

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program FY 2016 Competitive Funding Opportunity Announcement (FOA)

OMB Control No. 0915-0351- Extension Request

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) currently has approval under Office of Management and Budget (OMB) Control No. 0915-0351 to collect information from eligible entities in applying for competitive funding opportunities under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

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 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-

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

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 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), a HRSA electronic tool that contains electronic forms, menus, and reports.

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 funding opportunity announcement collection instrument. Failure to collect this information would result in an inability 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 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.

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

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 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 April 16, 2015, Vol. 80, No. 73; pp. 19993-19994. There were no public comments.

Section 8B:

- Potential state applicants were consulted to obtain their views on the availability of data, frequency of collection, burden, the clarity of instructions/record keeping, 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 that were consulted are below.

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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 within HHS (including the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Agency, and Centers for Medicaid and Medicare Services), 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.

12. Estimates of Annualized Hour and Cost Burden

The annual estimate of burden is as follows:

Summary of Progress on the Following Activities	Number of Respondents	Number of Responses per Respondent	Total Responses	Hours per response	Total Burden Hours
Introduction	47	1	47	10	470
Needs Assessment	47	1	47	14	658
Methodology	47	1	47	15	705
Workplan	47	1	47	15	705
Resolution of Challenges	47	1	47	14	658
Evaluation and Technical Support Capacity	47	1	47	48	2256
Organizational Information	47	1	47	10	470
Additional Attachments	47	1	47	13	611
Total	47 ³		47	139	6533

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Home Visiting Staff	6533	\$30.00	\$195,990
Total	6533	\$30.00	\$195,990

Source of hourly wage rate: http://www.bls.gov/oes/current/oes_nat.htm

12B. Estimated Annualized Burden Costs

Other than their time, there is no cost to respondents.

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.

³ The same applicants will complete these sections.

14. Annualized Cost to Federal Government

We estimate the cost to the Federal Government at nine Federal staff at grade 12 for approximately 67.5 hours totaling \$2, 421.90, and five 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

Currently, there are 5,633 total reporting and record keeping in the OMB inventory. HRSA is requesting 6,533 burden hours, an increase of 900 hours. This increase is due to an increase in funding as well.

16. Plans for Tabulation and Publication and Project Time Schedule

The proposed critical date of publication of the FOA is November 30, 2015. Subsequently, the expected final date for data collection is January 30, 2016. The abstracts of grants awarded will be posted electronically on HRSA Maternal and Child Health Bureau's Discretionary Grants Information System (OMB Control No. 0915-0298) and 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.