

Discretionary Grant Information System-Home Visiting Frequently Asked Questions

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). This Frequently Asked Questions Sheet (FAQ Sheet), part of the ongoing technical assistance to MIECHV grantees to successfully use the DGIS-HV, provides answers to some of the commonly-asked questions about the system. This document does not supersede current or future MCHB, HRSA, or U.S. Department of Health and Human Services policies.

1. Q: How can a Project Director grant access privileges to 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 grantees 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 steps below to request grant access privileges from the Project Director.

- I. Click the "Grants" Tab on the top of the EHB home screen.
 - II. Click "Add Grant to Portfolio" button.
 - III. Select "Request Grant Access" and click the "Continue" button.
 - IV. A list of all grant numbers for the organization will be displayed.
 - V. Scroll through the list until you find the correct grant number.
 - VI. Click the "Request Privileges" link on the right for the grant number to which you need access.
 - VII. Select the submission that you are requesting privileges to. For DGIS-HV, you would select "Other Submissions" and click the "Request Access" button.
 - VIII. The Project Director for that grant number will receive the request and will have to approve.
2. Q: Who 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 you with HRSA EHB-related issues such as registering and obtaining grant privileges.

Note: The HRSA Contact Center or your Regional Project Officer can refer technical issues you may encounter in the DGIS-HV system as you are entering your data to EJ Tom (SAIC).

3. Q: What are the differences between “Key terms” and “keywords” in DGIS-HV?

A: The “key terms” field on DGIS-HV Form 2 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 MCH terms that associate performance measures with specific MCH topics. The central purpose of the keywords is to facilitate the search functionality in DGIS-HV to generate reports by keyword of interest (e.g., prenatal care, smoking, etc.)

4. Q: What are the uses of "key words" in DGIS-HV?

A: In the future, DGIS-HV will have the capability of generating web-based public reports. Keywords will allow users to search for data and reports pertaining to a particular maternal and child health (MCH) area captured by a keyword. For example, the user could search for “Birth Outcomes,” and the report would display a list of all performance measures that were created with a focus on Birth Outcomes and related data.

5. Q: If a grantee has the development (D89) and the formula (X02) grants, would the grantee be required to enter data separately for those two grants?

A: Yes, Grantees will have to complete separate reports for D89 and X02 grants. Although grantees will provide data separately for both grants, the list of benchmark area-related measures created in HV Form 2 for the X02 grant will be automatically populated into HV Form 2 for the D89 grant. So, grantees will not have to create the measures or indicators (including, e.g., operational definitions) twice but will have to report the value of the respective data for those indicators separately under Form 2 for both types of grants. Similarly, data collected for HV Form 1 should be separately entered if a grantee has both X02 and D89 grants.

6. Q: Will the development (D89) grant reports be due in October of each year even if the grant was awarded in March?

A: Yes, in order to simplify reporting HRSA is seeking to align all DGIS-HV periods for both the X02 and D89 grants. Those D89 grants starting in March 2012 will be expected to report for the first time in October 2013. Although the “reporting period” in the electronic collection system may read “10/1/2012 – 9/30/2013,” those D89 grantees should also include any data collected between 3/30/2012 and 9/30/2012.

7. Q: Can a grantee have different baseline reporting periods for X02 and D89 grants?

A: Grantees will be able to specify their own baseline periods and comparison periods. As such, it is possible for the X02 and D89 to have different baseline reporting periods for measures, but the reporting periods should be conceptually the same. For example, a grantee may define the baseline period as year 1 of implementation, and the year 1 of implementation may be different for X02 and D89 grant-funded sites. In this case, X02 and D89 sites will follow a different date range for the baseline period, but conceptually both are capturing year 1 of implementation for the baseline reporting period.

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

A: 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.

9. Q: For the baseline value used to demonstrate improvement, the data set is not complete by the end of the year 1 reporting period. Should grantees report a partial data set even if baseline data is still being collected?

A: Grantees have the ability to enter partial data for the baseline value with the understanding that they provide an explanation in the notes section. Grantees will be given one opportunity during the following reporting period to update the value in order to reflect the full data set.

10. Q: For the ethnicity data collection, how should the grantee capture and report ethnicity data for a client that is multi-ethnic?

A: HV Form 1 has a category for “More than One Race” which should be used 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 as, “Unrecorded.”

11. 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 may include all the persons in the household who signed up to participate in the home visiting program. Grantees have discretion to report socio-demographic and utilization data on all these enrollees but should include, at a minimum, data on the primary caregiver of the index child for every household. Please refer to the instructions accompanying OMB-approved HV Form 1 for more details.

