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Maternal, Infant and Early Childhood Home Visiting Program: Cost Reporting Tool for Pilot Test in Select Local Implementing Agencies

Supporting Statement

Part A

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LIST OF ATTACHMENTS

- Attachment 1. HVM-Cost Reporting Tool (HVM-CRT)
- Attachment 2. Pilot Test Questionnaire
- Attachment 3. Introductory/Invitation E-Mail
- Attachment 4. Reminder E-Mail
- Attachment 5. Thank You E-Mail
- Attachment 6. 60-day Federal Register Notice
- Attachment 7. Comments Submitted in Response to 60-day Federal Register Notice

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

This is a new Information Collection Request (ICR). The Health Resources and Services Administration (HRSA) requests Office of Management and Budget (OMB) approval to initiate data collection.

Background

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, authorizing the creation of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), also known as the Federal Home Visiting Program. The Federal Home Visiting Program brings decades of research to fruition in supporting voluntary, evidence-based home visiting programs for expectant families and families with children up to kindergarten entry. States and Tribal entities are eligible to receive funding from the Federal Home Visiting Program and have the flexibility to tailor the program to serve the specific needs of their communities. Grantees provide subawards to Local Implementing Agencies (LIAs) to provide services to eligible families in at-risk communities. These programs are a critical component of a coordinated and cohesive system of support for families and young children.

The Federal Home Visiting Program works to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness by implementing evidence-based home visiting models. Although there is strong evidence on the effectiveness of these models, limited consistent information about the costs to implement home visiting models and deliver services to families is available to guide policy decisions. Developing cost evaluation models for the Federal Home Visiting Program and providing technical assistance to LIAs and model developers around cost data reporting will provide important information to support continued scale-up and long-term sustainability of the Federal Home Visiting Program.

The following nine models, currently being implemented with Federal Home Visiting Program funds, are included in this data collection effort:

- Child First
- Early Head Start (EHS)—Home Visiting
- Family Spirit
- Healthy Families America (HFA)
- Family Check Up
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)
- SafeCare Augmented

The Home Visiting Evidence of Effectiveness (HomVEE) review compiled information on estimated costs for each model, including estimated cost per family, labor costs, purchase of program model or operating license, materials and forms, training and technical assistance, infrastructure, and recruitment and retention. Although many models were able to report the majority of this cost information to the HomVEE team, the methods for determining cost estimates were not standardized, and thus the cost estimates are not comparable across models. The Mother and Infant Home Visiting Program Evaluation (MIHOPE) has evaluated the costs to implement models. However, MIHOPE only examined 4 national home visiting models and did not generate a standardized reporting tool for use across all national models. Consequently, the Federal Home Visiting Program needs a standardized cost reporting tool to collect cost data in a consistent manner across models and LIAs and to use these data to estimate home visiting costs for a variety of stakeholders.

To support and assess the costs of the Federal Home Visiting Program, HRSA awarded a contract to develop standardized cost metrics that can be used by Federal Home Visiting Program grantees. This project has four main goals:

1. to conduct an environmental scan of the costs and related data that evidence-based home visiting model developers collect and to assess how grantees, model developers, and LIAs currently use those data,
2. to identify factors that may lead to variation in model implementation costs,
3. to develop a set of standardized cost metrics for home visiting LIAs, and

4. to develop and pilot test a standardized cost reporting tool for the Federal Home Visiting Program and to provide technical assistance to LIAs for reporting their costs during the pilot.

This information collection is requested to conduct a pilot study to test a standardized cost reporting tool among LIAs. We developed draft standardized cost metrics based on a review of the existing literature on home visiting costs and from ongoing discussions with the developers of evidence-based home visiting models. The information collected will be used to test the reliability and feasibility of implementing routine data collection for the proposed set of standardized cost metrics and organizational characteristics across various LIA contexts. We will also estimate preliminary total costs for implementing each home visiting model, including ranges across the LIAs included in the pilot study. Finally, we will refine the cost metrics and the cost reporting tool based on feedback received from LIAs, model developers, and Federal Home Visiting Program grantees during the pilot data collection effort.

