

**SUPPORTING STATEMENT
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT
APPLICATION/ANNUAL REPORT GUIDANCE**

0915-0172 Revision

A. Justification

1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY

This submission is a request for Office of Management and Budget (OMB) continued approval of the updated Application/Annual Report Guidance for the Maternal and Child Health (MCH) Services Block Grant (hereafter referred to as the MCH Block Grant). This Guidance will be used by the 50 states and nine (9) jurisdictions (hereafter referred to as “states”) eligible for state formula grants, as authorized by Section 501 of Title V of the Social Security Act (the Act), PL 101-239. All sections of the Title V legislation can be viewed at: http://www.ssa.gov/OP_Home/ssact/title05/0500.htm. The current Application/Annual Report Guidance (OMB No. 0915-0172) will expire on December 31, 2017. Consistent with the current Guidance, the attached updated edition contains two documents: 1) *Title V Maternal and Child Health Services Block Grant to States Program Guidance and Forms*, which are instructions to the states on completing the required Application/Annual Report and Reporting Forms; and 2) *Appendix of Supporting Documents*, which includes background program information and other technical resources. (See Attachment A.)

The Application and Annual Report fulfill the requirements of Section 505 and Section 506, respectively, of the Title V legislation. Consistent with previous editions, the updated Application/Annual Report Guidance is designed to allow states flexibility in meeting the unique needs of their MCH populations while enabling the Maternal and Child Health Bureau (MCHB) to meet the Title V legislative requirements, collect and utilize comparative data for addressing national and state MCH priorities, and demonstrate accountability in the use of the Federal Title V funds. The MCHB, in the Health Resources and Services Administration (HRSA), serves as the Health and Human Services (HHS) Secretary’s delegate to collect this information and to review it prior to the award of approximately \$540 million annually in state formula grants under the MCH Block Grant.

The attached Application/Annual Report Guidance builds on the transformative changes that were introduced with the release of the current Application/Annual Report Guidance in 2015. Full implementation of the MCH Block Grant transformation was achieved with the submission of the 59 state fiscal year (FY) 2018 Applications/FY 2016 Annual Reports in July 2017. The revisions to this updated edition of the Application/Annual Report Guidance seek to advance the federal-state MCH partnership, carry forward the three aims of the MCH Block Grant transformation (i.e., reduce state burden; maintain

state flexibility; and improve accountability) and enable the state to provide an articulate and comprehensive description of its Title V program activities and leadership efforts.

The MCH Block Grant is a formula grant under which funds are awarded to 59 states and jurisdictions upon the submission of an acceptable plan that addresses the health services needs within a state for the target population of mothers, infants and children, which includes children with special health care needs (CSHCN). Through this process, each state and jurisdiction supports and promotes the development and coordination of systems of care for the MCH population, which are family-centered, community-based and culturally appropriate.

History

The purpose of the Title V MCH Services Block Grant is to create federal/state partnerships in all 59 states/jurisdictions that support service systems for addressing MCH challenges, such as:

- Significantly reducing infant mortality;
- Providing comprehensive care for women before, during, and after pregnancy and childbirth;
- Providing preventive and primary care services for infants, children, and adolescents;
- Providing comprehensive care for children and adolescents with special health care needs;
- Immunizing all children;
- Reducing adolescent pregnancy;
- Putting into community practice national standards and guidelines for prenatal care, for healthy and safe child care, and for the health supervision of infants, children, and adolescents;
- Assuring access to care for all mothers and children; and
- Meeting the nutritional and developmental needs of mothers, children, and families.

The state health programs for mothers and children date back to 1935, when these programs were first authorized under Title V of the original Social Security Act. In 1981, Title V was amended to create a single block grant program that consolidated seven related categorical health services programs for mothers and children into the MCH Services Block Grant. Programs folded into the MCH Block Grant included: Maternal and Child Health and Children with Special Needs Services; Supplemental Security Income for Children with Disabilities Program; Lead-Based Poisoning Prevention; Genetic Disease; Sudden Infant Death Syndrome (SIDS); the Hemophilia Treatment Centers; and Adolescent Pregnancy Grants. In 1996, PL 104-193 created a new section in Title V, section 510, which established a separate program for abstinence education. More recently, in 2010, the Patient Protection and Affordable Care Act (ACA) added a new section 511 to Title V of the Social Security Act, which created the Maternal, Infant and Early Childhood Home Visiting Program.

