

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program FY 2015, FY 2016, FY 2017 Noncompeting Continuation Progress Report for Formula Grant

OMB Control No. 0915-0355

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau is requesting Office of Management and Budget review and approval of the Noncompeting Continuation Progress Report for Formula Grant recipients under the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV).

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (the Act), Section 2951 of the Act amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the MIECHV. The 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 formula grant program is to support states in mounting high quality, evidence-based home visiting programs embedded in strong state early childhood systems.

Pending OMB approval, these 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 their Update State Plans as approved by Federal Project Officers.

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 jurisdictions¹ 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 home visiting program as a whole. Progress Reports are submitted to project officers through the Electronic HandBooks (EHB), a HRSA electronic tool that contain electronic forms, menus, and reports.

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 a performance narrative with the following sections: project identifier information, accomplishments and barriers, home visiting program goals and objectives, update on the home visiting program promising approach, implementation of the home visiting program in targeted at-risk communities, progress toward meeting legislatively-mandated reporting on benchmark areas, home visiting quality improvement efforts, and updates on the administration of the 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

¹ The 48 states, the U.S. Virgin Islands, Puerto Rico, American Samoa, the Northern Marianas, District of Columbia, and Guam were all eligible entities and received Formula funding.

- 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: 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 Continuous Quality Improvement 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.

3. Use of Improved Information Technology and Burden Reduction

Progress Reports will be submitted electronically through the HRSA's EHB. No additional 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.

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.

77, No. 92; p 27781. No individuals responded to request a copy of the draft instructions and no public comments were received.

Section 8B:

- Four potential state applicants were consulted to obtain their views on the overall burden of responding to this information request including: 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 at the end of this supporting statement.
- 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.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payment gifts.

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:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Hours per response	Total Burden Hours
Formula Grant Award	56	1	56	42	2,352
Total	56	1	56	42	2,352

12B. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Home Visiting Coordinator	1200	\$47.18 ²	\$56,616.00
State Home Visiting Staff	1152	\$31.41 ³	\$36,184.32
Total	2352		\$92,800.32

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There are no capital, start-up, or maintenance costs for the respondents.

14. Annualized Cost to Federal Government

The estimated cost to the Federal Government for 10 Federal staff at grade 13 for approximately 264 hours totals \$13,020.48, at a rate of \$49.32 per hour.

15. Explanation for Program Changes or Adjustments

The burden has not changed from the burden in the current inventory.

16. Plans for Tabulation and Publication and Project Time Schedule

There are no plans for tabulation, statistical analysis or publication of the information collected.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed.

² Wages for the State Home Visiting Coordinator are based upon 2014 Bureau of Labor Statistics data for the average hourly wages of a Nurse Practitioner; <http://www.bls.gov/oes/current/999301.htm#31-0000>

³ Wages for the State Home Visiting Staff are based upon 2014 Bureau of Labor Statistics data for the average hourly wages of a Registered Nurse; <http://www.bls.gov/oes/current/999301.htm#31-0000>

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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