Overview of the Data Collection System

Cost data will be collected via a user-friendly Excel-based cost reporting tool. The Home Visiting Model Cost Reporting Tool (HVM-CRT). We will collect data once starting around May 1, 2017, and ending approximately 4 to 6 weeks later. Contractor staff will distribute the Excel-based HVM-CRT to respondents via e-mail, and respondents will return the completed HVM-CRT to the contractor via e-mail.

Items of Information to Be Collected

A draft version of the HVM-CRT is presented in Attachment 1. The HVM-CRT requests information for each of the following cost categories:

1. Salary and Personnel Expenditures
2. Overhead and Infrastructure Expenditures
3. Contracted Services Expenditures
4. Model Fees, Assessment, Tools, and Curricula Expenditures
5. Training Expenditures
6. Consumable Supplies
7. Non-Consumable Supplies
8. Travel Expenditures

No individually identifiable information will be collected; however, we will collect information about the name and location of the LIA. Information collected during the OMB

approval period will be maintained for the duration of the project. The information will be used in home visiting model cost analyses and to explore the possibility of developing a mathematical cost model that Federal Home Visiting Program grantees may use to predict program costs, given information about the home visiting models used and client characteristics. The cost reporting tool will be maintained by HRSA and will comply with federal records retention requirements.

A.2 Purposes and Use of the Information Collection

The goal of the information collection is to pilot test a standardized cost reporting tool for the Federal Home Visiting Program that can be used to collect cost data from LIAs about their costs to implement national home visiting model(s). A standardized reporting tool will enable HRSA, national home visiting models, and Federal Home Visiting Program grantees to collect information about implementation costs and examine the extent to which costs vary across LIAs and models. The cost data collected from LIAs will ultimately form the basis of a tool that the Federal Home Visiting Program grantees may use to estimate costs, given the characteristics of the models they implement and the communities and families that they serve.

Data collected using the cost reporting tool will be used to answer the following questions:

1. What is the average annual cost per family served of implementing each national home visiting model?
2. For each national home visiting model, what is the distribution of average annual cost per family served across a uniform set of program components, such as the hours of home visiting provided per week (e.g., <1, 1–2, 2 or more)?

Privacy Impact Assessment Information

The proposed collection will have little or no effect on the respondent's privacy. No information in identifiable form (IIF) will be collected.

A.3 Use of Improved Information Technology and Burden Reduction

All data will be collected electronically via an Excel-based instrument (Attachment 1) to reduce respondent burden, data collection errors, and delays in receiving data.

The instrument will include several features to reduce data reporting burden and help ensure high quality data collection. Specifically, the HVM-CRT will include automated data

checks so that it can be used by the respondents to perform self-directed quality checks on the data as they enter the information. For example, when personnel effort is allocated across activities, the sum must equal 100%; the respondent will be alerted if the total is less than or greater than 100% and required to correct the allocation amounts.

The tool will be accompanied by a detailed data collection manual. The manual will include definitions for each required cost element and instructions for providing the data. Each data element collected by the tool will also be explained in comments embedded in the tool. The team will provide data entry TA to all study participants.

HRSA will collect and analyze the data submitted by the LIAs. We have designed the cost reporting tool to collect the minimum information necessary to address the project's research questions. Efforts have been made to design the instrument to be brief, easy to use, and understandable. The study investigators have carefully considered the content, appropriateness, and phrasing of the questions.

A.4 Efforts to Identify Duplication and Use of Similar Information

The Federal Home Visiting Program is a relatively new initiative that aims to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness by using evidence-based national home visiting models.

In the fall of 2015, HRSA conducted an environmental scan of current home visiting cost-metric data and resources, which included informal interviews with the nine model developers, an in-person meeting with model developers, and a thorough literature review of peer-reviewed articles, grey literature, and cost tools provided by the model developers. The purpose of this environmental scan was to inform the development of a HVM-CRT. After analyzing all of the data sources collectively, the environmental scan honed in on the standardized cost metrics for a cost reporting tool, facilitators and barriers for using a standardized cost reporting tool, and the drivers of variation in costs across national home visiting models. Results of the environmental scan indicated that no other similar cost reporting tool already exists for national home visiting models. To obtain standardized cost data across the national home visiting models or LIAs, a cost reporting tool would need to be developed and pilot tested.

