SUPPORTING STATEMENT
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
APPLICATION GUIDANCE

A. Justification

1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY

This submission is a request for OMB approval of the revised guidance to be used by the 50 States and 9 jurisdictions eligible for State formula grants under the Maternal and Child Health (MCH) Services Block Grant, authorized by Section 501 of Title V of the Social Security Act (the Act), PL 101-239 (see Attachment A). The current guidance (OMB No. 0915-0172) has an expiration date of March 31, 2012. The revised guidance contains one combined document consisting of instructions for completing an annual report and an application. The annual report fulfills the requirements of Section 506 and the application fulfills the requirements of Section 505 of Title V. The attached guidance is designed to allow States flexibility in meeting the identified needs of women and children while enabling the Maternal and Child Health Bureau (MCHB) to provide comparative data required by Congress to account for the use of Federal funds. The MCHB, in the Health Resources and Services Administration (HRSA), serves as the Health and Human Services Secretary's delegate to collect this information, review it and use it to award approximately $600 million in State formula grants under the MCH Block Grant program. This submission is a revision with a reduction in the estimated average annual number of burden hours. The revisions are detailed in Attachment B entitled "*Maternal and Child Health Services Title V Block Grant – Summary of Changes"* with Attachment C containing the revised *"Title V Maternal and Child Health Services Block Grant to States Program Guidance and Forms."*

The MCH Block Grant is a formula grant under which funds are awarded to all 59 States and jurisdictions upon their submission of an acceptable plan to meet the health services needs of the target populations of mothers, infants, children, and children with special health care needs. Through this process, each State and jurisdiction must also provide and promote the development and coordination of systems of care that are family-centered, community-based and culturally appropriate.

History
The State health programs for mothers and children dates to 1935 when these programs were first authorized under Title V of the original Social Security Act. In 1981, Title V was amended to create a single block grant program, which consolidated seven related categorical health services programs for mothers and children into the MCH Services Block Grant. Programs folded into the block grant included: Maternal and Child Health and Children with Special Needs Services; Supplemental Security Income for Children with Disabilities Program; Lead-Based Poisoning Prevention; Genetic Disease; Sudden Infant Death Syndrome (SIDS); the Hemophilia Treatment Centers; and Adolescent Pregnancy Grants. In 1996, PL 104-193 created a new section 510 of Title V establishing a separate program for abstinence education.

Beginning in 1982, eligible States and territories were required to submit annually to the Secretary a Report of Intended Expenditures (RIE), which outlined the State's general plans for the use of block grant funds and an annual report, in an unspecified form and with unspecified content, which would inform the Secretary about how block grant funds were spent. The Omnibus Budget Reconciliation Act (OBRA) of 1989 tightened accountability under the MCH Block Grant. Congress placed a 10 percent limit on administrative costs and mandated two minimum spending requirements, at 30 percent: (1) for children's preventive and primary health services and (2) for services and service coordination for children with special health care needs. Particular emphasis was placed on the provision of services for low-income individuals and the development of comprehensive plans for State systems of services which would be responsive both to the State's 5 year needs assessment and resulting goals and objectives consistent with Healthy People 2000 objectives.

The new provisions of OBRA1989 strengthened the requirements for annual State plans, changing their designation from RIEs to standard applications. OBRA 1989's amendments to Title V introduced very specific categories of services and reporting for States. The statutory language regarding the standardized form and content of the MCH Block Grant application and annual report was deemed sufficiently explicit by DHHS not to require further amplification through regulations.

To meet the requirements of the 1993 Government Performance and Results Act (GPRA), MCHB streamlined its guidance into a combined document inclusive of the annual report, application and a five-year needs assessment. Previously, these were three separate documents that were duplicative and onerous to the States. The attached Guidance still reflects the rights of States to determine their own needs and programs and to be accountable for the progress needed toward their stated goals under the block grant concept. The Guidance also allows for adhering to the specific statutory requirements of Sections 501, 503-509 of the Act, and sound principles of public health practice and maternal and child health services. The revised guidance being submitted for approval does not contain the 5-year Needs Assessment as the submission of the next 5-year Needs Assessment by states will not occur until July 2015 and that is beyond what would be the approved cycle for this application guidance.

The guidance focuses on accountability and flexibility which is consistent with Title V legislation and contributes to the goals of the Performance Partnerships initiative and GPRA. These revisions were influenced by the Performance Partnership Grants (PPGs) developed under the National Performance Review in 1995. These grants provide States more latitude in how funds are used in return for increased State and Federal accountability for achieving targeted improvements in specific health status and performance measures.

