**SUPPORTING STATEMENT**

**Affordable Care Act Maternal, Infant and Early Childhood**

**Home Visiting Program**

 **Fiscal Year 2011: Competing Supplement Funding Opportunity Announcement**

1. **Justification**
2. **Circumstances of Information Collection**

The Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) is requesting Office of Management and Budget (OMB) review and approval of the Fiscal Year 2011 Competing Supplement Funding Opportunity Announcement (the ‘FY 2011 Competitive FOA’) for the Maternal, Infant, and Early Childhood Home Visiting Program under the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). HRSA is requesting emergency processing procedures for the FY 2011 Competitive FOA because the applications for FY 2011 funding must be submitted and reviewed before the expiration of the normal time limits under regulations at 5 CFR Part 1320 and to ensure that successful applicants receive funding before the beginning of the 2011 fiscal year. The FY 2011 Competitive FOA must be made available on May 31, 2011, in order to allow 30 days for grantees to prepare the application materials, which are due on June 30, 2011. Emergency processing is needed because of the critical timing of this post-award submission request for grantees.

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), historic and transformative legislation designed to make quality, affordable health care available to all Americans, reduce costs, improve health care quality, enhance disease prevention, and strengthen the health care workforce. Through a provision authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, (<http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf>, pages 216-225), the Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the Federal, State, and community levels to improve health and development outcomes for at risk children through evidence-based home visiting programs.

The Maternal, Infant, and Early Childhood Home Visiting Program is designed: (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. At-risk communities will be identified through review of the statewide needs assessment submitted by each State. Final selection of the at-risk communities for the purpose of the home visiting program will be submitted in the state’s Updated State Plan.

On September 20, 2010, all 56 States and territories submitted statewide and at risk community needs assessments, as required by law.[[1]](#footnote-2) States completed the needs assessment as a condition for receiving FY 2011 Title V Block Grant allotments.

States are currently responding to the 2nd Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program (the Updated State Plan).[[2]](#footnote-3) The Updated State Plan is intended to flow from the previous assessment of needs and existing resources in the community(ies) at risk to be targeted for a State Home Visiting Program. Accordingly, the Updated State Plan will provide a description of how the State intends to address needs identified, particularly with respect to the at risk community(ies), in the needs assessment submitted on September 20th.

States will be given the opportunity to apply for additional funding to enhance their existing home visiting programs through the FY2011 Competitive FOA. Interested applicants may apply for one of two possible competitive funding opportunities: Innovator Grants and Development Grants.

Innovator Grants will recognize states and jurisdictions that have already made significant progress towards a high-quality home visiting program or in successfully embedding their home visiting program into a comprehensive, high-quality early childhood system. States applying for this grant will use the funds to either (1) enhance several priority elements of a home visiting program or (2) initiate a statewide expansion of one home visiting priority element currently operating at a local or regional level.

Development Grants will provide support to states and jurisdictions that currently have modest evidence-based home visiting programs and want to expand the depth and scope of these efforts, while focusing on one of the priority elements listed below. The intent of this funding is three-fold: (1) to build on the support provided by the MIECHV program’s formula-based funding and other state resources; (2) to enhance and strengthen existing evidence-based home visiting programs; and (3) to develop the infrastructure and capacity needed to seek an Innovator Grant in the future.

**2. Purpose and Use of Information**

The data and information collected in response to the FY 2011 MIECHV Competitive Grant application will be used to select successful applicants for the competitive grant awards. The information collected will help reviewers identify states that have sufficiently demonstrated the interest and capacity to enhance their state’s home visiting efforts. Successful state applicants will be awarded FY 2011 competitive grant funds, on top of formula based funds, to support the enhancement of evidence-based home visiting program in all states.

The following data and information will be collected to assist in the review and selection of successful FY 2011 competitive grant applications:

**Introduction**

This section of the grant application will include:

* A brief description of the project’s proposed purpose;
* A clear description of the problem, the proposed intervention, and the anticipated benefit of the project;
* A description of how this proposal would build on or enhance their existing MIECHV program;
* A logic model for the proposed project that builds on the logic model for the existing state MIECHV program, but makes a distinction between the existing program and what this additional grant would provide.
* (For Innovator Grants) a description of the state’s history of significant progress towards a high-quality home visiting program or in successfully embedding their home visiting program into a comprehensive, high-quality early childhood system; and
* (For Development Grants) a description of the steps previously taken towards addressing one of the aforementioned priority elements in their home visiting program or integrating their home visiting program into a comprehensive early childhood system.

**NEEDS ASSESSMENT**

This section of the grant application will include a thorough assessment of the applicant’s current home program. Accordingly, the applicant must provide data and information that:

1. Identifies the existing gaps in the applicants home visiting program and discusses any relevant barriers in the service area that the project hopes to overcome;
2. Communicates the perceived impact of these gaps and barriers on the applicants ability to provide comprehensive family services, coordinated and comprehensive statewide home visiting program, within a high-quality early childhood system; and
3. Explains how the priority element(s) selected will reached the applicants desired outcomes for their home visiting program.

