**SUPPORTING STATEMENT – ATTACHMENT A**
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
APPLICATION/ANNUAL REPORT GUIDANCE

# Log of Public Comments Received and HRSA Response from the 60-day Federal Register Notice

Comments for Draft Title V MCH Block Grant Guidance
As of August 24, 2026

| Comment Identifier | Comment | HRSA Response |
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| 26-001 | The Wyoming Department of Health, Maternal and Child Health (MCH) Unit respectfully submits the following comments regarding the proposed Title V MCH Services Block Grant Application/Annual Report Guidance as detailed in the Federal Register issued May 19, 2026.<br><br>As most proposed revisions are minor and do not substantially change the reporting and application guidance, we take this opportunity to share feedback and suggestions to improve the efficiency and effectiveness of the reporting process, based on our experience following the existing guidance.<br><br>The existing and proposed structure is intended to reduce the reporting burden on states, and we believe that additional modifications could further reduce it and streamline grantees' writing processes. Specific comments and suggestions follow:<br><br>1. Addressing Areas of Duplication and Guidance Structure<br>• System of Care/Services and Medicaid Overlap: We observe significant overlap between the System of Care for Mothers, Children, and Families; System of Services for Children and Youth with Special Healthcare Needs (CYSHCN); and the Relationship with Medicaid narrative sections. To reduce reporting burden and improve clarity, we suggest creating a single, cohesive narrative section regarding the health care delivery system for MCH populations, with continued guidance for grantees to report on their relationship and joint efforts with Medicaid. This would allow states greater flexibility to organize information in a manner that best reflects their state-specific structures. We further recommend | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |

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| | combining the current character counts for three narratives into a single narrative, allowing greater flexibility in reporting on the relationship with Medicaid (see related suggestions under #2).<br><br>• Organizational Capacity and Design: Guidance on organizational capacity and design is currently dispersed across separate narrative sections:<br>o State Title V Program Narratives: Purpose and Design and Organizational Structure<br>o Needs Assessment: Title V Program Capacity Narratives: Impact of Organizational Structure and Impact of Agency Capacity<br>o We propose consolidating these into a single narrative section focused on state and Title V organizational structure and capacity. We similarly recommend combining the current character counts for affected narratives to allow adequate space to detail the organizational structure and its impacts.<br><br>2. Narrative Length and Formatting Constraints<br>• Medicaid Narrative: The current word count allowance is insufficient, hindering comprehensive reporting. We recommend revisiting this word count to ensure states can adequately describe their efforts. | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. Character limits for the Relationship with Medicaid section are established within TVIS and related to the functionality of the data entry system, rather than to requirements contained in the Guidance. Accordingly, HRSA will not make revisions to the Guidance in response to these comments. HRSA will continue to evaluate TVIS character limits and make adjustments, as appropriate, to support states in providing the requested information. |

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| | • Executive Summary: The brevity required for the Success Story narrative within the Executive Summary is restrictive, limiting our ability to provide necessary detail or highlight multiple examples. We request an increase in the allowed page count for Success Story to better accommodate the elaboration of success stories.<br><br>3. Needs Assessment and Emerging Issues<br>• Ongoing Needs Assessment Updates: Following the five-year needs assessment, it has proven difficult to generate significant new text for ongoing needs assessment reporting while continuing to digest findings from the recent assessment. We seek clarification on how best to report on emerging issues and data arising outside the | Additionally, HRSA will communicate any relevant changes to states through skills-building training or technical assistance provided prior to the release of the data entry system.<br><br>The Executive Summary is intended to be a standalone document that enables the reader to acquire a clear understanding of the state's Title V program without having to read the entire MCH Block Grant Application/Annual Report. The Executive Summary also serves as the narrative portion of the TVIS State Snapshot, serving as a quick point of reference for MCH stakeholders and other interested parties. HRSA establishes character limits within the TVIS to support these purposes. HRSA will continue to evaluate character limits and make adjustments as appropriate. HRSA will communicate any relevant changes to states through skills-building training or technical assistance provided prior to the release of the data entry system. |