This data collection will allow HRSA, Federal Home Visiting Program grantees, and model developers to assess the full costs of Federal Home Visiting Program-funded home visiting models. Because many LIAs that implement these models obtain funding from multiple sources, an assessment of costs to implement each model is not possible using existing budget information alone. Unlike budget data, the home visiting program cost data collected in the HVM-CRT will be used to generate estimates of the costs to implement each national home visiting model. This information will help Federal Home Visiting Program grantees, LIAs, and home visiting model developers plan for sustainable home visiting programs that have sufficient funding to succeed.

A.5 Impact on Small Businesses or Other Small Entities

Information will be collected by staff at Local Implementing Agencies (LIAs). LIAs are contracted by state, territorial, and non-profit grantees to provide home visiting services and may be small businesses. Because information collection may involve small businesses, the information being requested has been held to the absolute minimum necessary for the intended use of the data and to demonstrate programmatically important results.

A.6 Consequences of Collecting the Information Less Frequently

These cost data will be collected only once. Without these data, HRSA will not be able to assess the costs to implement each of the nine national home visiting models currently being implemented by Federal Home Visiting Program grantees. The estimated costs to implement each model will be useful for informing program planning and ensuring that LIAs and Federal Home Visiting Program grantees have information about the level of funding needed to implement each national home visiting model. This data collection request constitutes a pilot test of the HVM-CRT.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR1320.5

This request fully complies with all guidelines of 5 CFR 1320.5. There are no special circumstances required.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day notice for public comments on the proposed data collection activities required by Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 was published in the *Federal Register* on June 20, 2016 (Document Number 2016-14417; document citation 81 FR 39931, pages 39931-39932) (Attachment 6). Public comments were requested by August 19, 2016.

HRSA received four comments from one respondent. An abbreviated version of the comments and HRSA's responses to each are provided below (a full copy of the comments are provided in Attachment 7):

1. Comment: NFP supports the concept and need for a uniform cost tool across evidence-based home visiting models. However, we have concerns about how the diversity of program populations, providers/personnel, and the value of program delivery will be factored into the design and utility of the tool by agencies. In particular, the length of stay and the fidelity requirements of each evidence-based model should be integrated into the tool design. We would also appreciate further disclosure of how HRSA expects the tool to be utilized.

HRSA response:

The Home Visiting Model Cost Reporting Tool (HVM-CRT) has been designed to standardize the cost information collected across home visiting programs. We are submitting this data collection request to conduct a pilot test of this tool. A final version of the cost reporting tool that reflects the suggestions of the approximately 90 local implementing agencies that pilot this tool will provide useful information to HRSA, grantees, model representatives, and local implementing agencies about the costs to implement home visiting models. We recognize that costs will vary across home visiting models because of differences in the length of stay and fidelity requirements of the different home visiting models. We also plan to assess the impact of differences in community or family characteristics on the cost to implement each model.

2. Comment: NFP believes that the estimated burden is too low for agency personnel and needs to be revised. We also recommend that a burden statement be included for model staff.

HRSA response: We appreciate the feedback on the estimated burden. We have increased the burden estimate based on this feedback. Because local implementing agencies (LIAs) may need to obtain cost-related information from financial managers or other staff, the burden of completing the data collection reflects the average time required for an LIA to compile records, collate responses from multiple parties, and enter cost data. We expect that the total burden is approximately 16 hours per LIA. This estimate includes one hour for participation in a training webinar and an average of approximately two hours of one-on-one technical assistance over the course of the data collection. In addition, we assume an average of 11.5 hours per LIA to gather information needed for the tool and an additional 1.5 hours, on average, to enter data into the spreadsheet. We anticipate that training staff to use the Excel-based tool will be less than 4 hours per LIA, given that Excel is so widely used.

