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To: [HRSA Paperwork](#)
Cc: [Amy Nance](#)
Subject: [EXTERNAL] Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: OMB No. 0915- 0172—Revision
Date: Monday, July 20, 2026 7:19:01 PM
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The Utah Department of Health and Human Services, Offices of Maternal and Child Health and Children with Special Health Care Needs, respectfully submits the following comments regarding the proposed Title V Maternal and Child Health Services Block Grant Application/Annual Report Guidance. We appreciate the opportunity to provide feedback and offer suggestions to improve the efficiency and effectiveness of the reporting process.

1. Addressing areas of duplication and guidance structure

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System of services and medicaid overlap: 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. This would allow states greater flexibility to organize information in a manner that best reflects their state-specific structures.

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Organizational capacity and design: 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.

2. Narrative length and formatting constraints

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Medicaid narrative: 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.

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Executive summary: 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 elaboration of success stories.

3. Needs assessment and emerging issues

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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 to best report on emerging issues and data that arise outside of the primary five-year needs assessment cycle.

4. Public input and community engagement

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 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.

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Integration of public input section: 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.

5. Operational challenges

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Form 5: 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.

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Optional narratives and review communication: 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.

6. Support refined CSHCN core outcome definitions

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.

We appreciate HRSA's commitment to enhancing the Title V Block Grant Guidance and streamlining state reporting processes. Incorporating these proposed structural enhancements will ensure that the Block Grant application is more efficient, meaningful in clinical settings, and aligned with our state's healthcare structures. Utah DHHS looks forward to working alongside our

federal MCHB partners to facilitate a smooth rollout of the Eleventh Edition. We appreciate your ongoing leadership and consideration of these recommendations.

Thank you,
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**Department of Health
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Family Health

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