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

Supporting Statement

Part B

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LIST OF ATTACHMENTS

- Attachment 1. HV-Budget Assistance Tool (HV-BAT)
- Attachment 2. 60-day Federal Register Notice
- Attachment 3. Comments Submitted in Response to 60-day Federal Register Notice

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

The data collection process does not employ statistical methods. Beginning in FY 2021, we plan to collect HV-BAT data from all 56 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees. HRSA anticipates that one-third (approximately 19) of MIECHV awardees will participate in this data collection each year as a component of their formula funding application, requiring data collection for each awardee once every 3 years.

B.2 Procedures for the Collection of Information

We will use the HV-BAT (Attachment 1), an Excel-based instrument, to electronically collect data from MIECHV awardees. Prior to implementing the reporting requirement, we will conduct a 1-hour training webinar on data collection procedures and how to navigate the various sections of the HV-BAT for the MIECHV awardees. The tool will be accompanied by a detailed data collection toolkit. The toolkit will include definitions for each required cost element and instructions for providing the requested data accurately. Each data element collected by the tool will also be explained in comments embedded in the tool. All MIECHV awardees will also receive technical assistance on completing the Excel-based HV-BAT as well as ongoing technical assistance to answer emerging questions.

Once the data are received, we will review them for accuracy and completeness. All data collected in the HV-BAT will be assessed for missing information (i.e., percentage of fields with missing data) and incorrect data (i.e., percentage of data elements with formats that are not recognized; percentage with inappropriate range of values). We will also review whether the subcategories of costs sum to the expected total costs from total grantee subcontract budgets. We will contact awardees if we identify missing or unexpected values in their data submission and ask them resubmit accurate and complete data.

Costs will be estimated after all data are submitted and cleaned. For these analyses, HRSA will calculate costs for each cost category (e.g., model fees, salary and personnel, overhead costs, infrastructure, administrative supplies, service delivery materials, assessment, tools, and curricula, contract services, training, travel) and then sum across all cost categories to

estimate total annual costs and to examine the costs for specific cost categories. We will use the cost data to estimate mean, median, minimum, and maximum costs for the following measures:

- Annual cost per family served, by home visiting model
- For each home visiting model, distribution of average total annual cost per family served across key program components, such as number of home visit encounters
- LIA percentage cost allocations across the cost categories

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

Since the information will be requested as part of the MIECHV awardees' annual formula funding application, HRSA anticipates that all awardees that are required to submit the data will do so.

B.4 Test of Procedures or Methods to be Undertaken

Feedback from the HV-BAT pilot study participants and public comment was incorporated to create a final version of the Excel-based HV-BAT. 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.

B.5 Individuals Consulted on Statistical Aspects and/or Analyzing Data

Kyle Peplinski, MA (301-443-7758), of HRSA is the Principal Investigator and Technical Monitor for the study. He has overall responsibility for overseeing the design and administration of the pilot cost reporting tool, and he will be responsible for analyzing the data.

RTI International was the project contractor responsible for developing the Excel-based version of the HV-BAT and developing training, guidance, and technical assistance materials for MIECHV awardees.

Analysis methods will largely mirror those designed for the original pilot study of the tool. Those methods were designed in collaboration with researchers at HRSA, RTI, and JBA. The following personnel were involved in the design of the original protocols and the data collection instrument:

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