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| | primary five-year needs assessment cycle.<br><br>4. Public Input and Community Engagement<br>• Integration of Public Input Section: We recommend combining the Public Input section into the Family and Community Engagement narratives. Community focus is centered on engagement in the planning, implementation, and evaluation of work, rather than the formal application process itself. We also request clarification on whether a separate public input section is a statutory requirement, as the guidance to solicit public input and report the number and nature of such comments does not align well with the timeframe for internal review and finalizing the block grant for submission.<br><br>5. Operational Challenges<br>• Form 5: This form continues to present challenges for both | No change to the guidance. Sufficient instructions are already included in the guidance. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. While public input may include family and community engagement activities, the two sections serve distinct purposes. Section 505(a) of Title V of the Social Security Act requires states to make the Application/Annual Report available for public comment during its development and after its transmittal. Maintaining a separate Public Input section provides a clear and consistent mechanism for states to annually document compliance with this requirement. The Family and Community Partnerships section addresses ongoing engagement activities with families, individuals, and family-led organizations and is only required to be updated every five years. Further, as internal review and finalization processes for grant application submissions differ from |

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| | completion and interpretation for our partners. We request additional guidance or resources to help us complete this form.<br><br>• Optional Narratives and Review Communication: We appreciate the inclusion of optional narratives to reduce reporting burden. We further appreciate the automated “last modified” date stamp in TVIS. However, managing reviews and communicating updates to state agency leadership presented challenges. To reduce confusion among internal reviewers, we provided a memo to leadership detailing which narratives were not updated. We request exploring methods to communicate optional narratives more effectively within the existing structure. | state to state, the legislation cannot align with an individual state's approval process. It is the responsibility of the state to gather public input within the timeframe that fits the state's internal approval process and the grant submission deadline.<br><br>No change to the guidance. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. Labeling of updated versus not updated sections are only applicable to Title V Information System (TVIS) rather than addressing the instructions on reporting annually on the state Title V program. These comments will be taken into consideration for future updates to TVIS. |
| **26-002** | Based on the analysis of state Title V funding presented in this report, the following recommendations are provided to the Maternal and Child Health Bureau and other MCH stakeholders and partners as a way to strengthen the Title V MCH Block Grant. | |

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| | • Improve Budget Narrative Guidance. The variation in the budget narratives, the fact that there is almost no information on whether state general revenue funds used for the match are designated versus non-designated funds, and the generally inconsistent information across the narratives suggests the need for MCHB to require a few key parameters for the budget narrative descriptions going forward. Suggested components to include in each budget narrative are as follows: | Program will add additional examples to the Glossary of what states may choose to include in the categories for Local Funds, Program Income Funds, and Other Funds. |
| | o More explicit descriptions of what should be included in the categories for State Funds, Local Funds, Program Income Funds, and Other Funds on Form 2 should be provided to the states by MCHB. The amounts for each of these funding categories on Form 2 are pre-populated by TVIS from SF424 (18c-f) but instructions for what to include in each category are limited to the brief definitions provided in the "Reporting Definitions for the Forms" on page 77-78 of the current Title V Block Grant guidance, likely leading to inconsistent reporting across states | No change to the guidance. HRSA F not adopt this recommendation because requiring all states to separately delineate undesignated state general revenue funds would add a new mandatory reporting element and increase reporting burden. HRSA determined that the potential additional information does not warrant imposing that requirement on all respondents. States may provide additional detail in the financial narrative at their discretion." |
| | o With respect to State Funds in particular, specific delineation of the percent of undesignated state general revenue funds used for non-federal Title V funding should be required. This will provide a truer picture of how often states are counting other state funded programs as their match and the extent to which states actually have unrestricted funding available to them to achieve their goals and objectives. | |

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| | • States would benefit from seeing more clarity regarding forms in the guidance documents, specially Form 10, during both the Needs Assessment years and the interim years. Form 10 needs to have a better explanation for the direct connection to the action plan, and clarification that the action plan will be unavailable for editing or entry until Form 10 is fully complete. In a needs assessment year, once open- it will be blank- and the state will need to complete this in full and would benefit from seeing this outline as to be able to think through and complete the objectives for their selected newly measures.<br><br>• Clear description of the "copy" functionality in EHBs and when/how to us it. Clarity on not needing to add updates each year and the ability to copy without the need to clarify would be helpful. | No change to the guidance. The sequencing and availability of the Action Plan following completion of Form 10 are TVIS workflow functions rather than changes to the information respondents are required to report. HRSA will provide technical assistance, including clarification of the relationship between Form 10 and the Action Plan and when Action Plan entry becomes available<br>No change to the guidance. The commentor is suggesting a change to the Title V Information System (TVIS), rather than addressing the instructions on reporting annually on the State Title V program. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. HRSA will address use of the copy functionality, including when prior-year information may be copied or carried forward, through TVIS Learning Labs and other technical assistance. . |

