Maternal, Infant and Early Childhood Home Visiting Program
Home Visiting Budget Assistance Tool
Supporting Statement

Part A

Contact:

Kyle Peplinski
Technical Monitor and Principal Investigator
Health Resources and Services Administration
Maternal and Child Health Bureau
Division of Home Visiting and Early Childhood Systems
5600 Fisher Lane, Rm. 18N160
Rockville, MD 20857

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A.   JUSTIFICATION

A.1   Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting a continued approval and revision of an existing collection, Maternal, Infant, and Early Childhood Home Visiting Program Home Visiting Budget Assistance Tool (HV-BAT) (OMB Control No. 0906–0025) as modified by HRSA in response to further testing and public comments and to support universal implementation.

Background

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) is authorized by the Social Security Act, Title V, Section 511(c) (42 U.S.C. Section 711(c)), as amended by the Bipartisan Budget Act of 2018 (P.L. 115-123). The MIECHV 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, certain non-profit organizations, and Tribal entities are eligible to receive funding from the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities. Awardees provide sub-awards to Local Implementing Agencies (LIAs) to provide evidence-based home visiting 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 MIECHV 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 MIECHV Program and providing technical assistance to LIAs and MIECHV awardees around cost data reporting will provide important information to support continued scale-up and long-term sustainability of the MIECHV Program.

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. In addition, the Mother and Infant Home Visiting Program Evaluation (MIHOPE) has evaluated the costs to implement home visiting programs funded through MIECHV. However, MIHOPE only examined four national home visiting models and did not generate a standardized reporting tool for use across all national models. Consequently, the MIECHV 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. In addition, MIECHV awardees need such a standardized tool to assist them with: the consistent monitoring of sub-awards; to produce budget forecasts to ensure appropriate allocation of federal grant funds for contracted services; and, for research and evaluation purposes, including developing state-level estimates of the short- and long-term cost benefit of various home visiting models by linking consistent and standardized cost data to available administrative data for child and family outcomes.

To support and assess the costs of MIECHV Program implementation, in 2015 HRSA awarded a contract to develop standardized cost metrics that can be used by MIECHV awardees. This project had 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 awardees, 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 MIECHV Program and to provide technical assistance to LIAs for reporting their costs during the pilot.

The project yielded the development of the HV-BAT and pilot tested the tool with a convenience sample of 45 LIAs in 14 awardee states. The pilot study found that there is significant interest among MIECHV awardees, LIAs, and home visiting model developers in better understanding the costs associated with implementing high-quality evidence-based home

visiting services. It also found that this goal could be accomplished through a cost measurement tool such as the HV-BAT. Assessments of technical assistance needs among MIECHV awardees have also found that budgeting and fiscal sub-recipient monitoring are high priorities where additional resources and tool are needed. Results indicate the HV-BAT has the potential to assist with program planning, budget forecasting, and improved sub-recipient monitoring. A follow-up feasibility study to better understand how the HV-BAT can be used to support sub-recipient monitoring, to ensure that technical support materials meet the needs of LIAs and awardees using the tool, and to consider how the data collected through the HV-BAT can support benefit-cost analysis, financing strategies through Medicaid, or Pay for Outcomes initiatives is currently underway.

This request is submitted to revise a collection which is currently approved but not yet expired. Original clearance under this OMB control number was for the purpose of pilot testing the reliability of a standardized cost reporting tool among evidence-based home visiting programs. *HRSA has revised the data collection tool to reflect findings and recommendations from the pilot study to ensure ease of use among LIAs. In general, changes were made to instructions and definitions to ensure clarity and to the estimated burden based on feedback collected from participants in the pilot study and in response to public comment.*

Privacy Impact Assessment

Overview of the Data Collection System

The HV-BAT is an Excel-based instrument that collects information on standardized cost metrics from programs that deliver home visiting services. In FY 2020, HRSA plans to make the HV-BAT available for optional use by MIECHV awardees prior to requiring its use in FY 2021. Awardees who voluntarily choose to utilize the HV-BAT during FY 2020 will submit the data collected directly to HRSA. After FY 2020, the HV-BAT will transition from voluntary to mandatory use. Beginning in FY 2021, HRSA will require reporting of HV-BAT data for MIECHV awardees to inform program planning and budgeting as part of their annual formula funding application. HRSA anticipates that one-third of the awardees will participate in this data collection each year as a component of their formula funding application and HRSA will identify the awardees with the HV-BAT reporting requirement in each year. Awardees will only be required to respond with one year of retrospective cost information at a time. This process will ease burden on awardees by requiring data collection for each awardee once every 3 years and allowing HRSA to capture a rolling national data set every three years. Additionally, the

information collected is cost data already found in the sub-recipients' accounting systems through their existing accounting practices. No additional recordkeeping beyond existing practices will be required.