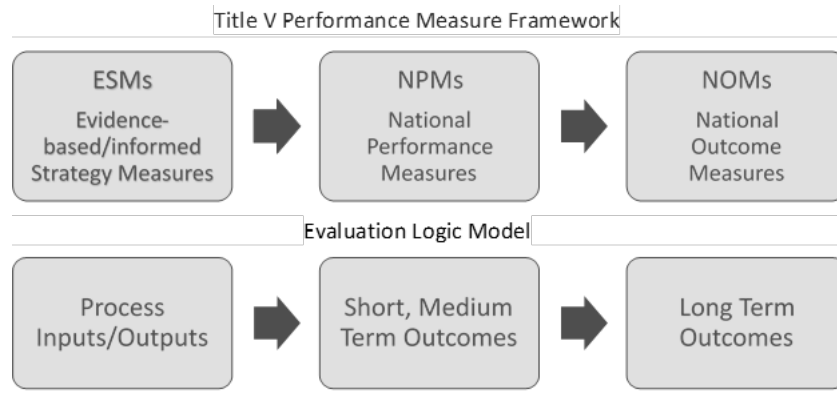
Beginning in 1982, eligible states were required to submit a Report of Intended Expenditures annually to the HHS Secretary. This report outlined a state's general plans

for the use of its MCH Block Grant funds and an Annual Report (in an unspecified form and with unspecified content) that would inform the Secretary on how the block grant funds were being spent. The Omnibus Budget Reconciliation Act (OBRA) of 1989 tightened accountability of funds expended under the MCH Block Grant. Congress placed a 10 percent limit on administrative costs and mandated a minimum spending requirement of 30 percent for the following two categories: (1) children’s preventive and primary health services; and (2) services and service coordination for CSHCN. Special emphasis was placed on the provision of services for low-income individuals and the development of comprehensive plans for state systems of services, in accordance with a state’s Five-year Needs Assessment findings, which resulted in goals and objectives that were consistent with the Nation’s Healthy People 2000 objectives.

In 1993, the Government Performance and Results Act (GPRA), Public Law 103-62, was enacted which requires federal agencies to establish measurable goals that are to be reported as part of the budgetary process. In linking funding decisions with performance, GPRA calls for federal agencies to develop comprehensive strategic plans, annual performance plans that include measurable goals and objectives, and annual reports that compare actual performance with established performance goals. The MCHB effort to respond to the new GPRA requirements coincided with other planned improvements to the MCH Block Grant Application/Annual Report Guidance. In meeting its GPRA requirements, MCHB streamlined the 1997 edition of the *Maternal and Child Health Services Title V Block Grant Program - Guidance and Forms for the Title V Application/Annual Report* by combining into a single document the instructions to states for preparing and submitting an Annual Report, Application and Five-year Needs Assessment. The revised Guidance served to ensure that state grantees could clearly and concisely tell their MCH “stories”. The Application/Annual Report thus became the basis by which MCHB could meet its GPRA MCH Block Grant reporting requirements. Revisions to subsequent editions over the years have been based on changes in MCH priorities, the availability of new national data sources and a continuing effort within the MCHB to refine and streamline the Application/Annual Report preparation and submission process for states.

In partnership with the State Title V program leadership and other key stakeholders, the MCHB initiated a major transformative effort in 2013 for the MCH Block Grant to ensure its continued relevance in a changing health care environment and to maximize the program’s effectiveness in responding to current and future needs of the nation’s mothers and children, including CSHCN. During the three-year implementation period, states applied a new three-tiered performance framework (depicted on the following page) to the development of a five-year State Action Plan.

The new performance measure framework was intended to increase program accountability by enabling states to demonstrate the impacts of Title V on health outcomes. Fifteen NPMs were identified across six domains. States selected eight of the 15 NPMs, based on the priority needs that were identified in the 2015 Five-Year Needs Assessment. In addition, States developed between three and five State Performance Measures (SPMs) to address priority needs not aligned with the selected NPMs.



