

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program FY 2012 Competitive Funding Opportunity Announcement

OMB Control No. 0915-XXXX

Terms of Clearance: None.

A. Justification

1. Circumstances Making the Collection of Information Necessary

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (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 MIECHV program¹, the Affordable Care 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.

This 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. The legislation reserves the majority of funding for one or more evidence-based home visiting models. In addition, the legislation supports continued innovation by allowing for up to 25 percent of funding supporting promising approaches that do not yet qualify as evidence-based models.

The goal of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) competitive grant program is to award additional funding to states that have sufficiently demonstrated the interest and capacity to expand and/or enhance their evidence-based home visiting programs to improve outcomes for children and families who reside in high-risk communities.

Successful applicants will be awarded competitive grant funds, in addition to the MIECHV formula based funds, to support the effective implementation of home visiting programs that are part of comprehensive, high-quality early childhood systems in all states. Applicants will be evaluated by their demonstrated commitment to implementing high-quality home visitation programs and the quality of plans to expand services and improve outcomes for vulnerable

¹ See <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf> , pages 334-343.

children and families.

2. Purpose and Use of Information Collection

This information collection is needed for eligible entities to apply for competitive funding opportunities under the MIECHV. As noted above, this program is authorized under the Social Security Act, Title V, Section 511 (42 U.S.C. §701), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148). A portion of funding under this program is awarded to participating states and eligible jurisdictions² by formula. However, an additional portion of funds is awarded competitively.

The information collected will be used to collect applicant information regarding proposed project plans sufficient to inform peer review and subsequent grant award and monitoring. Peer reviewers will be selected from among experts in the relevant fields to assess and score applicant proposals. On the basis of reviewer scores, applications will be ranked, and the highest scoring applications will be funded according to availability of funds. Applications approved for funding are entered into HRSA's Electronic Handbook (EHB).

Subsequent to award, the approved plans set forth in the applications in the EHB will be monitored by Federal Project Officers to ensure implementation according to these plans, as submitted in this data collection instrument. Failure to collect this information would result in either a failure to make awards to eligible entities as required by law, or would necessitate award of all funds by formula, which is inconsistent with established program policy and implementation, as competitive awards have been made a part of this program's administration.

3. Use of Improved Information Technology and Burden Reduction

Applications in response to this Funding Opportunity Announcement (FOA) will be submitted electronically through www.grants.gov. Applications approved for funding will automatically be migrated to HRSA's EHB. No paperwork will be required, and 100% of responses will be collected electronically.

4. Efforts to Identify Duplication and Use of Similar Information

This program is unique and prescribed by law as noted above. Similar information will not be collected through other means.

5. Impact on Small Businesses or Other Small Entities

There will be no impact on small businesses or other small entities, because only states and jurisdictions are eligible to apply. No small businesses will be involved.

6. Consequences of Collecting the Information Less Frequent Collection

Appropriations under the MIECHV are annual. Entities wishing to obtain grant funding beyond their formula funds may have the option to apply once per annum. Less frequent information

² The 48 states, the U.S. Virgin Islands, Puerto Rico, American Samoa, the Northern Marianas, District of Columbia, and Guam.

collection would result in the inability of HRSA to award through competition the annually appropriated funds that are intended for program implementation.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on February 29, 2012, vol. 77, No. 40; p 12314. There were no public comments.

Section 8B:

- Potential state applicants were consulted in FY 2012 to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported. The names, title, telephone numbers, and e-mail addresses of those consulted are below. There were no problems that could not be resolved during the consultation.

Kristine Campagna, MEd
Manager, Newborn Screening and Early Childhood Programs
Rhode Island Department of Health
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Carole Steele
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Division of Prevention and Family Support
GA Governor's Office for Children and Families
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Consuelo Staton
State Resource Mothers Program Coordinator
Virginia Department of Health
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Candace Kragthorpe
 Family Home Visiting Unit Supervisor
 Minnesota Department of Health
 651-201-4841
Candace.kragthorpe@state.mn.us

HRSA collaborates under the MIECHV with the Administration for Children and Families (ACF) as is required under the legislation and also with a number of other federal agencies with HHS (including the CDC, SAMHSA, and CMS), as well as the Departments of Education and Justice.

9. Explanation of any Payment/Gift to Respondents

No direct remuneration will be provided to respondents for applying in response to this FOA. Successful applicants will be awarded grant funding as is the purpose of the FOA.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply because these information collection requirements do not include collection of information on individuals; all information is reported in aggregate form.

11. Justification for Sensitive Questions

There will be no questions of a sensitive nature relating to applicants’ race/ethnicity, sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Estimates of Annualized Hour and Cost Burden

The annual estimate of burden is as follows:

Instrument	Number of Respondents	Responses per respondent	Total Responses	Hours per Response	Total Burden Hours
Introduction	20	1	20	3	60
Needs Assessment	20	1	20	7	140
Methodology	20	1	20	7	140
Work Plan	20	1	20	8	160
Resolution of Challenges	20	1	20	2	40
Evaluation and Technical Support Capacity	20	1	20	8	160
Organizational Information	20	1	20	2	40
Additional Attachments	20	1	20	8	160
Total	20	1	20	45	900

12B.

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Home Visiting Coordinator	26	\$40.00	\$1040.00
State Home Visiting Staff	19	\$21.35	\$405.65
Total	45	\$32.13	\$1445.65

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Recordkeepers/Capital costs are expected to be minimal as states will utilize existing mechanisms.

14. Annualized Cost to Federal Government

We estimate the cost to the Federal Government to total 9 Federal staff at grade 12 for approximately 67.5 hours totaling \$2, 421.90, and 5 Federal staff at grade 14 for approximately 80 hours totaling, \$4,032.80. The total estimated annualized cost to the Federal government is \$6,454.70

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The proposed critical date of publication of the Formula Opportunity Announcement is July 9, 2012. Subsequently, the expected final date for data collection is August 8, 2012. The abstracts of grants awarded will be posted electronically on HRSA Maternal and Child Health Bureau’s (MCHB) Discretionary Grants Information System (DGIS), no other materials will be published.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.