

## SUPPORTING STATEMENT

### Affordable Care Act - Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

#### Data Collection Forms for the Maternal, Infant and Early Childhood Home Visiting Program Information System

#### A. Justification

##### 1. Circumstances making the collection of information necessary

This is a request by the U. S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) for revision of an existing data collection activity already approved by the Office of Management and Budget for the MIECHV Program Information System (OMB No: 0915-0357; Expiration Date: 10/31/2015). Specifically, HRSA and ACF are seeking approval for 3 data collection instruments. Home Visiting Form (HV) 1<sup>1</sup> and HV Form 2<sup>2</sup> are currently approved and no changes are proposed to these instruments. We are also seeking approval for a new proposed data collection instrument for the Tribal MIECHV grantees entitled the HV Form 3. The proposed HV Form 3 will be used by Tribal MIECHV grantees (including Indian Tribes or a consortium of Indian Tribes, Tribal Organizations, and Urban Indian Organizations) to collect and report program data to demonstrate improvement among eligible families participating in the program in the legislatively-mandated six benchmark areas.

##### Overview of the MIECHV program

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). Through a provision authorizing the creation of the MIECHV program, the Affordable Care Act addresses the needs of children and families in vulnerable communities through voluntary evidence-based home visiting programs 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 and families.

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<sup>1</sup>**Home Visiting Form 1** - Demographic and Service Utilization Data for Enrollees and Children (Attachment C): This form requests data to determine the unduplicated number of participants and of participant groups by primary insurance coverage. This form also requests data on the demographic characteristics of program participants such as race, ethnicity, and income. The form is used by both State and Tribal MIECHV grantees. As this form has current approval from OMB until 10/31/2015, and is in use, no changes are proposed.

<sup>2</sup>**Home Visiting Form 2** – Grantee Performance Measures (Attachment D): Grantees have already selected relevant performance measures for the legislatively identified benchmark areas. This form provides a template for grantees to report aggregate data on their selected performance measures. This form is used by State MIECHV grantees only. As this form has current approval from OMB until 10/31/2015, and is in use, no changes are proposed.

MIECHV is authorized under the Social Security Act, Title V, Section 511 (42 USC 711), as added by Section 2951 of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148). The statutory purposes of the program are to (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The MIECHV program includes grants to states, jurisdictions, eligible non-profits (State MIECHV program) and grants to Indian Tribes or a consortium of Indian Tribes, Tribal Organizations, and Urban Indian Organizations (Tribal MIECHV Program). The implementation of the program is a collaborative endeavor between HRSA and ACF. HRSA administers the State MIECHV program while ACF administers the Tribal MIECHV program.

### **Tribal MIECHV program**

The goal of the Tribal MIECHV program is to support the development of happy, healthy, and successful American Indian and Alaska Native children and families through a coordinated home visiting system. The Tribal MIECHV program is funded through a three percent set aside from the total MIECHV program appropriation. Tribal MIECHV awards are to be consistent, to the greatest extent practicable, with the requirements of the State MIECHV program and include (1) conducting a needs assessment similar to the assessment required for all states under the legislation and (2) establishing quantifiable, measurable 3- and 5-year benchmarks consistent with the legislation.

The MIECHV legislation requires that State and Tribal MIECHV grantees collect data to measure improvements for eligible families in six specified areas (referred to as "benchmark areas") that encompass the major goals for the program. These include:

1. Improved maternal and newborn health;
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction in emergency department visits;
3. Improvement in school readiness and achievement;
4. Reduction in crime or domestic violence;
5. Improvement in family economic self-sufficiency;
6. Improvement in the coordination and referrals for other community resources and supports

In February 2011, HRSA published a Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program (SIR) (Reference OMB No: 0915-0336). The SIR listed a variety of constructs or measurement concepts under each benchmark area for which State MIECHV grantees were to select and submit performance measures. Per Section 511(d)(1)(B)(i) of the MIECHV legislation, no later than 30 days after the end of the third year of implementation of the program, grantees are required to demonstrate improvement in at least four of the six benchmark areas.