Since its development in 2002, the Title V Information System (TVIS) has contributed to numerous efficiencies in the Application/Annual Report Submission process. The TVIS is a Web-based system, which consists of the TVIS Data Entry System and the TVIS Web Reports. The transformation of the MCH Block Grant mandated the development and deployment of a redesigned electronic data collection and Web reports system in 2015. Specific enhancements made to the redesigned TVIS are described in Section 3.

2. PURPOSE AND USE OF INFORMATION COLLECTION

The Application/Annual Report Guidance is used annually by the 50 states and nine (9) jurisdictions in applying for MCH Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. Data requested in the updated edition of the MCH Block Grant Application/Annual Report Guidance are necessary to assist states in telling a coherent and compelling story about the impact of their Title V programs, both within the state and nationally. These data further help to demonstrate the Title V program's return on investment in ensuring accountability for the ongoing monitoring of health status in women and children, in documenting the progress that has been achieved relative to established National and State performance measure targets and in supporting an effective and responsive public health system for the nation's MCH population.

The updates proposed by HRSA's MCHB for the next edition of the Application/Annual Report Guidance are intended to refine the reporting structure and MCH vision that were introduced in the current (2015) edition, while continuing to assure state flexibility and accountability. This updated edition of the Application/Annual Report Guidance builds on the long-standing performance partnership approach that has existed between the MCHB and State Title V agencies since 1997. The updated Application/Annual Report Guidance is intended to simplify and streamline narrative reporting for states, clarify data reporting requirements and put forth a clear logic model for states to use in developing and implementing a relevant and responsive Five-Year Action Plan.

Consistent with the block grant concept, the attached updated Application/Annual Report Guidance retains the rights of each state to determine its own MCH priority needs, to develop tailored strategies for addressing its identified needs and to assume accountability in achieving measurable progress towards its stated program goals. The revised narrative will also allow a State Title V program to reflect on its leadership role in

the state and to demonstrate the program's contributions to the state's overall public health system in building improved and expanded systems of care for the MCH population.

This updated Application/Annual Report Guidance adheres to the specific statutory requirements contained in Sections 501 and 503-509 of the Title V legislation and promotes the use of evidence-based or -informed public health practices by states in developing a Five-year Action Plan that responds to the unique MCH population and program needs of each individual state. In addition, the updated Guidance continues to affirm the mission of Title V as "to improve the health and well-being of all of America's mothers, children, and families."

Uses of Information

The data and attendant information that will be collected by the MCHB from the 59 states and jurisdictions through the Application/Annual Report offer utility to both HRSA, MCHB, and to the individual states and jurisdictions.

Federal

The information collected from State Title V agencies in the Application/Annual Report will be used to comply with statutory requirements for MCH Block Grant funds.

HRSA's MCHB will use the information to take two administrative actions:

- Acceptance of Annual Report submitted in accordance with standard format and requirements of Section 506 of the Act; and
- Acceptance of a complete State Application submitted in accordance with the standard format and requirements of Section 505 of the Act.

Additionally, as mandated by Section 506, information provided through the Annual Report and other sources of state data gathered by HRSA's MCHB will be aggregated and made publicly available through the TVIS Web Reports. Such reporting by the states on their performance relative to the National performance and outcome measures is used by the MCHB to assess national progress in key MCH priority areas and to facilitate the Bureau's annual GPRA reporting. In addition, the MCHB will use these data to identify current and emerging national MCH priority areas, guide strategic planning efforts and inform the allocation of resources.

State

States will use the national and state-specific data to establish priorities for their individual MCH populations; support ongoing assessment of MCH population needs; determine effectiveness of current Title V program strategies; respond to other federal, state, and local performance requirements/requests; and develop and justify efforts for advancing MCH-related agendas with the legislatures and/or Governor's offices.

Information Collection and Proposed Changes

The combined Application/Annual Report will be completed and submitted to HRSA's MCHB on an annual basis. This reporting supports states in their data-driven MCH programming and quality improvement efforts by reflecting on a state's MCH priority

needs, health status of its MCH population, established systems of care, existing gaps in health care delivery, available funding/resources and data trends relative to its selected National/State performance and outcome measures.

