

**Health Resources and Services Administration
Maternal and Child Health Bureau**

**Estimating the Gap Between the Needs of Children and Health Coverage and
Benefits Through Implementation of the Affordable Care Act**

Supporting Statement Part A

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LIST OF ATTACHMENTS

- Attachment 1: Section 501 of Title V of the Social Security Act
- Attachment 2: Summary of Federal Register Notice Comments and Responses to the Comments
- Attachment 3: Summary of Comments from Pretest States and Responses
- Attachment 4: Human Subjects Research Determination
- Attachment 5: Title V Maternal and Child Health State Formula Block Grant Services Survey Materials
 - 5.a. Prenotification e-mail
 - 5.b. Cover e-mail
 - 5.c. Survey
 - 5.d. Frequently asked questions document
 - 5.e. Reminder e-mail

A. BACKGROUND

The Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) is requesting Office of Management and Budget (OMB) approval to collect information from 50 States and 2 jurisdictions receiving 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 1). The purpose of this information collection is to characterize possible changes in the federal investment of funds provided via the Title V MCH block grant as children shift between coverage categories as a result of implementation of the

Affordable Care Act (ACA). The Title V program operates as a federal-state partnership, with all 50 states, the District of Columbia, and U.S. territories (hereafter referred to collectively as states) applying annually for an allocation of federal funds, known as the Maternal and Child Health (MCH) Services Title V Block Grant, which are distributed by the HRSA's MCHB. As a block grant program, states are given wide latitude in how they use federal Title V funds to implement a variety of MCH and Children with Special Health Care Needs (CSHCN) programs and activities. In general, though, states use Title V funds to provide women and children with four broad categories of services as stipulated under the block grant: infrastructure-building, population-based, enabling, and direct services. For this information collection, HRSA is particularly interested in direct services (hereafter referred to as services), i.e., medical, allied health, and support services; medical equipment; and supplies that are typically reimbursed by public and/or private insurance and that may be reimbursed by a Title V program using federal MCH Services Title V block grant funds. Services are provided to women and children who are uninsured and who are publicly or privately insured.

The ACA has the potential to lower the uninsured rate for children nationally through several mechanisms, including the expansion of Medicaid at state option and access to qualified health plans through the health insurance exchanges. Implementation of ACA will result in shifts in coverage for many children and women although these shifts in coverage are likely to vary across states. Furthermore, these ACA-related coverage shifts will affect the benefits to which children and women are entitled. For example, whereas Medicaid and the Children's Health Insurance Plan (CHIP) have comprehensive benefit packages, qualifying health plans offered through the exchanges will be based on employer-sponsored coverage, for which the benefits may be more narrowly defined and may not adequately address the needs of children, particularly CSHCN.

As children shift between coverage categories as a result of implementation of the ACA (e.g., uninsured to Medicaid or CHIP, uninsured to health plans in the health insurance exchange, or CHIP to Medicaid), HRSA would like to evaluate the outcome of these shifts on the federal investment in Title V funding specifically through the federal funds provided via the Title V MCH block grant. To do this, HRSA will need to survey states to collect information on whether states use federal Title V MCH block grant funds to reimburse health care practitioners who provide services to children and pregnant women. If states do use these monies, how much of the

federal Title V MCH block grant funds are used for this purpose and how many children and pregnant women receive services reimbursed using this particular federal funding stream? HRSA proposes to collect this information through the Title V Maternal and Child Health State Formula Block Grant Services Survey (referred to hereafter as the Title V Block Grant Survey).

B. JUSTIFICATION

B.1 Need and Legal Basis

The ACA has the potential to lower the uninsured rate for children and women, including pregnant women. It can also improve continuity in children's coverage and expand the scope of services offered to children through private insurance. However, many discontinuities in coverage and benefit gaps may persist, and the reform law generates new challenges through complex coverage situations. Title V often plays a critical role in filling the coverage and benefit gaps from other public programs and private insurance. The implementation of ACA will have significant effects on the use of MCH block grant funds to reimburse health care practitioners for providing services to children and pregnant women. HRSA must understand the nature and magnitude of how MCH block grant funds are used to reimburse for services to effectively plan and budget for the post-ACA era.