Subsequent funding opportunity announcements, notices of award, and program guidance documents for competitive, formula, and non-profit grants under the State MIECHV program also required annual

reporting on the constructs under each benchmark area, as well as on demographic, service utilization, budgetary, and other administrative data related to program implementation. Similarly, according to Tribal MIECHV funding opportunity announcements and program guidance (Guidance for Submitting a Needs Assessment and Plan for Responding to Identified Needs, OMB No: 0970-0389), tribal grantees must propose a plan for meeting the benchmark requirements specified in the legislation and must report on improvement on constructs under each benchmark area at the end of Year 4 and Year 5 of their 5-year grants. Tribal MIECHV grantees must also report annually via HV Form 1 on demographic, service utilization, budgetary, and other administrative data related to program implementation.

## **Description of Forms**

To collect and report the annual demographic and service utilization data, HRSA sought and obtained OMB approval for HV Form 1 (OMB No: 0915-0357; Expiration Date: 10/31/2015) as referenced above. To collect and report the annual benchmark performance measures, HRSA sought and obtained OMB approval for HV Form 2 (OMB No: 0915-0357; Expiration Date: 10/31/2015) as referenced above. While the State MIECHV grantees utilize the HV Form 1 and HV Form 2, the Tribal MIECHV grantees are only reporting on demographic and service utilization data using the approved HV Form 1. Given that Tribal MIECHV grantees are required to report on benchmarks performance data after years 4 and 5 of their grants, it was mutually decided by HRSA and ACF to wait until tribal grantees were closer to the reporting years to begin reporting performance data hence the current request for OMB approval of the HV Form 3. As previously indicated, no changes are proposed to the HV Form 1 and HV Form 2. These two forms have current approval from OMB and are thus in use by grantees.

## **2. Purpose and use of information collection**

HRSA and ACF are seeking approval for a proposed HV Form 3 which will be used by Tribal MIECHV grantees to report their benchmark performance measures as required by the MIECHV legislation.

**Home Visiting Form 1 - Demographic and Service Utilization Data for Enrollees and Children (Attachment C):** This form will be utilized by all MIECHV grantees (including Tribes, Tribal Organizations, and Urban Indian Organizations that receive grants under the Tribal MIECHV program administered by ACF) to collect data in order to determine the unduplicated number of participants and of participant groups by primary insurance coverage. This form will also contain data on other socio-demographic characteristics of program participants as well as on service utilization. As this form has current approval from OMB until 10/31/2015, and is in use, no changes are proposed.

**Home Visiting Form 2 – Grantee-defined Performance Measures (Attachment D):** States and other jurisdictions participating in MIECHV have already selected relevant performance indicators for the legislatively identified benchmark areas. This form provides a template for grantees to report aggregate data on their approved performance measures. Tribal MIECHV program grantees will not be submitting data via this form. As this form has current approval from OMB until 10/31/2015, and is in use, no changes are proposed.

**Home Visiting Form 3 – Tribal Grantees Performance Measures (Attachment E):** The proposed HV Form 3 will be used by Tribal MIECHV grantees to report their benchmark performance measures as required by the MIECHV legislation. As stipulated in the legislation, the Tribal MIECHV grantees, like their State counterparts, must meet the required reporting of benchmark measures. Tribal MIECHV grantees were required to propose a plan for meeting the benchmark requirements specified in the legislation and must report on improvement on constructs under each benchmark area at the end of Year 4 and Year 5 of their 5-year grants, (i.e. after 3 years of implementation and at the end of their 5-year grant).

The HV Form 3 will be used by Tribal MIECHV grantees beginning in October 2014 pending OMB approval. The HV Form 3 is new to the MIECHV Program information system and is similar to the currently-approved HV Form 2 but with slight modifications to allow for Tribal grantees to report benchmarks data with an added level of specificity.

Just like the development of the currently-approved HV Form 1 and HV Form 2, the HRSA/ACF data collection workgroup engaged in a consultative process to develop the HV Form 3. ACF consulted Tribal MIECHV grantees between June and July 2013, with four participating grantees representing the three Tribal MIECHV grantee cohorts. Federal staff from HRSA and ACF and technical assistance providers facilitated the consultative process, gathered recommendations, and developed the final draft of the HV Form 3 in response to the feedback received from the consultative sessions.

### **Uses of information**

Guidance provided to all MIECHV grantees including states, jurisdictions, as well as the Tribal MIECHV program, required that grantees report annually on demographic, service utilization and other administrative data related to program implementation. Home Visiting Form 1 will allow grantees to fulfill these requirements. It will serve to collect data of value to both grantees and the federal government such as the number of individuals served, those newly enrolled, legislatively defined priority populations reached, as well as the number of home visits performed by all implementing sites during the reporting period. The data collected will also provide an overall picture of the demographic and socioeconomic characteristics of the families served by state, tribal program grantee, and across the nation.