Another influence on the revision of the guidelines, specifically on the development of performance measures, continues to be the "MCH Pyramid," which is a conceptual framework for defining the core public health services delivered by MCH agencies (see Attachment D). From bottom to top, the pyramid illustrates the basic types of services provided, in order of the size of the population affected by the service. In developing the national performance and state negotiated performance measures, consideration was given to whether all levels of the pyramid were represented by the measures.

The existing electronic Title V Information System (TVIS) used by the States to submit their Block Grant Application and Annual Report has been maintained and enhanced. Using the electronic system, the narrative from the prior year's submission is available online in the system so that the applicant need only edit those sections that have changed. This feature minimizes burden by avoiding duplicating material. For NPM #2-6, the data obtained from the National Survey of Children with Special Health Care Needs are pre-populated, which eliminates the need to retrieve and enter data from this survey unless the States choose to use another data source. Also, notes from the prior year's submission are available to the States, which allows for more efficient updating through edits rather then recreating them. Data are entered once (in a data entry field on a given form), and where those data are referenced elsewhere, the value is copied and displayed. The electronic system includes an automatic character counter that tells the user how many characters the states have left. Users do not need to independently track entries against the MCHB's limits for each section to ensure compliance. The electronic system includes forms status checker and data alerts, which conduct automated checks on data validity, data consistency, and application completeness, as well as value tolerance checks. This feature facilitates application review and eliminates much of the previously required data cleaning activity. Also, the user may obtain an immediate update at any point in time on the completeness and compliance of the application, which reduces the need to conduct a review of the application. Data are saved directly to the HRSA server so that no manual transmission is required. Finally, the automatic commitment of data to the HRSA server eliminates the need for version control or data migration. Improved efficiency by States in the completion of the application/annual report is reflected in data on the mean number of sections completed by July 1, two weeks before the deadline of July 15. The mean for the last 3 years is as follows: 2010 – mean 15.25; 2011 – mean 12.93; 2012 – mean 14.10. The decrease from 2010 to 2011 can be attributed to the fact that this was year in which States were working on MCH Block Grant applications that included a 5-Year Needs Assessments while they were simultaneously working on Maternal, Infant, and Early Childhood Home Visiting applications authorized by the Affordable Care Act (ACA). The due date for both applications occurred in July 2011.

The data requested in the guidance are necessary to manage the system, monitor the status of women and children and make States accountable for their funds. The continuation of annually reported National and State performance measures; health status and health systems capacity indicators, and more clear narrative instructions are examples of how the guidance has improved. Elimination of redundancy will also reduce the burden on States. This reflects the public and private sector movement towards performance-based models of "doing business" to demonstrate value from investments.

In conclusion, the guidance ensures that the MCHB will be held accountable to demonstrate that funds are being spent appropriately to improve the health of women and children.

2. PURPOSE AND USE OF INFORMATION COLLECTION

The purpose of the Title V MCH Services Block Grant Program is to create Federal/State

partnerships in all 50 States and 9 jurisdictions to develop service systems to meet MCH challenges which include the following:

- Significantly reducing infant mortality;
- Providing comprehensive care for women before, during, and after pregnancy and childbirth;
- Providing preventive and primary care services for infants, children, and adolescents;
- Providing comprehensive care for children and adolescents with special health care needs;
- Immunizing all children;
- Reducing adolescent pregnancy;
- Putting into community practice national standards and guidelines for prenatal care, for healthy and safe child care, and for the health supervision of infants, children, and adolescents;
- Assuring access to care for all mothers and children; and
- Meeting the nutritional and developmental needs of mothers, children, and families.

This Block Grant guidance builds upon the established performance partnership approach with the State Title V agencies. It has been revised based on input provided by the State Title V directors and State MCH epidemiologists in the MCH Block Grant Guidance Review Workgroup meeting and the MCH Block Grant reviews. The proposed revisions to the Guidance are intended to further improve and streamline the application submission process and to enhance Federal and State efforts to identify priorities and implement strategies to meet the needs of the MCH populations.

Uses of information
The data and attendant information that will be collected by the MCHB from the States through the application/annual report offer utility to both HRSA, MCHB, and to the individual States and jurisdictions.

Federal
The information collected from State Title V agencies in the application/annual report will be used to comply with statutory requirements, including accountability, for MCH Block Grant funds. MCHB will use the information to take two administrative actions:

- Acceptance of annual report submitted in accordance with standard format and requirements of Section 506 of the Act; and
- Acceptance of a complete State application submitted in accordance with the standard format and requirements of the Act.