The roles of home visiting models, HRSA home visiting grantees, and local implementing agency staff are further clarified in Supporting Statement Part B. Although home visiting model representatives are partnering with HRSA and its contractors to facilitate the collection of cost data from local implementing agencies, the model representatives will not be asked to conduct data analyses.

3. Comment: NFP believes that this tool could be improved with further discussion amongst the model developers, HRSA, and the subcontractor to clarify items outlined above.

HRSA response: We appreciate that a tool such as the Home Visiting Model Cost Reporting Tool (HVM-CRT) benefits from the feedback of multiple stakeholders. HRSA and home visiting model representatives provided comments on draft versions of the tool in May and June 2016; those comments have been addressed in the pilot version of the tool. To further improve the tool, feedback from the local implementing agencies that participate in the pilot will be incorporated into the final version.

4. Comment: NFP supports the use of automated collection techniques for this purpose, but not enough information is available to understand how the tool will be operationalized at the agency/state level. Additionally, if data is requested from the models, it will be important to provide funding to the model for the personnel time to deliver the information.

HRSA response: We anticipate that cost data collected from LIAs using the cost reporting tool will ultimately form the basis of a tool that Federal Home Visiting Program grantees may use to estimate costs, given the characteristics of the models they implement and the communities and families that they serve.

As part of this pilot study, HRSA does not expect to collect data from the home visiting models. All data for the cost reporting tool pilot study will be collected from local implementing agencies that implement the models as part of the Federal Home Visiting Program.

A.9 Explanation of Any Payment or Gift to Respondents

No payment or gifts will be provided to LIAs for completing and submitting the cost data.

A.10 Assurance of Confidentiality Provided to Respondents

Respondents are staff members of LIAs. LIAs are often community-based organizations or health providers that implement and operate the national home visiting models. LIA staff members, such as the program manager and finance manager, will be asked to complete the HVM-CRT to provide information on sources of funding for each national home visiting model they implement, costs to implement the model, and data on program outputs, such as number of families served and number of home visits. No IIF is being collected.

A. Privacy Act Determination. HRSA has reviewed this submission and determined that the Privacy Act does not apply. Although a primary respondent will be identified for each LIA, the respondent will provide data on LIA costs as a representative of the LIA. The information collection does not involve collection of sensitive or personal information.

B. Safeguards. Data collection will be conducted via an Excel-based instrument managed by HRSA contractors. Data will be submitted to HRSA according to approved communication protocols. Access to the Excel-based HVM-CRT will be protected by password to allow access and edits only for LIA personnel. LIA personnel will have access only to the data for their own LIA.

C. Consent. Because the information collection does not involve research with human subjects, IRB approval and individual consent requirements are not applicable.

D. Nature of Response. No IIF is being collected. The proposed collection will have little or no effect on the respondent's privacy. Participation in the information collection is voluntary.

A.11 Justification for Sensitive Questions

We are collecting program-level cost data and not individual-level data. The cost tool does not request sensitive or personally identifiable information.

A.12 Estimates of Annualized Burden Hours and Costs to Respondents

A.12.1 Estimated Annualized Burden Hours

We plan to include approximately 90 MIECHV LIAs in the pilot test of the HVM-CRT. These LIAs will represent a subset of all LIAs that implement Federal Home Visiting Program-funded home visiting models. We anticipate that participating LIAs will be selected from approximately 10 states, with representation from each region of the United States. Because some of the national home visiting models are only implemented by a few LIAs in the United States, we plan to invite those LIAs to ensure that we can collect and analyze costs for all nine the national home visiting models currently being implemented by Federal Home Visiting Program grantees. Precise selection criteria will be established after the HVM-CRT is finalized. We will send an introductory e-mail to each LIA requesting them to participate and specify that participation is voluntary (Attachment 3). Each of the approximately 90 LIA respondents will be asked to report a set of data via the HVM-CRT (see Attachment 1). We will follow-up with a reminder e-mail (Attachment 4) and provide a thank you e-mail after receiving the completed instrument (Attachment 5). The data collection process will be conducted only once, and the estimated burden per LIA responding is 16 hours. This burden estimate is based on prior cost studies for which the contractor collected public health program data and has been revised to reflect a comment received from a representative of a home visiting model on the 60-day notice.