Form 2 is a template for state and jurisdiction grantees to report data annually on their progress in improving performance under the six benchmark areas as stipulated in legislation. The guidance required grantees to propose a measurement plan for meeting the benchmark area requirements over an initial three-year period. The guidance also listed a set of constructs or measurement concepts under each benchmark area for which grantees were to select and submit relevant performance measures or indicators.

During the development of both instruments, we sought to align the required aggregate annual data reporting to the federal government by grantees with the instruments local program staff utilize in the field during actual delivery of services. We obtained for this purpose instruments

currently utilized by various home visiting models to collect client information at intake in order to inform the categories listed in Home Visiting Form 1.

Accountability is a central programmatic concern for MIECHV since Congress allocated and appropriated \$ 1.5 billion in funding over a five-year period. The HV Form 3 will allow for public reporting on program activities related to the Tribal MIECHV benchmark areas. The HV Form 3 will be used to monitor Tribal MIECHV grantees' demonstration of improvements among eligible families participating in the program in the six benchmark areas.

Specifically, HRSA and ACF will use the proposed HV Form 3 to:

- Track and improve the quality of benchmark measures data submitted by the Tribal grantees,
- Improve program monitoring and oversight;
- Improve rigorous data analyses that help to assess the effectiveness of the programs and enable HRSA and ACF to better monitor projects; and
- Ensure adequate and timely reporting of program data to relevant federal agencies and stakeholders including the Congress, and members of the public.

HV Form 3 will provide a template for Tribal MIECHV grantees to report data on their progress in improving performance under the six benchmark areas as stipulated in legislation.

Per OMB-approved guidance (Reference: OMB control number 0970-0389), Tribal MIECHV grantees must report on improvement on constructs under each benchmark area at the end of Year 4 and Year 5 of their 5-year grants. This guidance includes a list of constructs or measurement concepts under each benchmark areas for which grantees were to select and submit relevant performance measures or indicators.<sup>3</sup>

The benchmark measurement plan submitted by Tribal MIECHV grantees followed generally accepted steps involved in indicator development and included the following information:

- One proposed performance measure or indicator for each construct within each benchmark area (e.g. “prenatal care” within the Maternal and Newborn Health benchmark area). Grantees were given discretion in the selection of performance measures but were encouraged to develop only one indicator for each construct that would be applicable across all the home visiting models implemented by the grantees;<sup>4</sup>
- An operational definition for each performance measure selected including key terms, sub-populations of focus and type scoring (e.g., percentage, counts) and whether it was a process

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<sup>3</sup> Depending on whether grantees chose crime or domestic violence (domains that included respectively two and three constructs under benchmark area 4) each Tribal MIECHV grantee submitted a total of 35 or 36 performance indicators associated with the constructs listed in the OMB-approved guidance.

<sup>4</sup> The law requires that majority of funds allocated to state and jurisdiction grantees support implementation of evidence-based home visiting models. Following the criteria for evidence of effectiveness established by HHS under the program, 14 home visiting models have been identified to date as demonstrating improvement in the outcomes of interest. The vast majority of state and jurisdiction grantees have selected more than one evidence-based model for implementation.

or outcome indicator. Description of the numerator and denominator if measure was a percentage or rate;

- Measurement tool utilized or question(s) posed to capture each construct of interest; and
- Proposed data collection plan including the persons responsible for collecting the data initially (e.g., the home visitor), data source (e.g., self-report by parent, home visitor's observation, or administrative data), collection schedule and analysis

The measurement plan submitted by the Tribal MIECHV grantees also included a definition of improvement for each selected indicator. Grantees had discretion to define improvement for each construct in a way that was meaningful for their program, taking into account cultural and contextual factors and different stages of measurement system implementation across grantees. Any incremental change in the desired direction will count as improvement (e.g., increase the rate of screening for a condition of interest among the client population between the baseline period and a subsequent comparison period within the three-year window stipulated in legislation). Maintenance of program performance at or above an acceptable target for a given construct could also constitute an instance of improvement. See Attachment B2 – MIECHV Benchmark Areas and Corresponding Constructs.