The updated edition of the Application/Annual Report Guidance contains data collection and reporting requirements that are consistent with GPRA and the established Title V MCH federal/state partnership. Through such reporting, HRSA’s MCHB and the states demonstrate accountability in the use of federal Title V funds and the required state matching funds for meeting the legislative intent.

Key changes to the updated edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* are summarized in the table below.

Proposed Changes to the Updated Application/Annual Report Guidance

2015 Application/Annual Report Guidance	2018 Application/Annual Report Guidance
<p>Performance Measure Framework:</p> <p>States select 8 of 15 NPMs (minimum of one NPM selected in each of six domains).</p> <p>States establish 3-5 SPMs to address MCH priority needs not addressed by the selected NPMs.</p> <p>Each of the state-identified 7-10 priority needs, as determined through a comprehensive Five-Year Needs Assessment, is addressed by either a NPM or SPM.</p>	<p>Performance Measure Framework:</p> <p>States select 5 of 15 NPMs (one NPM in each of five population domains).</p> <p>States are not required to establish a minimum or maximum number of SPMs.</p> <p>Each of the state-identified 7-10 priority needs, as determined through a comprehensive Five-Year Needs Assessment, is addressed by either a NPM or SPM.</p>
<p>MCH Domains:</p> <p>15 NPMs grouped into 6 domains (five MCH population domains and one Cross-Cutting/Life Course Domain).</p>	<p>MCH Domains:</p> <p>15 NPMs grouped into 5 MCH population domains (Cross-Cutting/Life Course Domain eliminated)</p> <p>Addition of optional sixth domain (Cross-Cutting/Systems Building) to reflect state priority needs around infrastructure/systems building.</p>
<p>State Action Plan:</p> <p>Focus on implementation of evidence-based and –informed strategies/ measures.</p> <p>Narrative discussion organized by the six MCH domains, with an added section for discussing other programmatic activities</p>	<p>State Action Plan:</p> <p>Continued focus on implementation of evidence-based and -informed strategies/measures, with addition of enhanced definition of “evidence-base” and state examples.</p> <p>Narrative discussion organized by five MCH population domains and a sixth optional domain, with an added introductory section</p>

(e.g., MCH workforce and family/consumer partnership).	for states to describe the Title V framework and overarching program strategies.
2015 Application/Annual Report Guidance	2018 Application/Annual Report Guidance
<p>Increased emphasis on the importance of family/consumer partnership (narrative discussions primarily included in CSHCN domain and in the “Other Programmatic Activities” sections).</p> <p>Dedicated section for narrative discussion of States’ systems of care to address the needs of CSHCN.</p> <p>Reduced burden for States in applying for MCH Block Grant funds and in submitting the legislatively required Annual Report</p>	<p>Clearer reporting expectations outlined for State Title V reporting on family-centered care and partnership (e.g., specific program activities; impact of family partnerships on all sectors of the MCH population; and demonstrated value in improving MCH outcomes).</p> <p>Narrative discussion for CSHCN strengthened to include added specificity about components of a State’s system of services and the impacts achieved.</p> <p>Continued reductions in State Application/Annual Report burden through streamlined narrative reporting, clearer descriptions of expected content, refined instructions for completing data reporting forms and improved functionality (e.g., Word Upload capability) in the data entry component of the TVIS.</p>

3. USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION

Since 1997, HRSA has made efforts to improve the use of information technology in data collection. In 2002, the MCHB developed the TVIS in order to better support its work in managing the Title V MCH Block Grant. TVIS was developed to provide an on-line mechanism for states to complete the required financial/program reporting forms and Application/Annual Report narrative discussion. It was also developed to provide a means to display the Application/Annual Report data to the general public. As such, TVIS consists of two components:

- TVIS Data Entry System - used by state Title V MCH Block grantees to submit their financial, program, and performance data as part of their yearly Application/Annual Report; and
- TVIS Web Reports - a Web-based interface that allows public users to search, view and retrieve the finalized Title V data that is submitted by the 59 State Title V MCH Block grantees.