In order to assess the need for current and future Title V block grant services and funds, HRSA needs to evaluate how the ACA may influence children's health coverage, including expanded coverage, discontinuities in coverage, and gaps in covered benefits. Of particular interest are (1) the need to estimate the proportion of federal Title V dollars spent on services prior to implementation of the ACA and (2) the expected proportion after ACA implementation as a result of additional coverage, transitions in coverage, and changes in benefit gaps. To collect the data needed to undertake this assessment, HRSA will field the Title V Block Grant Survey among all 50 states, the District of Columbia, and Puerto Rico.

B.2 Information Users

The Title V Block Grant Survey is a new information collection. A HRSA contractor will collect and use the data to estimate the proportion of federal Title V dollars spent on services prior to implementation of the ACA. HRSA will also use this information to better understand the types of services Title V MCH programs currently provide in each state, the amount of

federal Title V dollars used to provide these services, and the number of children and pregnant women who receive these services.

B.3 Use of Information Technology

The data will be collected through the Title V Block Grant Survey, which will be e-mailed to Title V MCH directors in all 50 states, the District of Columbia, and Puerto Rico. Respondents will be asked to return the Microsoft Word survey via e-mail. This collection does not require any signatures from respondents.

B.4 Duplication of Efforts

This information collection does not duplicate any other effort, and the information cannot be obtained from any other source. As a condition of receiving federal Title V funds, states are required to report financial, enrollment, and program performance data annually to MCHB using the Title V Information System (TVIS) (0915-0172). TVIS captures key data, including the following:

- Total Title V expenditures by source of funding (e.g., federal, state, and local jurisdiction funds);
- Total (federal and nonfederal) Title V expenditures by category of service (direct, enabling, population-based, and infrastructure-building services);
- Number of individuals served by Title V in total and by key subgroups, pregnant women, infants, children aged 1–22, CSHCN, and other individuals; and
- The percentage of individuals served by insurance coverage (i.e., Medicaid, CHIP, private or other coverage, uninsured, or unknown coverage).

Although TVIS provides a wealth of information, certain data needed for budgeting and planning after ACA implementation are not captured. For example, TVIS does not capture expenditures made within each of the four categories of service by source of funding (e.g., what percentage of expenditures for direct services are made using federal MCH formula block grant funds), nor does it capture the types of services states provide in each of the four categories of service. It also does not capture counts of individuals served using federal MCH formula block grant funds nor does it disaggregate federal/state funds.

B.5 Small Businesses

No small businesses will be involved in this data collection.

B.6 Less Frequent Collection

If the information collection is not conducted, HRSA will not have the information necessary to better understand how implementation of the ACA in 2014 may change the need for and use of Title V Block Grant funds and services. Because the Title V Block Grant Survey will be implemented only once, it is not possible to reduce the frequency of data collection.

B.7 Special Circumstances

There are no special circumstances. The information collection complies with the U.S. Code of Federal Regulations (4 CFR 1320.5).

B.8 Federal Register/Outside Consultation

The 60-day notice was published in the *Federal Register* on January 7, 2013, vol. 78, No. 4; pp.954. A summary of the comments related to this notice and responses to these comments can be found in Attachment 2.

In addition to the public comments received in conjunction with the notice, the Title V Block Grant Survey was also pretested with six state Title V programs from April 30, 2013, to May 20, 2013. Either the state Title V program director or the state CSHCN program director completed the survey. Table 1 describes the survey respondents.