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

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 the OMB-approved HV Form 1 for more details.

13. Q: On HV Form 1 where we fill out the Zip Codes, it looks as if we are not supposed to put in spaces between the comma and the next Zip Code. Will the DGIS-HV system accept zip codes with or without spaces?

A: The system will accept spaces before and after each Zip Code, however the system will remove the extra spaces when you save successfully.

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

A: Yes, a grantee can proceed through the sections without checking the Form Status Checker. However, grantees are encouraged to save their information intermittently while working in the system.

15. Q: Will unchanging information for HV form 2 such as the list of indicators, operational definitions, etc. carry over annually, or do we need to reenter the data in subsequent years?

A: The master list of measures created in year 1 will be pre-populated for years 2 and 3 of the three-year lifespan of these measures.

16. 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 percentage sign?

A: A percentage sign is not necessary when you select “percentage” as the type of scoring. The DGIS-HV system automatically generates the percentage value based on the numerator and denominator that the grantee has entered.

17. Q: For the Federal Poverty guideline income totals, is there an example of how to collect this data? Sample scales? To collect federal poverty guideline percent we need to explore household/family size as well?

A: Grantees should use the most current federal poverty guideline available at the time in which they are completing the form. Instructions on how to calculate federal poverty guidelines can be accessed here: <http://aspe.hhs.gov/poverty/12computations.shtml>.

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.

18. Q: In Section C of Form 1, 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.

19. Q: There will be no data for certain constructs in Year 1. Will this affect our ability to submit our data as a whole in Year 1?

A: The DGIS-HV 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 there are no data to be submitted for the construct.

20. Q: Is there a Spell Check option available before to use before we submit the data?

A: The DGIS-HV does not have a spell check functionality. Grantees are advised to work offline in a word processing software (such as Microsoft Word) where they can complete their spell-checks before copying and pasting into the system.

21. Q: Since grantees are to report on the type of insurance that people have - not just yes/no - will there be a yes field added to the system? What should a grantee do if it knows that the participant(s) has insurance, but does not know the type of insurance?

A: Grantees should use the “Unknown/Did not Report” category if the insurance type is unknown.

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

A: Yes, you can cut and paste into the DGIS-HV system. Grantees are advised to work offline in a word processing software (such as Microsoft Word) where they can complete their spell-checks before copying and pasting into the system. This will prevent grantees experiencing problems with the system such as timing out of the system and losing data.

23. Q: Will the grantee be able to submit data even if some construct sections cannot be completed?

A: Grantees will be able to provide a note in lieu of data for the value fields for the reporting period, baseline period, and comparison period. All other sections for HV Form 2 must be completed in order to successfully submit. Note: The value fields for the baseline period and comparison period will only be required when the date range specified has ended.

24. Q: If data for a specific benchmark measure is unavailable - for example, participants have not been enrolled in the program long enough to be able to report on the

percentage who changed since the baseline – 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, which will allow them to submit the report. The system will be modified in a future enhancement to enable grantees to provide data for prior years.

25. 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. 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 DGIS-HV 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.

26. Q: Does the DGIS-HV have an option for one 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, one can save one's data and return at a later time and continue where one left off. Grantees are advised to work offline in a word processing software (such as Microsoft Word) where they can complete their work and then copy and paste into the system. Remember to always save your document as you work on the system.

27. Q: Regarding the demographic reporting, how does a grantee determine the index child especially where there are multiple children enrolled in a family?

A: Please refer to the instructions in the HV form 1 for more details on how to identify and report data for index children.

28. Q: Is there an expectation that grantees must turn-in data for all constructs even if a grantee is unable to report on all constructs in time for the first reporting year?

A: Grantees are expected to create all of their measures in the DGIS-HV system; however, the system will allow grantees to provide a note in lieu of data for the first reporting year. The note should specify why this data was not submitted.

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

A: Yes, the DGIS-HV system accepts zeros as valid data.

30. Q: Will grantees be able to modify prior year data already entered in to DGIS-HV?

A: The DGIS-HV system will be modified in a future enhancement to enable grantees to provide data for the first year.

31. Q: Will grantees be able to mark data as “provisional” or “final” like it is done in HRSA’s Title V Information System (TVIS)?

A: In the early years of the DGIS-HV, grantee data submitted in the first reporting year will be considered “provisional.” A future enhancement will allow grantees to modify the year prior to the reporting year, however, grantees will not be able to modify two years prior to the reporting year. For example, in the October 2014 report, the data for 2012 will not be editable and will be considered “final.”