Additionally, as mandated by Section 506, information provided through the annual report and other sources of State data gathered by MCHB will be aggregated and analyzed for inclusion in Title V Information System. The MCHB will use the data to set priorities and guide strategic planning efforts.

State
States will use the data to aid in priority setting for their MCH populations; to respond to other Federal, State, and local performance requirements/requests; and to develop and justify efforts to advance MCH-related agendas with the legislatures and/or Governor's offices.

Information Collection and Proposed Changes
The combined application/annual report will be completed and submitted to the MCHB on an annual basis. These data offer a consistent way for States to provide tabular information in order to facilitate manipulation of data and production of reports. The annual report and application will reflect, through the use of data forms and supporting narrative, a synthesis of the health status, problems, services, funds, and performance that are planned and provided by Title V programs.

This guidance for data collection and reporting is consistent with GPRA and the Performance Partnership Grant program initiatives because it allows MCHB and States to demonstrate accountability for funds that are planned and provided by Title V programs. It is also consistent with GPRA and the Performance Partnership Grant program initiatives because it allows MCHB and States to demonstrate accountability for funds that are targeted toward improving the health of women and children while working within the existing legislation. The following are the main sections of the guidance that involve data collection and reporting: national performance measures; State-negotiated performance measures; and health status and health systems capacity indicators.

Performance Measures
Historically, adoption of new measures facilitates the State in expanding and enhancing their data capacity.

National Performance Measures (NPM)
The NPM are a set of measures upon which each State and jurisdiction will report. Each measure has five major components including goal, definition, Healthy People 2020 objective, data sources/issues, and significance. These components are represented on a detail sheet for each measure that summarized its characteristics. The Healthy People 2020 objectives will be updated with comparable future updates as necessary. These detail sheets assure consistent understanding and reporting among States, and when appropriate, allow for national data aggregation. Footnotes containing additional explanatory material can be added to the performance measures reporting form to enhance understanding or highlight special conditions or concerns.

State Performance Measures (SPM)
Each State will develop and build on at least 7, but not more than 10, additional Performance Measures based upon their identified priorities. They may be similar to, but not otherwise captured by, the National Performance Measures. The State Performance Measures (SPM) will be reviewed by central MCHB staff and discussed with State staff during the application/annual report review session, and approved in the notice of grant

award letters from the MCHB. SPMs are reviewed relative to the priorities established in the Needs Assessment, their representation of important State Title V program activities and to ensure that they are generally measureable and relevant. Each SPM will require a completed detail sheet to document the previously mentioned components of the measure. In addition, the State will discuss why each measure was chosen, its relationship to one or more of the priority needs, the MCH populations served, and its level of placement in the MCH pyramid.

Health Systems Capacity Indicators (HSCI) and Health Status Indicators (HSI)

This standard set of HSCI and HSI are different from performance measures in that they indicate a State or jurisdiction's data capacity and health status at one point in time and require no targets or effort. Instead, these will help inform a State or jurisdiction on future programming of public health efforts.

Health Systems Capacity Indicators

The HSCI are reported annually. These indicators are meant to be used as a self-assessment tool. They inform States about their ability to assure access to MCH policy and program relevant information. The indicators serve as a surveillance monitoring tool and provide information on the State's capacity to impact health outcomes. Besides describing data sources and current findings, the State utilizes these indicators to answer questions such as the following:

- What do the Health Systems Capacity Indicators show? (trend analysis)
- Which trends or indicators are most critical or sentinel to your work?
- For relevant indicators, what is your desired outcome? (evaluation)
- Based upon the trend analysis/prioritized indicators, what programming or policy changes are needed for the desired impact? (quality improvement)

Health Status Indicators

The HSIs are to be reported annually. They inform State's future programming of public health efforts. The indicators serve as a surveillance monitoring tool and provide information on the State's health outcomes. States may choose one, some, or all of the most relevant indicators to discuss in their application/annual report. Besides describing data sources and current findings, the State utilizes these indicators to answer questions such as the following:

- What do the Health Status Indicators show? (trend analysis)
- Which trends or indicators are most critical or sentinel to your work? (prioritizing)
- For relevant indicators, what is your desired outcome? (evaluation)
- Based on the trend analysis/prioritized indicators what programming or policy changes are needed for the desired impact? (quality improvement)

3. USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION

HRSA has made efforts to improve the use of information technology in data collection. Following the approval of the 1997 revisions, HRSA developed and instituted an automated electronic data collection process and implemented the TVIS.

