

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) 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.

Grant recipients shall submit a Noncompeting Continuation progress report to receive continuous funding throughout the project period. Grantees will be evaluated according to their progress in carrying out the project as approved by the objective review panel, and that is consistent with the

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

Updated State Plans as outlined in their applications, as well as the adequacy of their plans for the upcoming year to carrying out a high quality, effective state home visiting program.

2. 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: introduction; needs assessment, methodology, and workplan; resolution of challenges; evaluation and technical support capacity; and organizational information. Attachments are required only if the grantee needs to update previously submitted information. The purpose of requiring each section of the narrative is listed below.

- Introduction: the information collected will be used to document the purpose and description of the competitive program, including its ongoing fit with the formula-based program.
- Needs assessment, methodology, and workplan: information collected will be used to monitor grantee progress on meeting the goals and objectives of the program, as well as meeting the needs of at-risk communities, to monitor the number of families receiving services, the involvement of key stakeholders, and to monitor progress according to the project timeline.
- Resolution of challenges: information collected will be used to ensure that grantees have a sufficient plan to resolve challenges identified in the Workplan.
- Evaluation and technical support capacity: information collected will be used to monitor activities and processes taken to implement the required evaluation plan. For example: to measure whether the intended outcomes of the project are being attained; to monitor the

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

efficiency of the project activities; and to meet the definitions of rigor and other evaluation criteria stipulated in the FOA.

- Organizational information: information collected will be used to monitor changes experienced by the grantee that might affect its ability to conduct the program as required and meet program expectations.

3. 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.

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. 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.

Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation.

7. 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 June 5, 2012, vol. 77, No. 108; p 33225. Six 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.

8. 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.

9. 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.

10. 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.

11. 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 |
|--|-----------------------|--------------------------|-----------------|--------------------|--------------------|
| Introduction | 33 | 1 | 33 | 3 | 99 |
| Needs Assessment | 33 | 1 | 33 | 7 | 231 |
| Methodology and Workplan | 33 | 1 | 33 | 24 | 792 |
| Resolution of Challenges | 33 | 1 | 33 | 4 | 132 |
| Evaluation and Technical Support Capacity | 33 | 1 | 33 | 4 | 132 |
| Organizational Information | 33 | 1 | 33 | 2 | 66 |
| Total | - | 1 | | - | 1452 |

12B.

Estimated Annualized Burden Costs

| Type of Respondent | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|---------------------------------|--------------------|------------------|------------------------|
| State Home Visiting Coordinator | 28.16 | \$40.00 | \$1126.51 |

| | | | |
|---------------------------|-------|---------|-----------|
| State Home Visiting Staff | 28.16 | \$21.35 | \$601.22 |
| Total | | | \$1727.73 |

12. 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 grantees' 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.

Competitive NCC Burden Estimation Contacts

Jesse Leinfelder

Manager, Federal Home Visiting Program
Children, Youth and Families Department
Santa Fe, NM
Jesse.Leinfelder@state.nm.us
505.827.9940

Mary Riggs

Texas Department of State Health Services
mary.riggs@hsc.state.tx.us

Christopher S. Krawczyk, Ph.D.

Chief | California Home Visiting Program Branch
California Department of Public Health
Maternal, Child and Adolescent Health Program
916.650.0483
Christopher.Krawczyk@cdph.ca.gov

Bradley Planey

Arkansas Department of Health, Family Health Branch
501.661.2531
Bradley.planey@arkansas.gov