We anticipate that the persons completing the Excel-based HVM-CRT will be home visiting program managers or other administrative directors employed by the LIA. The individuals responding for each LIA should be familiar with everyday operations, management, and administration of all home visiting activities. We expect that the primary respondent for each LIA may require assistance from another program staff member, such as a financial manager. *Exhibit A.12-1* summarizes the annualized burden hours.

Exhibit A.12-1. Estimated Annualized Burden Hours

Types of Respondent	Number of Respondents	No. Responses per Respondent	Total Responses	Average Burden per Response (hours)	Total Burden (hours)
LIA staff	90	1	90	16	1,440

A.12.2 Estimated Annualized Cost to Respondents

The estimated total cost to LIA respondents is approximately \$32,000 (*Exhibit A.12-2*). This annualized cost to respondents is based on the average wage of community and social service staff persons from the 2015 Bureau of Labor Statistics report on Wage Estimates (Bureau of Labor Statistics, 2016).

Exhibit A.12-2. Estimated Annualized Cost to Respondents

Type of Respondent	Number of Respondents	Total Burden (hours)	Average Hourly Wage	Total Respondent Cost (\$)
LIAs staff	90	1,440	\$22.19	\$31,953.60

A.13 Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

No costs other than those described in Section A.12 will be incurred by the respondents to complete this data collection.

A.14 Annualized Cost to the Federal Government

Exhibit A.14-1 presents the two types of costs to the government that will be incurred: (1) external contracted data collection and analyses and (2) government personnel.

1. The project is being conducted under a contract that was awarded on August 19, 2015. The contract is for a total of 2 years and 1 month. The annualized cost for the data collection task for the data contractor is estimated at \$66,426.

2. The government costs include personnel costs for federal staff involved in project oversight and development of this ICR; these efforts involve approximately 10% of a GS-14 Step 1 (\$52.17 hourly rate) public health analyst, and 10% of a GS-13 Step 5 (\$50.20 hourly rate) program analyst. The total annualized cost to the federal government for the duration of this data collection is \$87,718.

Exhibit A.14-1. Estimated Annualized Federal Government Cost Distribution

Type of Government Cost	Annualized Cost
Data Contractor	\$66,426
Federal Staff	\$21,292
GS-14 public health analyst at 10% FTE	\$10,851
GS-13 program analyst at 10% FTE	\$10,441
Total	\$87,718

A.15 Explanation for Program Changes or Adjustments

This is a new data collection.

A.16 Plans for Tabulation and Publication and Project Time Schedule

A.16.1 Plans for Tabulation/Data Analysis

Cost data will be securely maintained on the contractor’s server, which is only accessible to authorized project staff. Cost data will be analyzed using descriptive statistics.

A.16.2 Publication Plan

The findings from this information collection and analyses will be reported in aggregate in a report to HRSA to inform home visiting program cost reporting and will inform the development of a cost prediction tool for HRSA, Federal Home Visiting Program grantees, and LIAs. Summary data may be made public through data briefs, fact sheets, professional presentations, and/or published manuscripts.

A.16.3 Project Timeline

The expected time schedule for project activities is presented in ***Exhibit A.16-2***.

Exhibit A.16-2. Estimated Time Schedule for Project Activities

Activity	Expected Timeline
Development of final version of the Excel-based cost tool based on responses to the 60-day Federal Register Notice	May 2016–August 2016
Receive OMB approval	On or before February 15, 2017
Technical assistance	Ongoing, concentrated prior to and during the data collection
Data collection	1 wave of data collection: May 1, 2017–June 15, 2017
Cost analysis	Within 2 months of data collection
Final cost data analysis	Within 3 months of data collection

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

No request for an exemption from displaying the expiration date for OMB approval is being sought.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

Bureau of Labor Statistics (2016). May 2015 National Occupational Employment and Wage Estimates United States. Retrieved from http://www.bls.gov/oes/current/oes_nat.htm#31-0000