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| 26-003 | The South Dakota Department of Health Maternal and Child Health Program respectfully submits the following comments regarding the proposed Title V MCH Services Block Grant Application/Annual Report Guidance, as published in the Federal Register on May 19, 2026.<br><br>We appreciate ongoing efforts to reduce state burden and welcome the opportunity to provide feedback based on our experience. Our comments focus on improving efficiency, reducing duplication and enhancing overall flow and readability of the report. Most recommended revisions are minor and do not change the intent of the guidance but aims to support a more streamlined and coherent reporting process.<br>To increase efficiencies, the following changes are recommended:<br><br>• Combine section III.A.2. How Title V Funds Support State MCH Efforts with III.D.1. Expenditures and III.D.2. Budget.<br>o Creates a unified "funding section", improving narratives flow and aligns expenditures directly with how Title V funds support state MCH activities.<br><br>• Expand the space allotted for III.A.3. MCH Success Story<br>o Additional room is needed to adequately describe program achievements and the processes that led to those successes. | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. Character counts are only applicable to the Title V Information System (TVIS) rather than addressing the instructions on reporting annually on the state Title V program. These comments will be taken into consideration for future updates to TVIS. |

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| | • Combine III.B.2.a. Purpose and Design and III.B.2.b Organizational Structure.<br>o Bringing these sections together provides a comprehensive view of the MCH Program's purpose and organizational framework. | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |
| | • Combine III.B.3.a. Systems of Care for Mothers, Children, and Families and III.B.3.b System of Services for CYSHCN<br>o Combining these sections reduces redundancies and allows states to more effectively convey a full, integrated picture of statewide systems of care. | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |
| | • Combine III.C.1.b.i. MCH Population Health and Wellbeing with III.B.1. State Description | |

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| | o Presents a clearer and more complete picture of the MCH population and its needs within the state.<br><br>• Combine III.C.1.b.ii.a. Impact of Organizational Structure, III.C.1.b.ii.b. Impact of Agency Capacity and III.C.1.b.ii.c. Title V Workforce Capacity and Workforce Development<br>o These sections address related concepts and could be consolidated to reduce duplication and state burden.<br><br>• Combine III.C.1.b.iii. Title V Program Partnerships, Collaboration and Coordination and III.C.1.b.iv. Family and Community Partnerships<br>o Streamlines content to better present the breadth of state partnerships and value of community-based, family led partnerships. | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |

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| | | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |
| **26-004** | Suggested components to include in each Title V application related to the budget and the budget narrative, and to be incorporated into the proposed MCH Block Grant Guidance are as follows:<br><br>• More explicit descriptions of what should be included in the categories for State Funds, Local Funds, Program Income Funds, and Other Funds on Form 2 should be provided to the states by MCHB. The amounts for each of these funding categories on Form 2 are pre-populated by TVIS from SF424 (18c-f) but instructions for what to include in each category are limited to the brief definitions provided in the "Reporting Definitions for the Forms" on page 77-78 of the proposed Title V Block Grant guidance, likely leading to inconsistent reporting across states.<br><br>• With respect to State Funds in particular, specific delineation of the percent of undesignated state general revenue funds used for non-federal Title V funding should be required. This will provide a truer | Program will add additional examples to the Glossary of what states may choose to include in the categories for Local Funds, Program Income Funds, and Other Funds.<br><br>No change to the guidance. This recommendation impacts burden. |

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| | picture of how often states are counting other state funded programs as their match and the extent to which states actually have unrestricted funding available to them to achieve their goals and objectives. | |
| **26-005** | 1. Addressing areas of duplication and guidance structure<br><br>• System of services and Medicaid overlap:<br>o We observe significant overlap between the "Systems of Services" and "Medicaid" narrative sections. To reduce reporting burden and improve clarity, we suggest creating a single, cohesive narrative section regarding the system of services for the MCH population.<br>o This would allow states greater flexibility to organize information in a manner that best reflects their state-specific structures.<br><br>• Organizational capacity and design:<br>o The guidance regarding organizational capacity and design is currently dispersed across three separate narrative sections. We propose consolidating these into a single narrative section focused on organizational structure. Furthermore, we request an adjustment to the word count limits for this combined section to accommodate the increased volume of information resulting from this consolidation. | No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. Commentor is suggesting to combine narrative sections. These narrative sections are requesting different types of information. States are discouraged from repeating any information in subsequent sections that would be duplicative. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |

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| | • Medicaid narrative:<br>o The current word count allowance for the Medicaid narrative is insufficient, creating challenges for comprehensive reporting. We recommend revisiting this word count to ensure states can adequately describe their efforts. | No change to the guidance. Character limits for the Relationship with Medicaid section are established within TVIS and related to the functionality of the data entry system, rather than to requirements contained in the Guidance. Accordingly, HRSA will not make revisions to the Guidance in response to these comments. HRSA will continue to evaluate TVIS character limits and make adjustments, as appropriate, to support states in providing the requested information. Additionally, HRSA will communicate any relevant changes to states through skills-building training or technical assistance provided prior to the release of the data entry system. |
| | • Executive summary:<br>o The brevity required for success stories within the executive summary is restrictive, limiting our ability to provide necessary detail or highlight multiple examples. We suggest increasing the space (or character/word count) allowed for the executive summary to better accommodate the | The Executive Summary is intended to be a standalone document that enables the reader to acquire a clear |

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| | elaboration of success stories.<br><br>• Ongoing needs assessment updates:<br>o Following the five-year needs assessment, it has proven difficult to generate significant new text for ongoing needs assessment reporting while continuing to digest findings from the recent assessment. We seek clarification on how to best report on emerging issues and data that arise outside of the primary five-year needs assessment cycle.<br><br>• Public input and community engagement<br>o During our review process, our team assessed the necessity of a standalone narrative segment specifically for "Public Input." We acknowledge that soliciting community feedback is a federal obligation pursuant to Section 505(a)(2) of the | understanding of the state's Title V program without having to read the entire MCH Block Grant Application/Annual Report. The Executive Summary also serves as the narrative portion of the TVIS State Snapshot, serving as a quick point of reference for MCH stakeholders and other interested parties. HRSA establishes character limits within the TVIS to support these purposes. HRSA will continue to evaluate character limits and make adjustments as appropriate. HRSA will communicate any relevant changes to states through skills-building training or technical assistance provided prior to the release of the data entry system.<br><br>No change to the guidance. Sufficient instructions are already included in the guidance. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions. |

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| | Social Security Act, requiring that the grant application be accessible to the public to encourage participation throughout its creation. Nevertheless, the current structural requirement for a separate "Public Input" section (III.F) presents significant operational hurdles, as states must obtain administrative clearance and lock narratives well in advance of the conclusion of the formal public review period.<br>o Integration of public input section:<br>▪ We recommend folding the "Public Input" section into the "Family and Community Engagement" section. Community focus is centered on engagement in the planning, implementation, and evaluation of work, rather than the formal application process itself.<br><br>• Form 5:<br>o This form continues to present challenges for both completion and interpretation for our partners. We request additional guidance or resources to simplify the completion of this form. | No change to the guidance. While public input may include family and community engagement activities, the two sections serve distinct purposes. Section 505(a) of Title V of the Social Security Act requires states to make the Application/Annual Report available for public comment during its development and after its transmittal. Maintaining a separate Public Input section provides a clear and consistent mechanism for states to annually document compliance with this requirement. The Family and Community Partnerships section addresses ongoing engagement activities with families, individuals, and family-led organizations and is only required to be updated every five years. Further, as internal review and finalization processes for grant application submissions differ from state to state, the legislation cannot align with an individual state's approval process. It is the responsibility of the state to gather public input within the timeframe that fits the state's internal approval process and the grant submission |

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| | • Optional narratives and review communication:<br>o While we appreciate the inclusion of optional narratives, managing reviews and communicating updates to leadership remains a challenge. We suggest exploring methods for more effectively communicating these changes to reviewers, beyond current memo-based processes.<br><br>• Support refined CSHCN core outcome definitions<br>o The Utah CSHCN program strongly supports the Eleventh Edition's updated definitions for the National Survey of Children's Health (NSCH) core outcomes within the "System of Services for CSHCN" section. We specifically value the transition to "adequate and continuous health insurance" and the more precise "transition from pediatric to adult health care." These refinements offer greater clinical accuracy, as continuous coverage remains a vital determinant for children with chronic conditions. Furthermore, emphasizing the pediatric-to-adult pathway better clarifies the structural improvements necessary to assist transition-aged youth with special needs. | deadline.<br><br>No change to the guidance. Additional technical assistance will be provided to the states rather than adjusting the guidance instructions.<br><br>No change to the guidance. Labeling of updated versus not updated sections are only applicable to Title V Information System (TVIS) rather than addressing the instructions on reporting annually on the state Title V program.<br><br>Program thanks the Commentor for their feedback. No changes suggested by commentor. |