

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program FY 2012 Competitive Noncompeting Continuation Progress Reports

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) formula grant program is to support states in mounting high quality, evidence-based home visiting programs embedded in strong state early childhood systems.

2. Grant recipients shall submit a Noncompeting Continuation progress report to receive continuous funding throughout the project period. Grantees will be evaluated according to

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

their progress in carrying out their Update State Plans as approved by Federal Project Officers.

3. Purpose and Use of Information Collection

This information collection is needed for eligible entities to receive subsequent funds under the MIECHV program. 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 was awarded competitively.

The information collected will be used to review grantee progress on proposed project plans sufficient to permit project officers to assess whether the project is performing adequately to achieve the goals and objectives that were previously approved. This report will also provide implementation plans for the upcoming year, which project officers can assess to determine whether the plan is consistent with the grant as approved, and will result in implementation of a high quality project that will complement the state home visiting program as a whole. NCC Progress Reports are entered into HRSA's Electronic Handbook (EHB).

Failure to collect this information would result in the inability of the project officers to exercise due diligence in monitoring and overseeing the use of grant funds in keeping with legislative, policy, and programmatic requirements.

Grantees are required to provide basic information through the SF-PPR and SF-PPR-2 forms in EHB. Additionally, grantees are required to provide a performance narrative with the following sections: project identifier information, accomplishments and barriers, state home visiting program goals and objectives, update on the state home visiting program promising approach, implementation of the state home visiting program in targeted at-risk communities, progress toward meeting legislatively-mandated reporting on benchmark areas, state home visiting CQI efforts, and administration of state home visiting program. The purpose of requiring each section of the narrative is listed below.

- Project identifier information: information collected is basic identifying information.
- Accomplishments and barriers: information collected is for assessing project accomplishments during the reporting period, including any barriers to progress that have been encountered and strategies taken to overcome them.
- State home visiting program goals and objectives: information collected is for monitoring progress made under each goal and objective during the reporting period, including any changes to existing program goals, and for monitoring the grantee's efforts to contribute to an early childhood system, according to the previously submitted logic model.
- Update on the state home visiting program promising approach: information collected is for monitoring the grantee's evaluation of any implemented promising approach.
- Implementation of the state home visiting program in targeted at-risk communities:

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

information collected is to monitor the grantee's progress in planning and implementing the home visiting program for each community, including any challenges encountered and steps taken to overcome the identified challenges.

- Progress toward meeting legislatively-mandated reporting on benchmark areas: information collected is for monitoring data collection efforts for the six legislatively-mandated benchmark areas.
- State home visiting CQI efforts: information collected is for monitoring the state's efforts for planning and implementing continuous quality practices for the home visiting program.
- Administration of state home visiting program: information collected is for monitoring the balance of funds under the grant, any changes to key personnel, and progress on meeting legislative requirements for staffing and supervision.

4. Use of Improved Information Technology and Burden Reduction

Progress Reports 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.

5. 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.

6. 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.

7. Consequences of Collecting the Information Less Frequent Collection

Appropriations under the MIECHV are annual. Less frequent information collection would result in the inability of HRSA to monitor the use of appropriated funds sufficient to determine whether subsequent year funding should be awarded to the grantee.

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

This request fully complies with the regulation.

9. 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 May 11, 2012, vol. 77, No. 92; p 27781. Seven individuals responded to request a copy of the draft instructions for the progress reports, copies were promptly disseminated and no further public comments were received.

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 is attached. There were no problems that could not be resolved during the consultation.

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.

10. 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.

11. 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.

12. 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.

13. Estimates of Annualized Hour and Cost Burden

The annual estimate of burden is as follows:

Instrument: A Summary of the progress on the following activities.	Number of Respondents	Responses per respondent	Total Responses	Hours per Response	Total Burden Hours
Accomplishments and Barriers	56	1	56	3	168
Program Goals and Objectives	56	1	56	5	280
Update on Evaluation Plan	56	1	56	5	280
Implementation in targeted at-risk communities	56	1	56	14	784
Progress on Benchmark Reporting	56	1	56	5	280
CQI efforts	56	1	56	5	280
Program Administration	56	1	56	5	280
Total	-			-	2352

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Home Visiting Coordinator	21	\$40.00	\$840.00
State Home Visiting Staff	21.43	\$21.35	\$457.53
Total			\$1297.53

14. 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 10 Federal staff at grade 13 for approximately 264 hours totaling \$ 9, 065.76. Therefore, the total estimated annualized cost to the Federal government is \$9, 065.76.

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 Competitive NCC Progress Report Instructions is August 15, 2012. Subsequently, the expected final date for data collection is September 15, 2012. The progress reports will be uploaded to each grantee's EHB account, therefore, none of the progress report 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.

Formula NCC Burden Estimation Contacts

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