Guidance and reporting forms as outlined in the Federal Register Notice (FRN). Additionally, AMCHP has encouraged its members to provide comments to the FRN and trust that those comments will reflect more specific recommendations and questions that states continue to have with regard to the proposed guidance and forms. As such, AMCHP's comments to the FRN are focused in four overall areas and outlined below.

1. Glossary of Terms and Definitions for the Title V Block Grant Guidance and Reporting Forms: A glossary of terms and definitions is needed in order to fully estimate the level of burden that will result from the proposed Title V guidance and forms, and to understand federal expectations for reporting on essential elements of the Title V program in areas including but not limited to:

- a. number of individuals served by the Title V program,
- b. forms for budget and expenditures by type of service,
- c. direct reimbursable MCH health care services,
- d. non-reimbursable primary and preventive health care services for MCH populations, and
- e. public health services and systems for MCH populations.

Perhaps most important in this regard, information about these terms and definitions would help to ensure that states have a full understanding of how the new Title V data requirements will assist the MCHB, states and others committed to the Title V program in telling and conveying a clearer story of Title V expenditures and their impact on MCH populations. This is particularly true for the definitions related to the three levels of the new proposed Title V pyramid: 1) ‘direct reimbursable MCH health care services’, 2) ‘non-reimbursable primary and preventive health care services for MCH populations, 3) ‘public health services and systems for MCH populations.’

2. Title V and Its Role as a Safety Net Program: The proposed guidance indicates that Title V “will continue to serve as a safety-net provider...by providing gap-filling safety net services.” Yet, surveys indicate that close to half of all state Title V programs are not providing any direct reimbursable health care services and the remaining states are serving very small numbers (i.e., <1% of population). A more accurate statement would be to indicate that the Title V program “will continue to serve as a safety-net provider *in some states...*” to better reflect current use of resources and Title V investments.
3. Limitations of Use of National Data Sets: States support the MCHB for working to streamline the data reporting forms and the process whereby the forms will be pre-populated with national data, where available. However, states remain concerned about the reliance on or use of certain “national” data sets, such as the Pregnancy Risk Assessment Monitoring System (PRAMS), which is not currently a national data set. In addition, PRAMS at this point does not have an available current or provisional data set, is experiencing reduced financial support to states for this important monitoring system, and some states do not have a PRAMS system at all. Only 40 states, for example, are funded or have a functional PRAMS data surveillance system. These data will not be comparable or available across all 50 states and the territories.
4. Number of National and State Performance Measures: The new proposed Title V guidance and reporting forms, and approaches to the reporting (e.g., pre-populated form) will significantly improve state reporting on the Title V MCH Services block grant in many areas. However, states remain concerned with the numbers of national and state performance measures that would be required for reporting under the new guidance. The total reportable measures (national, state, outcome and structure/process) under the new proposed guidance range from 57 – 61 measures, depending on measurement selection. The reportable measures required under the current guidance ranges from 52 – 55 reportable elements, depending on measurement

selection. Toward this end, AMCHP recommends that states be allowed to select *'up to five'* state performance measures rather than being required to select five state performance measures.

In closing, AMCHP again applauds the MCHB/HRSA for its leadership in the MCH 3.0 Transformation and for actively engaging states in providing input throughout the process of these changes. We look forward to continuing to work with the MCHB/HRSA in the implementation of the new Title V guidance and reporting forms, and in assuring the health of our nation's women, children and families.

We appreciate your consideration of these comments and thank you again for your work