Of note is that grantees have set performance measures that not only meet federal accountability requirements but are also meaningful and appropriate for their own programmatic purposes. At the grantee level, the performance measures selected will provide data to be used internally by grantees to continuously improve the quality of their home visiting programs. It is important to note that at the end of the initial four-year period, Tribal MIECHV grantees are expected to specifically show whether an individual Tribal MIECHV grantee has met the threshold for improvement defined by Congress by the end of the initial period of program implementation.<sup>5</sup> Analysis of data by both grantees and federal agencies will help identify areas of concern and inform the provision of individualized and timely technical assistance.

### **3. Use of improved information technology and burden reduction**

HRSA and ACF will use information technology, whenever possible, to minimize respondent burden and to collect data efficiently. We have selected the existing Discretionary Grant Information System (DGIS) already utilized by HRSA MCHB grantees for the electronic transmission of reports. This web-based data entry and reporting system is currently in use for data collection using the approved HV Form 1 and HV Form 2. The system will be modified to integrate the specific data collection requirements represented by the HV Form 3. Tribal MIECHV grantees will report data from HV Form 3 via the HRSA Discretionary Grant Information System-Home Visiting (DGIS-HV), just as they currently do for their HV Form 1 data. Only Tribal MIECHV grantees will be able access HV Form 3 in the DGIS-HV system to report their benchmarks.

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<sup>5</sup> If the report submitted by an individual grantee fails to demonstrate quantifiable improvement in at least four of the areas specified, section 511(d)(1)(B)(ii) requires that grantees submit a corrective action plan to the Secretary.

The DGIS-HV generates automatic calculations of rates, percentages, and other appropriate types of scoring. It carries over unchanging data from year to year to reduce burden on respondents. The DGIS-HV also ensures that data are only entered once even when used in multiple tables. Whether a Tribal MIECHV grantee has demonstrated improvement at the end of three years will be also automatically determined. HRSA and ACF will provide technical assistance webinars to guide and familiarize all Tribal MIECHV grantees with the DGIS-HV workflow and interface specific to Tribal MIECHV grantees reporting.

#### **4. Efforts to identify duplication and use of similar information**

The data to be submitted on the data collection form are unique and are not available elsewhere in any other manner.

#### **5. Impact on small business or other small entities**

This activity does not have a significant impact on small entities. Local implementing agencies are already bound to report program data to grantees as contracted sub-recipients. Tribal MIECHV grantees are required to report these data per the terms of their cooperative agreements with ACF.

#### **6. Consequences to collecting information less frequently**

The state grantees must respond once annually for both HV Form 1 and HV form 2 per the Supplemental Information Request and subsequent guidance documents as mentioned earlier. Tribal grantees must also respond once annually for HV Form 1. The annual collection of information on the number of individuals and families served, household demographics and service utilization will provide program staff with basic information about who is being served and whether services (e.g., home visits) are provided efficiently. Tribal MIECHV grantees must respond at the end of Year 4 and Year 5 of their 5-year grants using the HV Form 3, per OMB-approved and subsequent guidance documents as referenced earlier.

Tribal MIECHV grantees must respond annually at the end of Year 4 and Year 5 of their 5-year grants using the HV Form 3, per the OMB-approved and subsequent guidance documents as referenced earlier.

Section 511 of Title V of the Social Security Act, requires that MIECHV grantees, including Tribal MIECHV grantees, collect data to measure improvements for eligible families in the six specified areas benchmark areas. A less frequent collection of performance measure information would be inconsistent with HHS grants policy and undermine the federal government's ability to track progress of grantees in achieving improvement and would limit the ability to provide technical assistance in a timely and targeted manner during the period defined in legislation.

#### **7. Consistency with the guidelines in 5 CFR 1320.5(d)(2)**

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5. There are no special circumstances requiring deviation from these guidelines.

## **8. Consultation outside the agency**

For the proposed HV Form 3, the 60-day notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on December 24, 2013 (Vol. 78, No. 247 , Pages 77690--77692) requesting comments from the public on the draft HV Form 3 data collection form. The comment period closed on February 24, 2014. No comments were received. Prior to the publication of the 60-day federal register notice (FRN) and after developing the initial data collection draft form, the HRSA/ACF data work group engaged in a sustained collaboration with stakeholders to revise and refine the draft HV Form 3.