TVIS Data Entry System, which allows grantees to enter data into Web-based forms and report sections, is derived from the *Guidance and Forms for the Title V Application and Annual Report, Maternal and Child Health Services Title V Block Grant Program*. State users electronically enter data and upload information as appropriate. The interface provides the “forms” of the Application that can be completed online, and those forms in turn submit data to a relational database that is developed to HRSA standards (e.g., SQL

Server Relational Database) and is integrated with the larger and related agency grant management system known as the HRSA's Electronic Handbooks (EHB). This system provides significant benefits, as users are permitted to complete the Application/Annual Report forms via the Web and to submit the Application/Annual Report forms directly to the database. It should be noted that states are required to provide data only for the Application/Annual Reporting year, as other data cells are pre-populated from the previous years' submissions.

TVIS Web Reports is a database that allows users to search and sort data on the health status of the nation's mothers and children, as submitted by the 59 State MCH Block Grantees. This database assures that Title V program data on maternal and child health are uniformly available from all 50 states and nine (9) jurisdictions. Access to the data enables states, communities, policymakers, and health care professionals to make informed decisions about meeting the health care needs of women and children in the United States. Since the TVIS makes all information publicly accessible on the Web, states have strong incentive to ensure the quality and accuracy of the data they submit.

Transformational changes made to the State MCH Block Grant program in 2015 brought new reporting requirements and a revised narrative format to the MCH Block Grant Application/Annual Report. The transformational changes mandated the redevelopment and deployment of TVIS.

Enhancements to TVIS Data Entry over the past three years include streamlined data entry, built-in checks and validations to ensure data quality, fewer data reporting forms, pre-populated National outcome and performance measure data (as available from national data sources) and intuitive Five-year State Action Plan Table.

TVIS Web Reports has been enhanced to feature a data dashboard presentation of the new performance measure framework (national and state-level data), interactive charts and maps, data downloads (images and Excel), updated narrative search feature and new State Snapshot, which pulls data from various data reporting forms. The data reported annually by the states are available to the public on the enhanced TVIS Web Reports at: <https://mchb.tvisdata.hrsa.gov>.

In addition to the proposed changes in the updated Application/Annual Report Guidance, the MCHB continues to add increased functionality and other enhancements to the TVIS that serve to assist states in completing and submitting their online Applications/Annual Reports. For the data entry period that began on April 1, 2017, a Word upload feature was added to the TVIS. This functionality was created in response to requests from numerous states, which indicated that such a feature would greatly reduce the burden associated with submitting a MCH Block Grant Application/Annual Report in the TVIS.

4. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION

In establishing state reporting requirements, the MCHB considers the availability of national data from other federal agencies. As required by Section 509(a)(5) of the Act, every effort is made to not duplicate data collection efforts. Considerations for determining the required data reporting elements, as specified in the MCH Block Grant Application/Annual Report Guidance, include:

- Data are unique to the Title V program at both the state and national levels;
- Data are required by statute;
- Data are needed to address Departmental needs; and/or
- Data are not available from other sources.

The data requirements specified in Sections 505 and 506 have been discussed extensively with states in public meetings. Addressing them is part of the shared responsibility that exists through the program's administrative structure of a federal/state partnership.

In addition to being one of the triple aims of the MCH Block Grant transformation, reduced duplication remains a priority for the MCHB. Ongoing feedback received from state partners on the Application/Annual Report submission process, along with feedback received in the annual TVIS User Satisfaction Survey (OMB Number: 0915-0212), help to guide burden reduction efforts. Efficiencies that have been incorporated into the updated Application/Annual Report Guidance include:

- Continued pre-population of the National performance and outcome data for states in the TVIS;
- Streamlined narrative reporting across the State Overview, Needs Assessment Update/Summary and State Action Plan sections to allow for a more logical flow;
- Reduced duplication across the narrative sections of the Application/Annual Report;
- Clearer descriptions of expected content for individual narrative sections of the Application/Annual Report and the Executive Summary; and
- Continued incorporation of a Needs Assessment Summary into the Application; and
- Further clarification of reporting instructions and the use of consistent definitions across the Glossary and individual sections of the Application/Annual Report Guidance.