32. 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. For purposes of MIECHV data collection, the start of receipt of services funded by the MIECHV program constitutes a new “enrollment” in the program. In other words, the program is not responsible for retroactively collecting data for the period prior to MIECHV funding. It may be the case for some constructs, that data collection interval may have passed and the data will be unavailable. Data should be collected for those constructs in which the data collection interval occurs during the MIECHV funding period.

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

A: Families are eligible to receive services funded by MIECHV if they meet the eligibility criteria for the MIECHV program. If families are receiving services funded by MIECHV, the program is obligated to collect benchmark data on those families wherever

applicable. HRSA understands that some benchmark constructs may not be applicable for all families (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 families). However, whenever applicable, data should be collected on all families served with MIECHV funds.

34. Q: When the data period defined for comparison for a given indicator differs from the fiscal year, should this be indicated in the reporting? For example, if a program's year 1 implementation spanned a few months rather than the entire baseline period (e.g., the first year of data collection), are grantees required to indicate this in the DGIS_HV?

A: The annual reporting period for the current period is set at 10/1/2011 - 9/30/2012. However, grantees have specified the baseline and comparison periods relevant to show improvement by performance measure and these fields (which may cut across annual reporting periods) are available in DGIS-HV.

35. Q: For data entered into DGIS-HV, should the reporting period capture the fiscal year (September 30, 2011 to September 29, 2012) or, for instance, the "cohort year" or baseline period as defined by the program (i.e., Cohort 1 may be defined by a program as participants enrolled between May 1, 2012 to April 31, 2013)?

A: For both HV Form 1 and HV Form 2, the reporting period would cover the previous fiscal year for annual reporting purposes. However, on Form 2 when the grantee demonstrates improvement by cohort for a given performance measure, the grantee should use the cohort year as they have defined it as the baseline period. In other words, 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, and also a separate baseline value for the purposes of demonstrating improvement. Since the cohort 1 baseline will not be completed until April 31, 2013 in the example in the question above, the grantee will not have completed baseline data collection by the time the first data report is submitted. Grantees will have an opportunity to update the value for the baseline period during the next cycle.

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

A: Grantees will have a 60-day window for uploading data into the DGIS-HV system for each reporting period. However, for the first reporting cycle, there are two exceptions

to the rule. First, grantees will have until **February 4, 2013** to upload the data covering the federal fiscal year 2012. Second, data from new MIECHV expansion grants awarded in mid-fiscal year (with March 31, 2012 start-dates) will not be due until the end of the following fiscal year. If there are any changes in the reporting period, HRSA will inform all grantees.

37. Q: The HV Form 1 instructions indicate that data in Sections A-D should be collected at enrollment and annually thereafter. Does the term “enrollees” refer to newly enrolled or should it capture newly enrolled and current clients?

A: The instructions define “enrollees” as person or persons in the household who signed up to participate in the home visiting program. “Enrollees” refers to all those served in the reporting period. This will include all those newly enrolled as well as those previously enrolled but receiving at least one home visit during the reporting period. For example, a teenage parent could be counted as an enrollee but not an index child). The 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 have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

38. Q: If data in Sections A-D on HV Form 1 capture newly enrolled and current clients annually, will the data be reported aggregately? Are grantees allowed to determine the time point for re-assessment for current clients?

A: Grantees should enter the unduplicated count respectively of enrollees, index children, and families newly enrolled during the reporting period in the first column in Table A.1 of HV Form 1. Grantees should enter in the second column the total number of all enrollees, index children and families served (i.e., who received at least one home visit) during the reporting period. This column includes both families enrolled during the reporting period 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.)

For Tables A2, B, C, and D, “enrollees” refers to all those served in the reporting period. The data reported here will include all those newly enrolled as well as those previously enrolled but receiving at least one home visit during the reporting period in the aggregate. Therefore the data will include data collected at enrollment and at one year post enrollment in the aggregate.

39. Q: Regarding Section B on Form 1, a program site is collecting race and ethnicity differently than what is specified in the table. For instance, the categories collected by one program site are: non-Hispanic White, non-Hispanic Black, Asian, Hispanic or Latino, Other. These categories are not mutually exclusive with what is requested on Form 1. How should we address this when submitting the data?

A: 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. This is a required element of data reporting, so the grantee should revise forms so that they are able to provide the required data for federal reporting in subsequent years.