Electronic Data Reporting
The electronic data reporting has reduced the burden on States and jurisdictions because it provides for automatic calculations of ratios, rates, and percentages, carries over data from year to year, and assures that data used in multiple tables is entered only once. The web-based application process will continue to reduce the data reporting burden of the States.

Respondents enter some data by hand but also upload other information as appropriate. Instead of providing screenshots, a TVIS test site has been established for OMB's use to show an example of a State Title V Grant Application. The test site is as follows:

https://perf-app-tst1.hrsa.gov/mchb/RegLogin/RegLoginApp/Login.aspx?application=tvisApp&redirect=/mchb/TVISApp/RegLoginEntry.aspx

Login info: Username: mdtest Password: md123

Please note that States only provide data for the application/annual reporting year as other data cells are pre-populated from previous year's submissions.

Title V Information System (TVIS)
TVIS is a database that allows users to search and sort data on the health status of the nation's mothers and children. This database assures that Title V program data on maternal and child health are uniformly available from all 50 States and 9 jurisdictions. These data are entered from the States' annual Block Grant applications and reports. Access to the data enables States, communities, policymakers, and health care professionals to make better-informed decisions about meeting the health care needs of women and children in the United States. Since TVIS makes all information publicly accessible on the web, this provides a strong incentive to the States to ensure the quality and accuracy of the data submitted. The data reported annually by the States are available to the public at: https://perfdata.hrsa.gov/mchb/TVISReports/Default.aspx

4. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

MCHB makes every effort not to duplicate the data collection efforts of other Federal agencies, as required by Section 509 (a) (5) of the Act. Most of the data requested in the guidance is unique to the Title V program at the State and national level and is required by statute and needed by the Department. These data are not available elsewhere. The data requirements of Sections 505 and 506 have been discussed extensively with the States in public meetings.

However, MCHB may be duplicating, in a minimal manner, some of the data submitted by States to the Federal government (e.g. vital statistics) because States prefer to use more current provisional data when setting priorities and planning, designing and measuring programs rather than older "final" data. "Final" data are older because of the time it takes from receipt of raw data to cleaning and producing final data tables that are reported by the Centers for Disease Control and Prevention. For example, when States are setting objectives, they will want to have a current and comprehensive picture of their MCH health care scenario, therefore; they may report provisional data such as infant mortality rates, STD rates, and immunization rates.

A State needs assessment was submitted in FY 2010 for FY2011-2015. The combined annual report and application document is submitted during the four intervening years and avoids repetition of static areas because it only asks States to update significant changes in their assessed needs.

5. IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

No small business or other small entities are involved.

6. CONSEQUENCES OF COLLECTING THE INFORMATION/LESS FREQUENT COLLECTION

Annual submission of this application and report is required by law to entitle a State to receive block grant funds (Sec.505). An annual report on the expenditure of the previous year's funds is also required by Section 506 of Title V. Section 505(a) requires a State needs assessment every 5 years with the next needs assessment due to be submitted in FY 2015.

7. SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 CFR 1320.5

This data collection is consistent with the guidelines in 5 CRF 1320.5.

8. COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE/OUTSIDE CONSULTATION

Section 8A:

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on July 19, 2011 (Vol. 76, No. 138, pages 42717-42718). See Attachment E.

Two public comments were received:

1) One comment reflected concern that the addition of a resource tool from Wisconsin to assist in completion of Form 13 gave the impression that the tool was "mandatory" even though other States (such as New York) utilize a methodology to complete Form 13 that is different from that outlined in the Wisconsin tool. In response to this comment, the guidance has been revised by deleting the Wisconsin Tool from the Appendix and inserting language into the application guidance that states "Please contact your designated MCH Block Grant federal project officer if

you are interested in receiving information on resources available to assist in the completion of Form 13."

2) The other comment appreciated the fact that the instructions for counting individuals (Form 7) was changed in the previous guidance in order to more accurately count individuals served. The same comment also requested changes to the Annual Report requirement; however, HRSA does not have the authority to make the changes requested as these would require a change in statute.