As discussed in Section 3, the MCHB continues to add increased functionality and other enhancements to the TVIS in an effort to reduce burden for states in submitting the yearly MCH Block Grant Application/Annual Report.

5. IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES

No small business or other small entities are involved.

6. CONSEQUENCES OF COLLECTING THE INFORMATION/LESS FREQUENT COLLECTION

Annual submission of an Application is required by law to entitle a state to receive MCH Block Grant funds (Sec.505). An Annual Report on the expenditure of the previous year's funds is also required by Section 506 of Title V. Section 505(a) requires a state to

conduct a statewide Needs Assessment every 5 years. The next Five-Year Needs Assessment reporting is due to be submitted in July 2020 as part of the FY 2021 Application/FY 2019 Annual Report.

7. SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 CFR 1320.5

This data collection is consistent with the guidelines in 5 CFR 1320.5.

8. COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE/OUTSIDE CONSULTATION

Section 8A:

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on June 9, 2017 (Vol. 89, No. 110, pages 26810-26811). Subsequent to the submission and review of the public comments received by HRSA's MCHB during the 60-day comment period, a second *Federal Register* notice was published on November 13, 2017 (Vol. 82, No. 217, pages 52312-52314) to solicit public comments on the revised edition of the MCH Block Grant Application/Annual Report Guidance. (See Attachment B.)

Two entities responded to the OMB during the 30-day public comment period. After careful consideration and based on the reasoning that is provided below, HRSA's MCHB determined that no further revisions are needed to the changes proposed in the updated MCH Block Grant Application/Annual Report Guidance.

- Kansas Department of Health
 - The state expressed support for many of the proposed revisions to the updated Application/Annual Report Guidance.
 - The expressed concerns largely reflect the comments submitted by the state during the 60-day public comment period.
 - The new concerns expressed by the state primarily address the changes in definition and value statement for family partnership, which were revised by HRSA's MCHB in response to the comments submitted during the 60-day comment period.
 - While detailed and thoughtful, the comments represent the views of one of 59 State MCH Block Grantees.

- Options Resource Center for Independent Living
 - The monitoring of a state's compliance with Federal accessibility requirements exceeds HRSA's authority.
 - Questions on compliance should be directed to the Federal agencies that have investigation and enforcement authority, such as the Department of Justice.
 - The assurances and certifications required of a state in applying for MCH Block Grant funds includes Standard Form 424B, "Assurances - Non-Construction Programs." Each state applicant is required to certify that it will comply with all listed requirements, which include Federal statutes relating to nondiscrimination.

During the 60-day public comment period, the MCHB received comments from 19 respondents. These respondents included the MCH and/or CSHCN leadership in six (6) states, three (3) state oral health officials and one (1) state children's mental health federation. Eight (8) of the respondents represented a national association/organization, which included representatives from three family-led organizations. Other associations/organizations represented were a non-profit organization dedicated to improving transition from pediatric to adult health care, a global legal advocacy organization dedicated to women's reproductive rights, the National Maternal and Child Oral Health Resource Center and two child health organizations (i.e., Lucille Packard Foundation for Children's Health and the American Academy of Pediatrics). The remaining respondent was the Project Director for the TVIS contract.

The submitted responses generally included multiple comments and addressed similar topic areas or issues. HRSA's MCHB gave serious consideration to all of the comments received prior to finalizing the attached updated edition of the Application/Annual Report Guidance. A log of the public comments received is provided in Attachment C. The most commonly expressed themes are summarized in Attachment D, which also includes the responses prepared by HRSA's MCHB response. Comments provided by the TVIS contractor are not included in this attachment, as they focus primarily on the structural implications of the proposed changes to TVIS.