Items of Information to Be Collected

A version of the HV-BAT is presented in Attachment 1. The HV-BAT 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 in accordance with federal records retention requirements. The information will be used in home visiting program cost analyses to support MIECHV awardees in developing sub-recipient monitoring plans and to explore the possibility of developing a mathematical cost model that MIECHV awardees may use to predict program costs, given information about the home visiting models used, client demographics, and the characteristics of LIAs.

A.2   Purposes and Use of the Information Collection

The main goal of the information collection is to support MIECHV awardees in having the cost information they need to support program planning, sub-recipient monitoring, and research and evaluation activities. In addition, HRSA will continue to collect standardized cost data from MIECHV awardees across organizations implementing evidence-based home visiting programs to assist in providing technical assistance on reliable and valid use of the HV-BAT by awardees and for national research and evaluation purposes. The HV-BAT seeks to provide holistic, comprehensive, and cross-model estimates of the costs to implement home visiting services in order to assist with program planning, forecasting, and cost-benefit analysis. Additionally, it will allow HRSA to estimate national level costs for use in conducting research

and analysis of home visiting costs, understanding cost variation, and assessing how comprehensive program cost data can inform other policy priorities, such as innovative financing strategies for home visiting services.

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. HRSA is currently engaged in ensuring the Excel-based instrument meets federal standards for compliance with Section 508 of the Rehabilitation Act of 1973. This remediation effort may result in small formatting changes to the instrument in the future.

The instrument includes several features to reduce data reporting burden and help ensure high quality data collection. Specifically, the HV-BAT includes 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. HRSA will provide data entry TA to all MIECHV awardees.

HRSA will collect and analyze the data submitted by MIECHV awardees. HRSA has designed the cost reporting tool to collect the minimum information necessary to address the needs of MIECHV awardees and HRSA. Efforts have been made to design the instrument to be brief, easy to use, and understandable. HRSA has carefully considered the content, appropriateness, and phrasing of the questions.

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

The MIECHV 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 nine evidence-based home visiting 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 HV-BAT. 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 or programs. To obtain standardized cost data across national home visiting models or LIAs supported through the MIECHV Program, a cost reporting tool needed to be developed and pilot tested.

This data collection will allow HRSA, MIECHV awardees, and model developers to assess the full costs of MIECHV Program-funded home visiting services. 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, home visiting program cost data collected in the HV-BAT will be used to generate estimates of the costs to implement programs. This information will help MIECHV awardees, LIAs, and home visiting model developers plan for sustainable home visiting programs that have sufficient funding to succeed and better understand variation in costs across LIAs and models.

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. In addition, the information collected is cost data already found in the LIAs' accounting systems through their existing accounting practices. No additional recordkeeping beyond existing practices will be required.

A.6   Consequences of Collecting the Information Less Frequently

These cost data will be collected from each MIECHV awardee once every three years. Awardees will only be required to respond with one year of retrospective cost information at a time. Without these data, HRSA will not be able to assess the costs to implement the home visiting models under the MIECHV Program. The estimated costs to implement services will be useful for informing program planning and ensuring that LIAs and MIECHV awardees have information about the level of funding needed to implement each high-quality evidence-based home visiting services.

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 August 1, 2019 (Document Number 2019-16376; document citation 84 FR 37655, pages 37655-37656) (Attachment 2). Public comments were requested by September 30, 2019.

HRSA received eight responses to the request for public comment. Four commenters are current MIECHV awardees, two are home visiting model developers, one is a national association and one is an individual 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 3):

1. Summary of Comments: Commenters expressed concern over the utility of the HV-BAT as a budget planning tool and its ability to account for variables that differ across models, program populations, providers and settings which could impact cost comparisons. In addition, respondents requested more information on the intended long-term use of the HV-BAT data.

    HRSA Response:
    HRSA intends the HV-BAT be used to help inform future budget planning, review and monitor the costs of implementing home visiting at the LIA level in a state and support other programmatic priorities such as cost-benefit analysis and financing policies. The tool in its current state does provide information to permit calculation of certain cost metrics, such as cost per family, which can be used to assist in program planning and budget forecasting. Further, the HV-BAT feasibility study that is currently underway will examine the use of the HV-BAT to conduct cost-benefit calculations. The feasibility study will also examine how the HV-BAT account for other types of cost variation, such as cost of living and inflation. Information collected in the feasibility study will be used to establish standards for implementation.

2. Summary of Comments: Commenters requested clarification around obligations to report cost data for home visiting services funded through sources other than the MIECHV program. In addition, a number of commenters cautioned that the home visiting model used, target population served, and geographic location are all factors that could have a significant impact on cost variation, making it difficult to compare data across models and locations/LIAs.

