

# Group-Based Health and Parenting Education

## Frequently Asked Questions

### BACKGROUND:

An update has been made to HSMED to improve the accuracy of service reporting. This enhancement enables more accurate tracking of both group-based health and parenting education (GBE) and case management/care coordination (CM/CC) services, while maintaining the integrity of the unduplicated participant count. The information below introduces the data system enhancement, reaffirms service delivery targets, and outlines updated instructions for data collection.

#### Previous System Limitation

HSMED previously allowed grantees to select only one service type per participant. If a participant received both GBE and CM/CC, grantees were instructed to select CM/CC only. As a result, the number of participants receiving GBE services may have been underreported.

### UPDATED HEALTHY START DATA COLLECTION PROCEDURE:

#### **New System Capability (Effective July 2025)**

Grantees are now able to select both CM/CC and GBE services when applicable, allowing for a more accurate count of participants who receive GBE, CM/CC, or both.

#### **Participant Service Targets (No Change)**

Grantees must continue to serve a minimum of **700 unduplicated participants per year**.<sup>1</sup> This overall target is **unchanged**.

Within this total:

1. **At least 250 participants<sup>2</sup>** must receive **GBE**.
2. **At least 450 participants** must receive **CM/CC**.

Note 1: Some participants may receive both types of services meaning they can count toward both the 250 GBE participant count and the 450 CM/CC count.<sup>2</sup> However, they may count only once towards the 700 unduplicated participants.

Note 2: A participant can be counted each year they participate.

Note 3: The requirement that participants who are enrolled in both GBE and CM/CC services complete the CM/CC Healthy Start Data Collection Forms remains unchanged.

---

<sup>1</sup> Healthy Start Enhanced grantees must serve 650 unduplicated participants annually.

<sup>2</sup> Healthy Start Enhanced grantees must provide group-based health and parenting education to a minimum of 200 individuals annually.

See the example below for counting Healthy Start participants enrolled in CM/CC and GBE service categories.

| PARTICIPANTS | CASE MANAGEMENT/CARE COORDINATION             | GROUP-BASED EDUCATION                       | COMBINED   |
|--------------|---|---|--|
| FAMILY 01    | ✓   |   | ✓  |
| FAMILY 02    | ✓   | ✓   | ✓  |
| FAMILY 03    |   | ✓   | ✓  |
| FAMILY 04    | ✓   |   | ✓  |
| FAMILY 05    | ✓   | ✓   | ✓  |
| TOTAL        | TOTAL HS PARTICIPANTS SERVED THROUGH CM/CC: 4 | TOTAL HS PARTICIPANTS SERVED THROUGH GBE: 3 | TOTAL NUMBER OF HS PARTICIPANTS SERVED (UNDUPLICATED): 5 |

#### Key Takeaways

1. The requirement to serve **700 unduplicated participants** remains unchanged.<sup>1</sup>
2. The data system now allows grantees to select more than one service type for each participant.
3. For participants receiving both GBE and CM/CC services, grantees must **now record both services**, rather than selecting only one.
4. **Participants who receive both GBE and CM/CC count toward both service type targets, but only once toward the 700 total.**<sup>1</sup>
5. The requirement that participants who are enrolled in both GBE and CM/CC services complete the CM/CC Healthy Start Data Collection Forms remains unchanged.

#### UPDATED GBE HEALTHY START DATA COLLECTION PROCEDURE FAQs:

**Q:** *Why is HRSA changing the procedure for counting GBE participants?*

**A:** The updated data collection procedure for program participants receiving both CM/CC and GBE services will allow for more accurate tracking of both GBE and CM/CC services, while maintaining the accuracy of the total unduplicated participant count.

**Q:** *How will we be able to document that a participant is enrolled in both CM/CC and GBE?*

**A:** Effective July 2025, updates were made to HSMED Templates and the HRSA Data Collection Forms to enable grantees to select more than one service type for each participant.

**Q:** *If a participant is enrolled in CM/CC and attends GBE classes, may I choose which category of services to count them in?*

**A:** No, you will not be able to choose which category of services to count them in. Grantees should select both CM/CC and GBE services if a participant receives both services. This change allows for a more accurate count of participants who receive GBE services, while maintaining an unduplicated count of individuals served overall.

**Q:** *If a participant is enrolled in CM/CC and GBE are they only counted once towards the 700 minimum participants served per year?*<sup>1</sup>

**A:** The requirement to serve 700 unduplicated participants remains unchanged. Participants who receive both GBE and CM/CC now count toward both service type targets, but only once toward the 700 total.<sup>1</sup>

**Q:** *Now that we are able to document that a CM/CC participant is also enrolled in GBE, what set of documentation do we complete?*

**A:** Participants who are enrolled in both CM/CC and GBE during a calendar year should complete all relevant Healthy Start Forms for CM/CC participants; at a minimum, all CM/CC participants complete the Background Form. All GBE participants must complete the Demographic Form.

**Q:** *How do I count a participant that switches into GBE from CM/CC (or vice versa)?*

**A:** Select both CM/CC and GBE services if a participant receives both services within a calendar year.

**Q:** *For the purposes of HSMED report submissions, can we retroactively recount Healthy Start participants who were enrolled in both CM/CC and GBE service categories under the original participant counting approach?*

**A:** Yes, in HSMED you may retroactively count Healthy Start participants who were enrolled in both CM/CC and GBE services from May 1, 2024 – June 30, 2025, and previously not counted towards the GBE totals. This is optional and not required by the Division.