Applicants will also be asked to use and cite demographic data whenever possible to support the information provided.

**Methodology**

Under this section, applicants will be asked to:

* Specify the evidence-based model(s) that will be supported by the competitive funding;
* Propose methods that will be used to meet each of the previously-described program requirements and expectations in this funding opportunity announcement;
* Clearly describe the goals and objectives using an approach that is specific, time-oriented, measurable, and responds to the identified challenges facing the proposed project; and
* Describe the activities used to achieve each goal and objective, including the specific outcomes expected to result and how they will be measured.

**Work Plan**

In response to this section, applicants will be asked to describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section.

**Resolution of Challenges**

Applicants will be asked to discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

**Evaluation and Technical Support Capacity**

Applicants will be asked to describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

**Organizational Information**

Applicants will be asked to provide information on the applicant organization’s current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations.

**3. Use of Improved Information Technology**

Applications and supporting documentation are required to be submitted electronically through HRSA’s Electronic Handbook System (EHB). Information related to the original Funding Opportunity Announcement (FOA) under the Affordable Care Act for which this supplemental information is requested can be found at <http://mchb.hrsa.gov> by clicking on “Find Grant.”

**4. Efforts to Identify Duplication**

The limited amount of data required to complete competitive application are not unique. Applicants have already provided similar data and information in response to the first and second Supplemental Information Requests. As a result, the applicants will be able to obtain much of the information needed to respond to the competitive application from previous applications and the following data resources: the Title V Block Grant Program; the Child Abuse Prevention and Treatment Act (CAPTA); the Head Start Program; the National Child Abuse and Neglect Data System; the Substance Abuse and Mental Health Services Agency; County Health Rankings; Behavioral Risk Factor Surveillance System; and HHS Community Health Status Indicators.

**5. Involvement of Small Entities**

This activity does not have a significant impact on small entities.

**6. Consequences if Information Collected Less Frequently**

There are no consequences for the FY 2011 Competitive Application. This is a one-time collection.

**7. Consistency with Guidelines in 5 CFR 1320.5(d)(2)**

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2).

**8. Consultation Outside the Agency**

Due to the emergency nature of the program announcement, HRSA is requesting that OMB waive the Federal Register notice requirements for this collection.

**9. Remuneration of Respondents**

Respondents will not be remunerated.

**10. Assurance of Confidentiality**

This request does not involve the collection of individual level or personally identifiable information.

**11. Questions of a Sensitive Nature**

There are no questions of a sensitive nature.

**12. Estimates of Annualized Hour Burden**

The program estimates that 30 eligible entities, who will receive FY2011 Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program Competitive Application, will complete the application. The burden includes the time for the grantee to access data for the required indicators and to provide a narrative that is responsive to the application requirements. The estimate of burden is as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Form | Number of Respondents | Hours per Response | Total Burden Hours  | Total Wage Rate | Total Cost Burden Hours |
| Introduction  | 30 | 8 | 240 | $26 | $6,240 |
| Needs Assessment  | 30 | 16 | 480 | $26 | $12,480 |
| Methodology  | 30 | 24 | 720 | $26 | $18,720 |
| Work Plan  | 30 | 16 | 480 | $26 | $12,480 |
| Resolution of Challenges | 30 | 8 | 240 | $26 | $6,240 |
| Evaluation and Technical Support Capacity  | 30 | 24 | 720 | $26 | $18,720 |
| Organizational Information  | 30 | 8 | 240 | $26 | $6,240 |
| Additional Attachments | 30 | 24 | 720 | $26 | $18,720 |
| **Total** | **30** | - | **3,840** | - | $99,840 |

**13. Estimates of Annualized Cost Burden to Respondents**

There is no capital or start up cost for this activity.

**14. Estimated Cost to the Federal Government**

The estimated annual cost to the federal government for this activity is approximately $3,561 for 0.4% of 10 FTE at a GS 13 level ($89,033)

**15. Changes in Burden**

This is a new project.

**16. Time Schedule, Publication and Analysis Plans**

There will be no statistical analysis done on the information received from the competitive application. In addition, there will be no publication of the information reported.

**17. Exemption for Display of Expiration Date**

The expiration date will be displayed.

**18. Certifications**

This project fully complies with CFR 1320.9.

**Attachments**

Attachment A – Statewide and At Risk Community Needs Assessment Form

Attachment B- Section 511 of the Patient Protection and Affordable Care Act

1. Section 511(b)(1):”… Not later than 6 months after the date of enactment of this section, each State shall, as a condition of receiving payments form an allotment for the State under section 502 for fiscal year 2011, conduct a statewide needs assessment (which shall be separate from the statewide needs assessment required under section 505(a))…” [↑](#footnote-ref-2)
2. Section 511(3)(B). [↑](#footnote-ref-3)