Section 8B:

By legislation, the MCH Block Grant is administered as a federal-state partnership. Throughout the development of the updated Application/Annual Report Guidance, the MCHB engaged a range of national and state MCH leaders and key stakeholders. The proposed updates to the next edition (2018) of the Application/Annual Report Guidance reflect the recommendations of three internal MCHB workgroups (i.e., National Performance and Outcome Measures Workgroup; CSHCN and Family Engagement/Leadership Workgroup; and Narrative Guidance/Reporting Forms Workgroup) and the input received from external partners. It should be noted that the CSHCN and Family Engagement/Leadership Workgroup solicited feedback from family representatives and members of the CSHCN community in developing its recommendations for the updated Application/Annual Report Guidance.

Specific MCHB efforts to solicit stakeholder feedback included:

- Convening of two national Town Hall sessions with State Title V MCH programs;
- Forming of an AMCHP workgroup;
- Hosting of structured and non-structured discussions with Title V MCH and CSHCN Directors and other stakeholders; and
- Establishing and managing a dedicated email inbox for receiving public comments.

Compared to the initiation of the MCH Block Grant Transformation in the 2015 Application/Annual Report Guidance, the proposed updates to the 2018 Application/Annual Report Guidance generated fewer comments from State Title V partners and the overall MCH field. The email inbox generated comments from

approximately 10 respondents, and 19 respondents submitted written comments during the 60-day public comment period on the draft updated Application/Annual Report Guidance that was released in June 2017.

While preliminary, proposed updates to the next edition of the Application/Annual Report Guidance were shared with the State Title V Directors and the MCH community in a plenary session at the annual AMCHP conference in March 2017. Upon its publication on June 9, 2017, the MCHB provided State Title V Directors with a link to the *Federal Register* Notice that announced a 60-day public comment period for the draft updated Application/Annual Report Guidance. The public comments received prior to the release of the draft updated Guidance and the comments received following its release helped to inform the development of the attached updated Application/Annual Report Guidance.

9. EXPLANATION OF ANY PAYMENT/GIFT TO RESPONDENTS

Respondents will not be remunerated.

10. ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS

The Privacy Act does not apply in this data gathering effort because the information to be collected will not identify any individuals by name or collect any individual information.

All Annual Reports, Applications, and associated information submitted under Title V are public documents and available to the public on demand. Section 505 requires each state to have public disclosure for a period of time through the MCH Block Grant Application process to facilitate public review and comment by interested persons or organizations during its development or transmittal.

11. JUSTIFICATION FOR SENSITIVE QUESTIONS

There are no questions of a sensitive nature associated with this data collection effort.

12. ESTIMATES OF ANNUALIZED HOUR AND COST BURDEN

The annual burden estimate for this activity is based on previous burden estimates and consultations with eight selected State Title V MCH Directors (i.e., FL, GA, IA, ID, ND, NE, USVI and WV). Selected states represented a range of population sizes, funding levels and urban/rural characteristics. HRSA plans to solicit additional information from no more than nine states to derive more accurate estimates as the updated Application/Annual Report Guidance is implemented. HRSA's MCHB recognizes that the full extent of the anticipated burden reduction will be realized over time, as states become more familiar with the new instructions and reporting requirements. The estimated average annual burden is presented below.

Section 12A:

Estimated Annualized Burden Hours*

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Burden per Response (in hours)	Total Burden Hours
Application and Annual Report without 5-Year Needs Assessment Summary	59	1	59	120	7,080
Application and Annual Report with 5-Year Needs Assessment Summary	59	1	59	189	11,151
Average Total Annual Burden	59	---	59	---	*8,437

* Reflects the average of two Applications/Annual Reports without Needs Assessment Summary and one Application/Annual Report with Needs Assessment Summary

Section 12B:

Estimated Annualized Burden Costs

As a Block Grant, states do not collect and report salary information or the working hour distribution of staff who are involved in administering the Title V program. In addition, the salary of staff supported under Title V will vary significantly across states. Organizational capacity also varies, with the larger states typically utilizing more program staff than do smaller states. Each State Title V program has a unique organizational structure. Given its public health leadership role and the breadth of the services that are supported, the administration of a State Title V program requires multiple partners and health department units (e.g., MCH Director and staff, CSHCN Director and staff, Epidemiologist(s) and other supportive staff in Vital Statistics and Laboratory Services.)