Specifically, two consultations outside of HHS resulted in the refinement of HV Form 3. First, ACF staff consulted with a technical assistance contractor (Tribal Home Visiting Evaluation Institute or TEI) to assess its experience assisting tribal grantees in the development of their benchmark reporting plans. TEI provided technical assistance to grantees in identifying and operationalizing performance measures, selecting measurement tools, and defining improvement. Grantees made decisions that reflected local priorities, the focus of the selected home visiting model, and existing data collection infrastructure. TEI gathered valuable insight in working with grantees on their plans and this helped to assist federal staff in determining the appropriate reporting parameters for tribal grantees. The second consultation was with the Tribal MIECHV grantees themselves, which took place in June and July of 2013 (See Attachment F, Participant List). Recommendations were solicited from grantees regarding the need to modify Home Visiting Form 2 to better reflect the context and complexity of tribal communities and the realities of grantees' programs, incorporate grantees' reporting needs, and reduce burden as much as possible. Federal staff from HRSA and ACF and technical assistance providers facilitated the consultative process, gathered recommendations, and developed Home Visiting Form 3 in response to the feedback.

## **9. Explanation of any payment/gift to respondents**

Respondents will not be separately remunerated or compensated for this task. Respondents are state, territorial, and Tribal MIECHV grantees who expect to participate in the data collection as part of their grant agreement.

## **10. Assurance of confidentiality provided to respondents**

This request does not involve the collection of personally identifiable information and only requires reporting of aggregate data.

## **11. Justification for sensitive questions**

Questions in surveys and other instruments on which respondents will base their reporting may be potentially sensitive for program participants. Parents or primary caregivers are asked by home visitors about topics such as substance abuse, family income or intimate partner violence in the course of



assessment and delivery of care. The forms are part of program operation. All data will be reported to HRSA and ACF in the aggregate.

**12. Estimate of annualized hour and cost burden**

Table 1 shows the average annual burden in hours of the activities described in this supporting statement.

*Table 1 – Estimated Annualized Burden (in hours)*

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
HV Form 1: Demographic and Service Utilization Data for Enrollees and Children  (All MIECHV grantees <u>including</u> Tribal grantees)	81 <sup>1</sup>	1	81	731	59,211
HV Form 2: Grantee Performance Measures  (State MIECHV grantees)	56 <sup>2</sup>	1	56	313	17,528
HV Form 3: Tribal- Grantee Performance Measures  (Tribal MIECHV)	25 <sup>3</sup>	1	25	475	11,875

grantees)				
Total	81		81	88,614

<sup>1</sup>In addition to 56 jurisdictions and non-profit organizations, it is estimated that 25 Tribal MIECHV program grantees will utilize Form 1 to report on demographic and service utilization data for all participant families.

<sup>2</sup>This number does not include Tribal MIECHV program grantees.

<sup>3</sup>This number reflects the number of Tribal MIECHV grantees.

**Number of Respondents:**

There are 56 state, territorial and non-profit organization grantees reporting on the approved HV Form 1 and HV Form 2, and up to 25 tribal grantees utilizing HV Form 1 to report on demographic and service utilization data for all participant families (for a total of up to 81 respondents).

Up to 25 Tribal MIECHV grantees will utilize the proposed HV Form 3 to report on their progress in demonstrating improvement under each benchmark area after Year 4 and Year 5 of their 5-year grants.

The burden of data collection and reporting to respondents will likely vary based on the number of families served by each grantee and data system capacity. The burden estimate for the HV Form 3 was developed based on feedback from Tribal MIECHV grantees that participated in various consultative sessions between June and July 2013.

*Table 2 – Total annual cost*

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State or other grantee official, Tribal MIECHV grantee official	88,614	\$43.72 <sup>1</sup>	\$ 3,544,560

<sup>1</sup>Based on the median hourly wage for Medical and Health Services Managers published in latest National Occupational Employment and Wage Estimates, US Bureau of Labor Statistics (May 2013).

**13. Estimates of other total annual cost burden to respondents**

There is no additional capital or start-up cost for this activity. Grantees are expected to utilize their existing management information systems and other equipment (e.g., computers and software) to carry out this task. These costs were anticipated and built into the grantees’ budgets under management information systems.

**14. Annualized cost to the federal government**

For the OMB-approved HV Form 1 and HV Form 2, the estimated annual cost of work group meeting time (6-10 persons convening for one hour 2-4 times per month) and individual or small group review time outside of regular meetings was approximately \$50,000. About 30% of one Federal staff GS-15 full-time equivalents (FTEs) was directly associated with the activities required to accomplish that project, with an average cost of \$65,000. In addition, about \$500,000 in contract costs was required annually for the operation of the system for automated reporting and analysis of data under a modification to the DGIS contract. On the basis of the foregoing, the estimated annual cost to the Federal government for the approved HV Form 1 and HV Form 2 was \$615,000.

