## Changes to FHV Reporting Effective 10/1/2016

**UPDATED 23 September 2016**

See following pages for additional information for all FHV Agencies, MIECHV Grantees, and NFP Programs.

<table>
<thead>
<tr>
<th>Client Type (MIECHV vs. non-MIECHV)</th>
<th>FHV Agencies that are NOT MIECHV Grantees (Excluding Nurse-Family Partnership programs)</th>
<th>FHV Agencies that are MIECHV Grantees (Excluding Nurse-Family Partnership programs)</th>
<th>Nurse-Family Partnership programs (includes MIECHV grantees and non-MIECHV grantees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting on MIECHV Clients</td>
<td>NOT APPLICABLE</td>
<td>Report data for new MIECHV performance measures.</td>
<td>Continue to report all clients, regardless of MIECHV funding, in the NFP-ETO system.</td>
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<td></td>
<td></td>
<td><strong>For most measures:</strong> use the MDH-provided forms application to collect and report data to MDH.</td>
<td>NFP NSO is updating this system in October for collection of new MIECHV performance measure data.</td>
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<td><strong>For Behavioral Concerns and Child Injury measures:</strong> report data for these measures in local data system, and submit text (CSV) file with data to MDH</td>
<td>Submit MN NFP Supplemental Forms in NFP-ETO.</td>
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<tr>
<td>Reporting on non-MIECHV FHV Clients</td>
<td>Continue to report in FHVRES.</td>
<td>Two reporting options:</td>
<td>MDH will no longer accept the PDF/HTML forms.</td>
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<td></td>
<td>• MDH is planning to limit the required data elements to those needed for calculating selected benchmark measures. See Additional Information below for proposed timeline.</td>
<td>• Continue to report in FHVRES. (See information in next column for non-MIECHV grantees.)</td>
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<tr>
<td></td>
<td></td>
<td>• Report data for new MIECHV performance measures.</td>
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</tr>
</tbody>
</table>

Changes to FHV Reporting – Updated 23 September 2016
Additional information for all FHV Agencies

- **Changes to reporting in FHVRES:** MDH will gather input from the FHV Evaluation Work Group this fall on a proposal to reduce the number of required data elements in FHVRES. Data would be limited to that needed for calculating selected benchmark measures for long-term FHV programs (including NFP and HFA programs, and including MIECHV grantees).
  - **Timeline:**
    - **September – October:** FHV Evaluation Unit staff are analyzing what data is needed for a proposed subset of existing benchmark measures. This will be reviewed with the FHV Evaluation Work Group.
    - **November – December:** FHV Evaluation Unit staff will finalize a plan to reduce the number of required data elements in FHVRES and communicate updated reporting requirements to FHV programs.
    - **January 2017:** Updated reporting requirements for reporting in FHVRES take effect.

Additional Information for Nurse-Family Partnership (NFP) Programs

- NFP programs can access the revised paper forms by logging into NFP Community. Draft forms are available now. The NFP National Service Office (NSO) has stated that finalized forms will be available the week of September 5th.

- **Timeline for changes to the NFP-ETO system:** Contact the NFP NSO for more information on the timeline for updates to specific assessments and forms in NFP-ETO.

- **Changes to MN NFP Supplemental Forms submission requirements beginning with Quarter 4, 2016 data (10/1/2016):**
  - MN NFP Supplemental Forms must be submitted in NFP-ETO. MDH will no longer accept forms submitted directly to MDH.
    - We are requiring this because of a change in the NFP-ETO data extract received by MDH. ID numbers are now encrypted in the data extract, and therefore the data extract cannot be matched to NFP Supplemental Forms submitted directly to MDH.
  - Continuing MIECHV clients for whom NFP Supplemental Forms are not currently in NFP-ETO will need their Client Intake and Child Intake forms back-entered into NFP-ETO by December 31, 2016.
  - Only the MN Primary Caregiver Intake and MN Child Intake Supplemental Forms will be required. No other NFP Supplemental Forms will need to be completed.
  - Only the Assessment date, Section A, and the Demographics sections of these intake forms will be required. The remaining questions on these forms do not need to be completed.
Additional information for MIECHV Grantees

- **Data collection technical assistance:**
  - **Webinars** were held on the following dates. These webinars covered the new MIECHV questions, and requirements for MIECHV reporting beginning October 1st, 2016. These webinars were recorded; look in Tuesday Topics for links to the recordings.
    - Thursday, September 15th, 1:30 – 3:00 pm
    - Monday, September 19th, 10:30 am – 12:00 pm
  - **A draft Forms Guidance document** has been released. This document will be updated as additional clarification is needed.
  - **A draft PDF version of the new MIECHV forms** is available now. The final PDF version of the forms will be distributed the week of September 26.
  - Contact Health.FHVData@state.mn.us for ongoing support.

- **UPDATED Timeline for release of MDH-provided forms application:** We expect to release the forms application to MIECHV grantees by October 3rd, the week of October 17th. A user manual will be provided, with installation and configuration instructions.
  - Webinars for training LPH users of the forms application will be held on the following dates:
    - Wednesday, October 19th, 1:00 – 3:00 pm
    - Thursday, October 20th, 9:00 – 11:00 am

- **IMPORTANT:** because the MDH-provided forms application will be released after the October 1st start date for collection of the new MIECHV data elements, MIECHV grantees should plan to initially collect data on paper or by other means.

- **Behavioral Concerns and Child Injury measures:** MDH is working with LPH data system vendors to incorporate the questions needed for these measures into their systems. Timelines for implementation of these changes will be announced when available.

- **Data for continuing MIECHV families:** MDH is working with LPH data system vendors and state IT staff to determine whether any data for families enrolled in MIECHV prior to October 1st can be imported into the new forms application from LPH data systems. More information will be provided once details are available.

- **Data for non-MIECHV families:** MIECHV grantees have the option to continue to submit data for these families through FHVRES, or to submit data in the same way used for MIECHV families. FHV Evaluation Unit staff will be contacting MIECHV grantees to ask which option is being selected.
• **Option to submit data without using MDH-provided forms application:** MIECHV grantees have the option to submit a text (CSV) file of performance measure data to MDH without using the new forms application. This option would work best for grantees who have the ability to change their local data collection systems to collect the new data. Contact Ginny Zawistowski (virginia.zawistowski@state.mn.us) if you are interested in this option.

• **New definition of MIECHV households:** Beginning 10/1/2016, MIECHV 1 grantees will be required to implement HRSA’s new definition of MIECHV households. In order to be counted toward the MIECHV target caseload, a household or family must be served by a trained home visitor implementing services with fidelity to the model who is funded at 0.25 FTE or greater by MIECHV grant funds (personnel costs, including salary/wages and benefits). MIECHV funds can include both MIECHV 1 and MIECHV 2 funds.
  
  o Implementation of this definition should occur as follows:
    ▪ Effective 10/1/2016 (start date of new MIECHV 1 contracts), any **newly-enrolled** families (enrolled on 10/1/16 or later) must meet the new definition above.
    ▪ Any **continuing** MIECHV families (enrolled prior to 10/1/2016) that were defined as MIECHV families under the grantee’s previous definition of family slots would continue as MIECHV families until leaving the MIECHV program.
  
  o Note that MIECHV 2 grantees are not required to implement this definition on 10/1/2016. However, any grantees that are awarded funding under the most recent MIECHV formula RFP will be required to use this definition.