Based on the Bureau of Labor Statistics, Occupational Employment and Wages for May 2016, the national mean wage estimate for Medical and Health Services Managers in organizations that include public health agencies is \$52.58 (<https://www.bls.gov/oes/current/oes119111.htm>). The preparation and yearly

submission of the Application/Annual Report and Five-Year Needs Assessment requires multiple levels of staff. As the Health Services Manager likely has one of the higher salaries, this rate was used to calculate the following annualized cost to the State Title V programs.

Type of Respondent	Average Total Annual Burden Hours*	Hourly Wage Rate	Total Respondent Costs
Medical and Health Services Manager	8,437	\$52.58	\$443,617
Total	8,437		\$443,617

* Reflects the average of two Applications/Annual Reports without Needs Assessment Summary and one Application/Annual Report with Needs Assessment Summary

13. ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS OR RECORDKEEPERS/CAPITAL COSTS

There is no capital, start-up costs, or operation and maintenance costs associated with this data collection.

14. ANNUALIZED COST TO THE FEDERAL GOVERNMENT

The level of federal staff effort associated with this activity is further reduced from approximately 0.7 full-time equivalent (FTE) to approximately 0.5 full-time equivalent (FTE) of one Federal staff (GS-15). The estimated annual salary cost of this level of effort is \$80,950. Subsequent editions of the Application/Annual Report Guidance will likely require less policy development and managerial oversight, which will result in further reductions of the level of required effort and grade level for Federal program staff who perform this work. In addition to federal program staff support, approximately \$120,000 is needed annually to cover operational costs associated with conducting an annual review of each of the 59 State MCH Block Grant Applications/Annual Reports. Contract costs for the enhancement, operations and maintenance of the TVIS for FY 2017 were \$955,000. On this basis, the estimated annual cost to the Federal government for the operations and maintenance of the TVIS (electronic data entry for states and the Web reports), continued development of the TVIS to address changes in narrative and data reporting requirements and review of the State Applications/Annual Reports under the updated Application/Annual Report Guidance is \$1,155,950.

15. EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS

The current inventory for this activity in a year in which States do not report on the findings of a Five-year Needs Assessment is 7,198 hours. In a year in which the state submits a Five-Year Needs Assessment Summary as part of its Application/Annual Report, the current estimate is 11,122 hours. Proposed efficiencies contained within the updated Application/Annual Report Guidance are estimated to reduce the annual burden

hours associated with this activity to 7,080 hours and 11,151 hours, respectively. Updates to the Application/Annual Report that contribute to the anticipated reduction in effort are:

- Improved alignment of NPMs and SPMs with a state's identified MCH priority needs
- Elimination of one required reporting domain (i.e., Cross-Cutting/Life Course Domain):
- Streamlined narrative reporting;
- Clearer instructions for completing reporting forms; and
- Continued enhancements to the TVIS.

Given the three-year staggered implementation of the MCH transformation and the proposed refinements to the instructions and reporting requirements contained in the updated Application/Annual Report Guidance, the full extent of the anticipated burden reduction may not be fully realized in the first Application/Annual Report year. Continuing efforts to add functionality to the TVIS data entry system over the coming years should further serve to simplify and enhance the state user experience. It should be noted that the estimated burden hours reflect a minimum level of burden considered necessary to meeting the specified reporting requirements. Many states choose to engage in a more extensive process for conducting the Five-Year Needs Assessment and in preparing the yearly Application/Annual Report. For these states, the MCHB burden estimates may be low.

16. PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE

The State MCH Block Grant Application/Annual Report document is submitted each year on July 15, with review of each submitted document completed by early September. Announcements of funding decisions are usually made by October, or as soon as possible in the fiscal year after HRSA's MCHB receives the appropriation.

Aggregation of data from the Annual Reports will begin each year in early Fall after receipt of the reports from states. Web-based display of the states' annual submission of the MCH Block Grant Applications/Annual Reports generally occurs in early to mid-November.

17. REASON(S) DISPLAY OF OMB EXEMPTION DATE IS INAPPROPRIATE

The expiration date will be displayed.

18. EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

This project meets all of the requirements in 5 CFR 1320.9. The certifications are included in the package.