For the proposed HV Form 3 data collection instrument, we estimate the annual cost of work group meeting time (6-10 persons convening for one hour 2-4 times per month) and individual or small group review time outside of regular meetings to be approximately \$50,000. Based on the Office of Personnel Management's salary table for the Washington-Baltimore-Northern Virginia locality, we estimate that currently 30% of one HRSA Federal staff GS-14, Step 3 full-time equivalents (FTEs) at an annual rate of \$34,003.80 is directly associated with the activities required to accomplish this project and 20% of one ACF staff person at the GS 13, Step 7 FTE at an annual rate of \$21, 581.80 and 5% of GS-14, Step 4 at annual rate of \$5,844.35, with an average cost of \$61,429.95. In addition, about \$80,000 in contract costs will be required annually for the operation of the system for automated reporting and analysis of data under a modification to the DGIS contract. On this basis, the estimated annual cost to the Federal government is \$191,429. The annual cost of the Home Visiting Information System is \$806,429 comprising of \$615,000 expended on the already-approved HV Forms 1 and 2, and \$191,429 to be expended on the proposed HV Form 3.

## **15. Explanation for program changes or adjustments**

The HV Form 3 is a new data collection tool for the MIECHV program information system. It mirrors an already-approved and in use instrument, HV Form 2. As noted earlier, given that Tribal MIECHV grantees are required to report on benchmarks performance data in years 4 and 5 of their grants, it was mutually decided by HRSA and ACF to wait until Tribal grantees were closer to the reporting years to begin reporting performance data hence the current request for OMB approval of the HV Form 3.

## **16. Plans for tabulation and publication and project time schedule**

The collection of data utilizing the already-approved HV Form 1 and HV Form 2 takes place annually over the three-year period of program implementation. The annual reporting period will be the previous federal fiscal year for all respondents. Grantees began socio-demographic, utilization and performance measure reporting utilizing the proposed forms in October, 2012 and yearly thereafter.

For Tribal MIECHV grantees, the collection of data utilizing the proposed HV Form 3 will take place twice over a four-year period of program implementation. Tribal MIECHV grantees, like their State MIECHV counterparts, began socio-demographic and service utilization data reporting utilizing the

OMB approved HV Form 1 in October 2012 and yearly thereafter. Tribal grantees must report on improvement on constructs under each benchmark area only at the end of Year 4 and Year 5 of their 5-year grants. Cohort 1 Tribal MIECHV grantees will begin to submit performance data using the proposed HV Form 3 in October 2014.

HRSA will develop “web reports” for the MIECHV program in a manner similar to other MCHB programs whose information is currently displayed under the Discretionary Grants Information System (<https://perf-data.hrsa.gov/MCHB/DGISReports/>) and under the Title V Information System (<https://perfdata.hrsa.gov/MCHB/TVISReports/default.aspx>). In addition to facilitating accountability and transparency, the database and reporting capabilities will allow users to search and sort out data of interest for analysis and reporting (e.g., utilizing key words).

The MIECHV legislation requires that the Secretary of HHS submit a report to Congress no later than December 31, 2015 based in part on data collected in this project. Specifically, the report must include “the extent to which eligible entities receiving grants under this section demonstrated improvements in each of the areas specified.”

#### **17. Reasons for not displaying the OMB expiration date**

All instruments will display the expiration date of OMB approval.

#### **18. Exception to certifications for paperwork reduction act submissions**

No exceptions are necessary for this information collection. This project complies with CFR 1320.9.

#### **Attachments**

Attachment A – The Social Security Act, Title V, Section 511 (42 U.S.C. 701), as added by the Patient Protection and Affordable Care Act of 2010

Attachment B1 – MIECHV Benchmark Areas and Corresponding Constructs

Attachment B2 – Tribal MIECHV Benchmark Areas and Corresponding Constructs

Attachment C – HV Form 1- Demographic and Service Utilization Data for Enrollees and Children

Attachment D – HV Form 2- Grantee-defined Performance Measures

Attachment E – HV Form 3- Tribal Grantee Performance Measures

Attachment F – Participant List – Tribal MIECHV Grantee Consultation