

## **SUPPORTING STATEMENT**

### **Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program**

#### **Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program**

#### **A. Justification**

##### **1. 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 to extend the use of the Supplemental Information Request for the Submission of the Updated State Plan for a Maternal, Infant and Early Childhood Home Visiting Program under the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).

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](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.

To achieve the legislative requirements of the MIECHV program, the following application steps were required for release of grant funding:

The first step was submission of an application for funding: the HRSA Funding Opportunity Announcement (FOA), HRSA-10-275, was issued on June 10, 2010, and State applications were due to HRSA on July 9, 2010. These applications were to include plans for completing the required statewide needs assessment to identify at-risk communities, submission of which was also a condition for receiving FY 2011 Title V Block Grant allotments (the completed needs assessments were due in September 2010), and initial State plans for developing the program in order to meet the criteria identified in the legislation.<sup>1</sup>

The second step was submission of a statewide needs assessment. On September 20, 2010, all 50 States, the District of Columbia, and five U.S. territories submitted needs assessments, which were approved by HRSA, and all 56 grantees have therefore received FY 2011 Title V Block Grant funds.

The third step, as a condition of receiving the remaining grant funding, was submission of an Updated State Plan for a State Home Visiting Program.

The information requested for the Updated State Plan is intended to help States in achieving the MIECHV Program requirements by viewing their proposed State Home Visiting Program as a service strategy aimed at developing a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety and development, and strong parent-child relationships in the targeted community(ies) at risk. Ultimately, the information provided will help States develop a comprehensive plan that addresses community risk factors, builds on strengths identified in the targeted community(ies), and responds to the specific characteristics and needs of families in each of these communities.

## **2. Purpose and Use of Information**

The information requested for the Updated State Plan will advance the purpose of the Maternal, Infant and Early Childhood Home Visiting Program. As articulated under Section 2951(a), “the purposes...are (1) to strengthen and improve the programs and activities carried out under section 505(a)<sup>2</sup>; (2) 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.

To achieve the stated purpose of the program, initial data collected by States were used to complete a statewide needs assessment and an assessment of the State-identified at risk community(ies) by reporting information required under Section 2951(b)(1)(A)-(C).

In response to the Supplemental Information Request, States only collected and submitted this data once for the purpose of completing the needs assessment. To fulfill the stated purpose of the program, States are now required to include the following information in their Updated State Plans:

- **Section 1: Identification of the State’s Targeted At -Risk Community(ies):** States must select a targeted at risk community or communities for which home visiting services can be supported by FY 2010 funding under the MIECHV program. An explanation for this selection should include as much detailed information as possible regarding specific community risk factors, other characteristics and strengths, the need for a home visiting program, and service systems currently available for families in that community, including information on any home visiting programs currently operating and/or recently discontinued (since March 23, 2010). Any other factors regarding the selection of at risk community(ies) should be included in this section.
- **Section 2: State Home Visiting Program Goals and Objectives:** States must specify the goal(s) and objectives for the State Home Visiting Program proposed.
- **Section 3: Selection of Proposed Home Visiting Model(s) and Explanation of How the Model(s) Meet the Needs of Targeted Community(ies):** States must propose a program using one or more evidence-based home visiting models aimed at addressing the particular risks in the targeted community(ies) and the needs of families residing there. States may also propose using up to 25 percent of their grants to support a model that is a promising approach. States must

explain their selection of the home visiting model(s) by demonstrating how they will address the needs identified in the targeted community(ies) at risk. For models not listed in this SIR as evidence-based, an explanation must be offered about how they meet criteria for evidence of effectiveness. In the case of a promising approach, the State must indicate what national organization or institution of higher education developed or identified the model and how the model will be evaluated through a well-designed and rigorous process. States should also describe how the community(ies) at risk will be engaged in decision-making regarding the home visiting program.