Table 1. Pretest Survey Respondents

State	Respondent	Title	Telephone Number and E-mail
Alabama	Melinda Davis	Director, Children's Rehabilitation Service	334-293-7049 Melinda.Davis@rehab.alabama.gov
Arkansas	Nancy Holder	Program Administrator, DDS Children's Services	501-682-1464 Nancy.Holder@arkansas.gov
Kansas	Rachel Berroth	Director, Bureau of Family Health	785-296-1310 rberroth@kdheks.gov
Minnesota	Susan Castellano	MCH Director	651-201-2872 susan.castellano@state.mn.us
Texas	Sam Cooper	MCH Director	512-776-7373 sam.cooper@dshs.state.tx.us
New York	Rachel DeLong	Family Health Section Chief	518-473-7922 rmd07@health.state.ny.us

All states responded to the survey; no issues arose that could not be resolved during consultation. A summary of the comments received through the pretest can be found in Attachment 3.

B.9 Payments/Gifts to Respondents

No payments or gifts will be provided to respondents.

B.10 Confidentiality

HRSA's contractor, RTI International, will collect and store the information provided by states through the Title V Block Grant Survey. All electronic project files at RTI will be stored on a limited-access project shared drive on RTI's secure network servers; only project staff that has been authorized by the project director can access the shared drive. After project completion, all electronic files (e.g., notes, documents, and reports) will be archived on RTI's project shared drive. All RTI employees and contractors working on the project who have access to project data are required to sign a code of conduct that outlines how project staff should conduct research with human subjects which includes ensuring privacy and confidentiality. In the notification e-mail accompanying the survey (Attachment 5b), potential respondents will be informed that their participation in completing this survey is voluntary and responses will not affect participation in the Title V MCH Services Block Grant Program. The purpose of this information collection

effort was reviewed with RTI’s Institutional Review Board (IRB), and the IRB determined that this project does not involve research with human subjects as defined by 45 CFR 46.102, because these information collection activities would not be considered “research” as defined by that code nor are human subjects involved. The data from the Title V Block Grant Survey will be used to evaluate the Title V program and are not intended to contribute to generalizable knowledge. Further, each state’s MCH program director or CSHCN program director is providing data about the state’s expenditures, not information about the individual respondent. RTI’s IRB’s determination can be found in Attachment 4.

B.11 Sensitive Questions

No information of a sensitive nature will be collected.

B.12 Burden Estimates (Hours and Wages)

Table 2 provides the burden estimate in hours for the data collection form. The annualized wages presented in Table 3 are based on data from the United States Department of Labor, Bureau of Labor Statistics (May, 2011) for state, local, and private industry earning and assumes an average hourly wage rate for respondents who work an estimated 40-hour work week. There are no direct costs to respondents associated with this information collection. Figures in the tables are rounded to the nearest dollar for the total calculation.

Table 2. Estimated Response Burden Table (Hours)

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden (in hours)
Title V Program Director	Title V Block Grant Survey	52	1	52	36	1,872
Total		52			36	1,872

Table 3. Estimated Response Burden Table (Annualized Wages)

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Cost
Title V Program Director	Title V Block Grant Survey	52	1	36	42.80	\$80,122
Total	—	—52				\$80,122

We estimate that all of the 52 MCH directors will complete the survey. To help achieve this response rate, we will send notification to the 52 MCH directors in each of the 50 states, the District of Columbia, and Puerto Rico (see Attachment 5.a.). The notification e-mail will be followed by an e-mail containing the survey and a frequently asked questions document to 52 participants (see Attachment 5.b. for the cover e-mail, Attachment 5.c. for the survey, and Attachment 5.d. for the frequently asked questions document). We will then send a reminder e-mail to the remaining directors that did not respond initially (see Attachment 5.e. for the reminder e-mail). Based on states' policies regarding the reimbursement of services provided to children and pregnant women, some states will not have to complete the entire survey, and their estimated burden to provide the requested information will be minimal. The survey took from less than 1 hour to complete to an estimated 61 hours to complete depending on states' policies regarding the use of federal MCH formula block grant funds to reimburse for services, the financial data systems in place, and the ease with which the necessary data could be accessed in these data systems to complete the survey. Two states reported estimated hours to complete the survey (61 hours and 32 hours reported), and two states did not have to complete the entire survey because they do not use federal MCH formula block grant funds to reimburse for services. Therefore, we estimate their time to completion would have been 1 hour, accounting for the time to complete part of the survey and verify their survey responses with their management. The two remaining states did not relay their time to survey completion. Considering the experience of the pretest states, we estimate 36 hours per response. We estimated that 25% of states would not have to report any data, so their estimated burden is 1 hour. We then averaged the time to completion for the two states that completed the entire survey and reported an