**Q:** *How do I retroactively count a CM/CC participant who attended GBE prior to July 2025?*

**A:** In order for a participant to be counted for both CM/CC and GBE, Question 2 of the HS Demographic Form would need to be updated and resubmitted indicating **both** CM/CC and GBE services. This can be completed by updating the forms within the grantee's data system, or by editing the CSV or XML file that will be uploaded to HSMED.

**Q:** *If a participant is enrolled in GBE and switches into or enrolls in CM/CC services, which data collection forms should we use?*

**A:** Participants who switch into CM/CC from GBE should complete the CM/CC Healthy Start Data Collection Forms.

**Q:** *If a participant is enrolled in CM/CC but switches into GBE, which data collection forms should we use?*

**A:** If a participant leaves CM/CC and enrolls in GBE, for that calendar year, you should submit the CM/CC Healthy Start Data Collection Forms. In the next calendar year, if the participant is enrolled in GBE only throughout the entire calendar year, you should complete the Demographic Form only.

**Q:** *What documentation is required for participants enrolled in GBE only?*

**A:** Participants enrolled in GBE only must complete the Demographic Form.

**Q:** *If a participant attends GBE classes and they are already enrolled in CM/CC, should we submit an updated Demographic Form and select both categories for each GBE session they attend?*

**A:** In order to be counted for both CM/CC and GBE, Question 2 of the HS Demographic Form would need to be updated and resubmitted indicating **both** CM/CC and GBE services. This can be completed by updating the forms within the grantee's data system, or by editing the CSV or XML file that will be uploaded to HSMED.

**Q:** *Will the HS Demographic Form wording change from Participant Type to Service Type?*

**A:** The HS Demographic Form Implementation Guide, HSMED Templates, and HSMED Schemas have been updated to improve data collection and flexibility for your projects. Specifically, the **Participant Type data element** has been modified from a single-select to a **multi-select** option. This will enable grantees to designate participants as **both** a CM/CC participant AND a GBE participant, if a participant receives both services during a calendar year.

**Q:** *Is there a template available for uploading the clients who attend both HS program service types (e.g., CM/CC and GBE)?*

**A:** Your program is expected to use the latest standardized HS Data Collection Forms for the collection of universal participant-level data elements. These forms are available for download from the Healthy Start Technical Assistance and Support Center website located here: <https://healthystart-tasc.org/>.

Participants who are enrolled in both CM/CC and GBE services should complete all relevant HS Forms for CM/CC participants. All GBE participants must complete the Demographic Form.

**Q:** *Do the participant data collection enhancements apply to the current HS project period (May 1, 2024, through March 31, 2029)?<sup>3</sup>*

**A:** Starting July 1, 2025, the enhanced data collection procedure for counting CM/CC and GBE participants have taken effect.

**Q:** *What is the breakup of 450 CM/CC participants into the Prenatal, Infants and Parenting subcategories?<sup>4</sup>*

**A:** If you received your funding through HRSA-24-033, you are expected to serve **450** participants through CM/CC:

- A minimum of **250** pregnant women
- A minimum of **25** fathers/partners
- **175** may be any combination of: pregnant women, interconception women of reproductive age, infants/children from birth through 18 months of age, and fathers/partners

**Q:** *Can participants enroll in GBE at any time?*

**A:** HRSA does not have a required enrollment period for GBE. Grantees should follow their own internal processes and procedures.

**Q:** *Will we need to administer consent forms to GBE participants under 18?*

**A:** Grantees should adhere to their organization's policies regarding consent. HRSA does not require participants to complete consent forms to participate in GBE sessions.

**Q:** *What if participants that attend GBE classes refuse to complete the Demographic Form? Is there another way to capture their participation?*

---

<sup>3</sup> The Healthy Start Enhanced grantee project period is September 30, 2023, through September 29, 2028.

<sup>4</sup> Healthy Start-Enhanced grantees are expected to provide case management/care coordination to a minimum of 450 participants annually. A minimum of 225 should be pregnant women. The remaining 225 may be any combination of pregnant women, preconception women, interconception women of reproductive age, fathers/partners with a pregnant partner or who have an infant or child younger than 18 months of age who are a current or former partner of an enrolled participant and infants/children from birth to 18 months of age.

**A:** No, in order to count a GBE participant toward your total number served, they must complete the HS Demographic Form. If you notice a trend in refusals, please obtain technical assistance from your Project Officer or the Healthy Start Technical Assistance and Support Center.

**Q:** *Are there any requirements for the minimum length of a GBE session?*

**A:** There is no requirement for the minimum length of GBE sessions. Ideally GBE sessions are a structured and highly collaborative form of learning aimed at improving prenatal/postpartum/interconception/family health and wellness while providing critical social support for women/HS participants and increasing empowerment and resiliency. HS projects are expected to: Implement GBE in groups or cohorts so that participants are able to form supportive connections with other group members; and ensure learning and robust interaction among participants over time in accordance with the design of the group education model.