    HRSA Response:
    HRSA intends that reporting of HV-BAT data is limited to HRSA MIECHV-funded programs. However, MIECHV awardees may choose to use the tool with programs not funded through MIECHV, but will not be required to report that information to HRSA. The HV-BAT includes variables that are used to capture variations in demographic information (e.g., percent of families living in rural areas, percent of families of living in poverty). Such variation was not found to be significant in pilot study, although the HV-

BAT feasibility study will further explore how different explanatory variables may affect cost variation in order to better understand how program features drive cost variation to support useful and meaningful comparisons.

3. Summary of Comments: Several commenters indicated that HRSA's estimated burden was too low. In particular, while LIA burden was accounted for, the administrative burden of state awardees was not included. These commenters suggested that HV-BAT reporting requirements would add an administrative burden to state awardees in addition to the burden on LIAs and offered alternative calculations. Additional burden due to the potential competing demands of model fidelity and federal reporting requirements were also noted.

   HRSA Response:
   In response to these comments, HRSA has increased the estimated burden to 18 hours per agency (including both LIAs and state-level recipients). HRSA will also explore the ability to adjust the timing of the HV-BAT reporting requirement to accommodate for model-specific quality and fidelity review and reporting conditions.

4. Summary of Comments: Commenters requested HRSA offer more clear and specific guidance on the cost categories and program characteristic data (e.g., defining FTE, turnover, and program activities) to be collected as part of the HV-BAT to ensure consistency across LIAs and states

   HRSA Response:
   HRSA plans to provide technical assistance materials, such as user guides, frequently asked questions, instrument instructions and definitions of data points for MIECHV awardees to assist recipients in providing data consistent with this notice.

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. MIECHV awardees will collect HV-BAT information from LIAs that they contract with and report that information to HRSA. LIAs are often community-based organizations or health providers that implement and operate the home

visiting models. LIA staff members, such as the program manager and finance manager, will be asked to complete the HV-BAT 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. Data will be submitted to HRSA according to approved communication protocols. HRSA will provide guidance to MIECHV awardees on the appropriate transmission and storage of data. 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 collect the HV-BAT data from approximately 19 MIECHV awardees each year for three years. On average awardees have 13 LIAs (based on 2018 MIECHV program data) that will complete the HV-BAT and the estimated burden per LIA responding is 18 hours. This burden estimate is based on findings from the pilot study of the HV-BAT and has been revised to respond to comments received on the 60-day notice.

We anticipate that the persons completing the Excel-based HV-BAT 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.MIECHV awardees will collect the information from each of their contracted LIAs and report the information to HRSA. The information collected is cost data already found in the contracted LIAs' accounting systems through their existing accounting practices. No additional recordkeeping beyond existing practices will be required. The burden estimate includes anticipated burden per LIA for both completion of the tool and MIECHV awardee-level administrative burden for technical assistance, collection, and analysis of HV-BAT data.

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	Average Burden per Response (hours)	Total Burden (hours)
LIA staff	19	13	18	4,446

A.12.2 *Estimated Annualized Cost to Respondents*

The estimated total cost to LIA respondents is approximately $306,418.32 (*Exhibit A.12-2*). This annualized cost to respondents is based on the average wage of community and social service staff persons from the 2018 Bureau of Labor Statistics report on Wage Estimates (Bureau of Labor Statistics, 2019).

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	19	4,446	$68.92	$306,418.32

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 costs to the government that will be incurred:

1. 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. HRSA plans to provide technical assistance to assist awardees with the completion of the information for this data request. The estimated cost for the technical assistance provision is $280,000. HRSA anticipates no additional contracting or systems related costs associated to this data request. The total annualized cost to the federal government for the duration of this data collection is $301,292.

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

Type of Government Cost	Annualized Cost
Federal Staff	
GS-14 public health analyst at 10% FTE	$10,851
GS-13 program analyst at 10% FTE	$10,441
Contract Costs	
Technical Assistance	$280,000
Total	$301,292

A.15 Explanation for Program Changes or Adjustments

This is a revised data collection with a requested hour burden inventory of 4446, an increase from the 1440 hours currently approved. This increase is based on the feedback received.

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 HRSA's internal server, which is only accessible to HRSA staff. HRSA will provide guidance to MIECHV awardees on the appropriate transmission and storage of data. 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 to inform home visiting program cost reporting and will inform the development of a cost prediction tool for HRSA, MIECHV awardees, 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
Receive OMB approval	On or before February 29, 2020
Technical assistance	Ongoing, concentrated prior to and during the data collection
Data collection	Annually to align with the MIECHV formula Notice of Funding Opportunity application due date (typically June 30 of each year)
Cost analysis	Ongoing, annually

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 (2019). May 2018 National Occupational Employment and Wage Estimates, 11-9151 Social and Community Service Managers. Retrieved from https://www.bls.gov/oes/2018/may/oes119151.htm

Office of Planning and Management (2019). SALARY TABLE 2019-DCB. Retrieved from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/DCB_h.pdf