- **Section 4: Implementation Plan for Proposed State Home Visiting Program:** States must provide a plan for the implementation of the proposed home visiting model(s) and for ongoing monitoring of implementation quality. This section should address the State's plan for administering and managing the State Home Visiting Program overall, including plans for coordinating such functions as ongoing training and supervision for all home visiting personnel, management responsibilities, coordination among existing home visiting programs and other related programs and services, as well as any other administrative structures and functions necessary to support a comprehensive home visiting program in the community(ies) at risk.
- **Section 5: Plan for Meeting Legislatively-Mandated Benchmarks:** States must propose a plan for meeting the benchmark requirements specified in the legislation and described in detail in this SIR.
- **Section 6: Plan for Administration of State Home Visiting Program:** States must describe the existing community and State service and administrative structures available to support the State Home Visiting Program, such as availability of referral services, of management capacity, and other essential structures.
- **Section 7: Plan for Continuous Quality Improvement:** States must propose a plan describing how continuous quality improvement strategies will be utilized at the local and State levels.
- **Section 8: Technical Assistance Needs:** States should include a list of current technical assistance needs and any anticipated technical assistance needs for the future.

#### Use of Information

The information collected will help further the legislative purpose of the MIECHV Program. The information is also intended to help States view their proposed State Home Visiting Program as a service strategy aimed at developing a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety and development, and strong parent-child relationships in the targeted community(ies) at risk. Ultimately, the information provided will help States develop a comprehensive plan that addresses community risk factors, builds on strengths identified in the targeted community(ies), and responds to the specific characteristics and needs of families in each of these communities.

### **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**

Some of the information required for the Updated State Plan is unique; however, it is anticipated that States will be able to access most of the information requested with minimal burden.

**5. Involvement of Small Entities**

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

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

The grantee must respond only once annually. Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), which added Section 511 to Title V of the Social Security Act (SSA), requires States to provide a description of how the State intends to address needs identified as a result of their needs assessment as a condition of receiving the remainder of the grant funds available under this program.

**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**

A Federal Register Notice was published in the *Federal Register* on March 9, 2011 (Vol. 76, No. 46, pp. 12976-12977). No comments were received.

**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 56 grantees, who will receive FY2010 Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program funding, will need to complete the Updated State Plan to meet the criteria identified in the legislation. The burden includes the time for the grantee to collect the data and information for the required sections and to provide a narrative of Updated State Plan. The estimate of burden is as follows:

	<b>Number of Respondents</b>	<b>Number of Responses</b>	<b>Total</b>	<b>Hours per</b>	<b>Total Burden</b>	<b>Total Wage</b>	<b>Total Cost</b>
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<b>Form</b>		<b>per Respondent</b>	<b>Responses</b>	<b>Response</b>	<b>Hours</b>	<b>Rate</b>	<b>Burden Hours</b>
<b>Section 1:</b> Identification of the State's Targeted At - Risk Community(ies)	56	1	56	30	1,680	\$26	\$43,680
<b>Section 2:</b> State Home Visiting Program Goals and Objectives	56	1	56	30	1,680	\$26	\$43,680
<b>Section 3:</b> Selection of Proposed Home Visiting Model(s) and Explanation of How the Model(s) Meet the Needs of Targeted Community(ies)	56	1	56	30	1,680	\$26	\$43,680
<b>Section 4:</b> Implementation Plan for Proposed State Home Visiting Program	56	1	56	60	3,360	\$26	\$87,360
<b>Section 5:</b> Plan for Meeting Legislatively-Mandated Benchmarks	56	1	56	60	3,360	\$26	\$87,360
<b>Section 6:</b> Plan for Administration of State Home Visiting Program	56	1	56	40	2,240	\$26	\$58,240
<b>Section 7:</b> Plan for Continuous Quality Improvement	56	1	56	20	1,120	\$26	\$29,120

<b>Section 8:</b> Technical Assistance Needs	56		56	1	56	\$26	\$1,456
<b>Total</b>	<b>56</b>				<b>15,176</b>		<b>\$394,576</b>

**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**

There is no change in burden.

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

There will be no statistical analysis done on the information received from the statewide or at risk community needs assessments. 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 – Draft Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program

Attachment B- Section 2951 of the Patient Protection and Affordable Care Act