estimated burden, and this average, 47 hours, was applied to the remaining states. The resulting average across all states was 36 hours per respondent.

The average hourly wage rate for respondents was calculated using an estimated 40-hour work week and average hourly earnings of \$42.80.¹ The total estimated annualized cost to respondents is \$80,122 as summarized in Table 3.

B.13 Capital Costs

Respondents will incur no capital or maintenance costs to complete this data collection.

B.14 Cost to Federal Government

Tables 4 and 5 provide the costs to the federal government for the data collection form. Table 4 summarizes start-up and reporting costs for HRSA, and Table 5 summarizes costs for the HRSA contractor that will collect the data.

Table 4. Costs to the Federal Government: HRSA

Agency	Information Collection Form	Action	Total Hours per Staff	Number of Staff	Total Hours	Total Cost	Cost Description
HRSA	Title V Block Grant Survey	Start-Up Costs:	9	2	18	\$1,032	GS-14 staff:18 hours x \$57.33 ¹
		• Review survey	6	2	12	\$688	
		• Provide comments on survey	3	2	6	\$344	
HRSA	Title V Block Grant Survey	Reporting Costs:	16	2	32	\$1,835	GS-14 staff:18 hours x \$57.33
		• Review of initial findings and discussion of analysis	8	2	16	\$917	
		• Review of reports	8	2	16	\$917	
Total	—	—	25	2	50	\$2,867	—

¹ The U.S. Office of Personnel Management (<http://www.opm.gov/oca/12tables/GSCalc.asp>) indicates that the annual salary for a GS-14, Step 5 employee in the Washington/Baltimore/Northern Virginia locality is \$119,238, which when divided by 2,080 hours is \$57.33 an hour.

¹ The Bureau of Labor Statistics (<http://www.bls.gov/ncs/ncswage2010.htm>) estimates that the average hourly rate for full-time state or local government workers was \$26.75 in 2010. The figure is updated to \$28.53 in 2013 dollars using the CPI. Overhead was also considered at a rate of 1.50 for a total hourly wage of \$42.80 (\$28.53 x 1.50).

Table 5. Costs to the Federal Government: Contractor

Agency	Task	Total Cost Amount
Contractor ^{1,2}	Data collection activities, data processing and analysis, reporting results, and project management	\$47,022
Contractor	TOTAL	\$47,022

¹ Overhead is included in all costs listed.

² Cost estimates taken from contract budget.

B.15 Changes to Burden

This is a new data collection.

B.16 Publication/Tabulation Dates

The collection of information will begin after completion of the OMB review and approval process. This is a one-time data collection effort; there is no schedule for continued collection of these data.

This data collection is meant to support policy analysis conducted by HRSA, and HRSA does not anticipate disseminating the results outside the Federal government.

Information gathered through this data collection will be aggregated and analyzed using summary statistics (e.g., summation, averages, medians, and percentages). See Part B of the supporting statement.

B.17 Expiration Date

The Title V Block Grant Survey will be implemented one time only. The OMB expiration date will be displayed on all information collection instruments.

B.18 Certification Statement

There are no exceptions to the certification.

REFERENCES

U.S. Department of Labor, Bureau of Labor Statistics. (2011). *National Compensation Survey: Occupational Earnings in the United States, 2010*. Washington, DC: U.S. Department of Labor. http://www.bls.gov/oes/current/oes_nat.htm. Last updated on May 2011.