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: 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. This is a required element of data reporting, so the grantee should revise forms so that they are able to provide the required data for federal reporting in subsequent years.

41. Q: Regarding Section B.10-B.11 on Form 1, if a program site does not currently collect the child's race, but plans to add this in at a later time. Should the program enter unknown for now?

A: Yes, the grantee should report the data that is known and identify the number of 'unknown' cases for data that is unrecorded. This is a required element of data reporting, so the grantee should revise forms so that they are able to provide the required data for federal reporting in subsequent years.

42. Q: Regarding Section D.2 on Form 1, one program site currently asks if a client's ability to speak English is adequate or whether they need an interpreter. The information collected does not necessarily capture what the primary language is at home. Should

we just enter 'English' if they report their English is adequate, and 'Unknown' if they require an interpreter?

A: The grantee should report the information they can use to complete the table and select 'Unknown/did not report' for the remainder. This is a required element of data reporting, so the grantee should revise forms so that they are able to provide the required data for federal reporting in subsequent years.

43. Q: Regarding Section E.19 on Form 1: Is the program only concerned with collecting the caregiver's history with abuse? Are we inquiring about their status as either a victim or a perpetrator, or victim only?

A: Although the legislation 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 wellbeing as a whole could be enhanced if both victims and perpetrators were identified, we encourage counting any of these types of participants as eligible.

44. Q: Regarding Section E.20 on HV Form 1, does 'substance abuse' include both alcohol and illicit drugs?

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

45. Q: For some items in Section E of Form 1, the program does not collect this information. Do we omit the items from the reporting?

46. A: No, grantees should not omit items from the reporting. Grantee should explain why the program does not collect the information in Section G of Form 1 and begin collecting the information. These items are required elements of data reporting, so the grantee should revise data collection forms so that they are able to provide the required data for federal reporting in subsequent years.

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

A: Section G should be used to explain all missing data. 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 Form 1.

Note: There may be different types of missing data: 1) program forms not designed to capture data; 2) program sites did not report the data, resulting in incomplete data collection; or 3) the grantee is utilizing a sampling plan and is therefore only reporting data collected by the sample. Grantee should note specifically which of these types of missing data apply. If the reason for missing data is that the program forms are not designed to capture the data or that the data is incomplete because sites did not report the data, the grantee should indicate how the missing data will be addressed.

48. Q: What is the meaning of “Value for Reporting Period” Section of Form 2 and who should be included in the data reporting? Should the grantee include only people 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 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 1 month postpartum, the value reported should include all participants who have reached the 1 month postpartum data collection point during the reporting period, regardless of when they enrolled in program services.

49. Q: How should grantees indicate individual level comparison on Form 2?

A: The grantee should select ‘individual-level change’ for the ‘type of comparison’. For individual level comparisons, the baseline value would reflect the initial data collection interval used as the baseline (i.e., assessment data collected at intake). The comparison value will reflect the later data collection interval used as the point of comparison (i.e., 6 month post enrollment data).

50. Q: How should grantee indicate comparison if it the grantee is using a cross-sectional comparison between Years 2 and 3?

A: The grantee should select ‘cross-sectional comparison’ for the ‘type of comparison’. For cross-sectional comparisons comparing participant data through year 2 to participant data during year 3, the baseline value would reflect data on participants

through funding year 2 irrespective of when the participant enrolled. The comparison value will reflect data on participants enrolled during funding year 3.

51. Q: How should a grantee indicate a comparison if grantee is using a cohort comparison between Cohort Year 2 and Cohort Year 3?

A: The grantee should select 'cohort comparison' for the 'type of comparison'. For cohort comparisons comparing participants enrolled during year 2 to participants enrolled in year 3, the baseline value would reflect data on participants enrolled through funding year 2 irrespective of when the data is collected. The comparison value will reflect data on participants enrolled through funding year 3 irrespective of when the data is collected.

52. Q: What is the best way for a grantee to indicate baseline period if some sites did not start implementation until almost one year after other sites (i.e., expansion and new sites)? Would it be better to use the first year or wait until data are available for all the sites?

A: This will be based on the grantee definition of the time interval for the baseline period. The time interval for the baseline period does not necessarily have to correspond to a reporting year.

53. Q: When are the archives of HRSA webcasts available for viewing?

A: In general HRSA webcasts are available for viewing on the HRSA-MCHB website two weeks after the webcast is broadcast. To view archived webcasts, click on the link below and select the title of the webcast you want to view.

<http://learning.mchb.hrsa.gov/archivedWebcasts.asp>