Section 8B:

There was an extensive collaboration process for this Block Grant Guidance revision with the involvement of a wide range of individuals and organizations. Included in the collaborations were Federal partners, a national professional organization and parent group, as well as a Block Grant Guidance Review Workgroup with representatives of the State MCH Directors, State Children with Special Health Care Needs (CSHCN) Directors, and Family Voices representatives that convened in April 2011. Attachments F and G contain a list of the members of this Workgroup and a list of the State Title V MCH and CSHCN Directors. Throughout this process, there was continuous contact with the leadership and members of the Association of Maternal and Child Health Programs (AMCHP), which includes State Title V Directors, other professionals interested in public health programs, and individual State representatives. AMCHP's members are the primary users of the Guidance for the preparation of their State Application/Annual Report. Most of the comments from the workgroup focused on the following areas:

- strengthening the focus on women's health,
- examining childhood vision screening efforts in states,
- revisiting outcomes for oral health,
- increasing collaboration with the tribal health community, and
- enhancing family involvement.

In July, a draft of the revised sections of the guidance was circulated to the workgroup members for comment. Comments received from the workgroup members have been incorporated into the attached version of the guidance. The timeline of this collaboration and resulting changes to the draft Guidance follows.

> *April 14, 2011*: MCH Block Grant Guidance Review Workgroup meeting
> *July 19, 2011*: Email sent to MCH Block Grant Guidance Review Workgroup and all Title V MCH and CSHCN Directors listing website for the 60–day *Federal Register* Notice and directions for obtaining a final draft copy of the Guidance.
> *August - September 2011*: Received 2 comments in response to the 60-day *Federal Register* Notice. Continued informal, ad-hoc MCHB meetings to finalize revision.

Also included with this package is a letter of support for the revised guidance from the National Governors Association's Center for Best Practices.

9. EXPLANATION OF ANY PAYMENT/GIFT TO RESPONDENTS

Respondents will not be remunerated.

10. ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

The Privacy Act does not apply in this data gathering effort because the information to be collected will not identify any individuals by name or collect any individual information.

All annual reports, applications, and associated information submitted under Title V are public documents and available to the public on demand. Section 505 requires each State to have public disclosure for a period of time through the MCH Block Grant application process to facilitate public review and comment by interested persons or organizations during its development or transmittal.

11. JUSTIFICATION FOR SENSITIVE QUESTIONS

There are no questions of a sensitive nature associated with this data collection effort.

12. ESTIMATES OF ANNUALIZED HOUR AND COST BURDEN

The annual burden estimate for this activity is based upon information provided by an earlier pilot as well as previous experience by States in completing the report and application. The estimated average annual burden is as follows:

Section 12A:

Estimated Annualized Burden Hours

Type of Respondent	**Form Name**	**No. of Respondents**	**No. Responses per Respondent**	**Average Burden Per Response (in hours)**	**Total Burden Hours**
State MCH Official	Application and Report without Needs Assessment (2012, 2013, 2014)	59	1	246	14,514
Total		59	1	246	14,514

Section 12B:

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State MCH Official	14,514	$30	$435,420
Total	14,514	$30	$435,420

13. ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS OR RECORDKEEPERS/CAPITAL COSTS

There is no capital, start-up costs, or operation and maintenance costs associated with this data collection.

14. ANNUALIZED COST TO THE FEDERAL GOVERNMENT

Currently, approximately two Federal staff full-time equivalents (FTEs, GS-13) are directly associated with the activities required to accomplish this project, with an average cost of $100,904 including salary and benefits. In addition to direct salary and benefit costs, approximately $120,000 is needed for operational costs relating to reviewing and follow-up relative to Block Grant applications and annual reports. In addition, about $575,000 in contract costs will be required annually for the operation of the system for automated reporting and analysis of data (Title V Information System). On this basis, the estimated annual cost to the Federal government is $795,904.

15. EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS

The current inventory for this activity is 18,064 hours and there is an estimated decrease of 3,550 hours to 14,514. The estimated decrease is based upon increased technological efficiencies in the application process as well as the fact that there will be no new State Needs Assessment submissions during the time period for which this application guidance is approved.

16. PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE

The State MCH Block Grant annual report and application document is an annual data collection. Submission of all documents by States and jurisdictions will take place by July 15 of each year, with review completed in early September. Announcements of funding decisions are usually made by October, or as soon as possible in the fiscal year, after MCHB receives the appropriation.

Aggregation of data from annual reports will begin each year in early Fall after receipt of the reports from States. It is estimated that data analysis and verification will take five to six months to complete allowing for ample contact with State personnel to verify data, make any

corrections, or resolve any other issues or questions.

17. REASON(S) DISPLAY OF OMB EXEMPTION DATE IS INAPPROPRIATE

The expiration date will be displayed.

18. EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

This project meets all of the requirements in 5 CFR 1320.9. The certifications are included in the package.