

**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, 2020. 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.

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 \$558 million annually in state formula grants under the MCH Block Grant.

The attached updated edition builds on the transformative changes that were introduced with the release of the current Application/Annual Report Guidance in 2018. 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. While carrying forward the three aims of the MCH Block Grant transformation (i.e., reduce state burden; maintain state flexibility; and improve accountability), updates to the 2018 Application/Annual Report Guidance further refined the reporting structure and requirements. Updates to this edition of the

Application/Annual Report Guidance build on the reporting refinements that were introduced in 2018 and seek to further advance the federal-state MCH partnership. Clarifying instructions and supportive background and resource information have been added to assist states in the development of an Application/Annual Report that provides an articulate and comprehensive description of their Title V program priorities, informs their action planning and demonstrates their 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

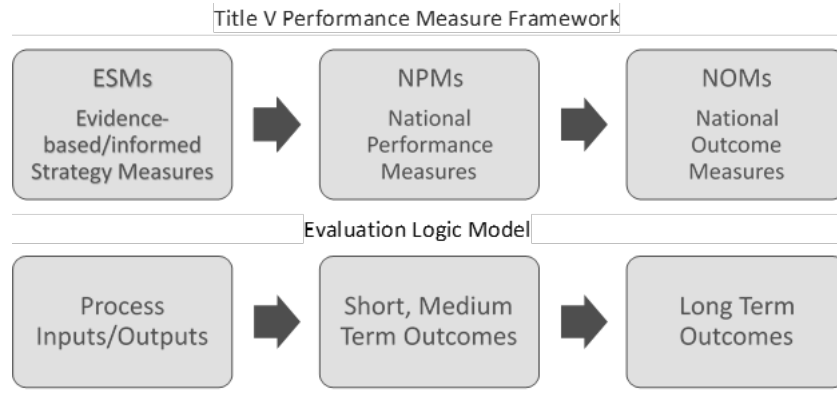
new section 511 to Title V of the Social Security Act, which created the Maternal, Infant and Early Childhood Home Visiting Program.

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.



In recognition of the varying needs and resources in the 59 states, MCHB modified the performance measure requirements in the 2018 Application/Annual Report Guidance to allow states added flexibility in determining the best combination of NPMs and SPMs to address their individual MCH priority needs. States were required to select a minimum of five NPMs, which included at least one NPM in each of the five population domains. A state could choose to develop one or more SPMs based on the extent to which the NPMs address the identified priority needs. Each priority need has to be addressed by either a NPM and/or SPM.

This updated edition of the Application/Annual Report Guidance maintains the performance measure framework that was established in the 2016 Application/Annual Report Guidance and carries forward the revised requirements for selection of the NPMs and SPMs that were outlined in the 2018 Application/Annual Report Guidance. Relative to the performance measure framework, this update focused on streamlining the detail sheet structure for state-defined measures (e.g., ESMs, SPMs and State Outcome Measures (SOMs)).

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 (2021) of the Application/Annual Report Guidance are intended to enhance the reporting structure and MCH vision that were outlined in the current (2018) 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. While retaining the current organizational structure, performance measure framework and emphasis on family partnership, the updated Application/Annual Report Guidance seeks to further streamline the narrative reporting, clarify reporting instructions, highlight State Title V program examples and expand the background and resource information contained within the Appendix of Supporting Documents. Three new appendices (i.e., Financial Budget and Reporting, Population Health and CSHCN, and MCH Workforce Capacity) were added to the updated edition. While there were no major changes to the reporting requirements, the narrative reporting on a state's MCH data capacity, workforce capacity and emergency planning/preparedness role was expanded to assist Title V MCH Block Grant programs in annually assessing their ability to collect and annually report MCH data (which includes the MCH data building efforts supported by the State Systems Development Initiative (SSDI) grant program), to recruit and retain a skilled MCH workforce, and to respond to emergencies and other emerging threats that may impact the MCH population.

Consistent with the block grant concept, the attached updated edition of the 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 reporting 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 that are positioned to address current and emerging MCH needs.

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.

No major changes are proposed to the reporting structure or requirements in 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. This update primarily focused on streamlining the detail sheet structure for state-specific measures; updating the Glossary of terms, references and citations; providing clear links to evidence-based and-informed strategies, federally available/state-reported data and data reporting notes; adding clarifying language/instructions for completing the reporting forms; and incorporating supplemental background information, resources, state examples/metrics and definitions into the Appendix of Supporting Documents. Specific changes are summarized below.

Performance Measure Framework:

- No changes are proposed to the performance measure framework, selection of performance measures or identification of priority needs.
- Proposed Change – Content of the National Outcome/Performance Measure Detail Sheets was updated to include the 2030 Healthy People Objectives and to provide clear links to evidence-based and-informed strategies, federally available/state-reported data and data reporting field notes.
- Proposed Change – The detail sheet (Form #10e) for defining state-specific measures was restructured to enable states to more clearly define the performance outcomes that are to be measured and tracked. States will be required to use the revised Form #10e only for newly established measures and do not have to retrofit existing measures.

Family Partnership:

- No changes are proposed to the current 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).
- Proposed Change – In providing continued emphasis on family partnership and engagement at the systems level, the Family Engagement in Systems Assessment Tool and Toolkit (FESAT) was added as a tool for State Title V programs to consider and use at their discretion.

Narrative Reporting:

- No changes are proposed to the five MCH population domains and optional sixth domain, which serve as the organizing framework for the State Action Plan narrative discussion.
- Proposed Change – Enhance the narrative and performance reporting on State Title V program capacity related to MCH data access and cross-program data linkages, MCH workforce development/training, and emergency planning/preparedness.
 - Given that SSDI grant funds are awarded for the purpose of building and supporting State Title V MCH Block Grant program data capacity, key aspects of the annual performance and progress reporting for the SSDI grant were integrated into the Title V MCH Block Grant

Application/Annual Report. In addition to streamlining the annual reporting across the two grant programs, this integration is intended to allow for more focused narrative reporting on SSDI program goals and activities related to the State Title V MCH program.

- o Reporting on the Title V MCH workforce capacity was enhanced to strengthen states' reporting (e.g., number/types of Full-Time Equivalents, trends/shifts in Maternal and Child Health workforce, key external partners and professional development efforts) and their assessment of MCH workforce and training needs. A sample state workforce information sheet was developed as a tool to help guide states in this reporting. States may opt, but are not required, to use the tool.*
- o The annual narrative reporting was expanded to include a descriptive analysis of the Title V program's role in the state's emergency planning and preparedness efforts, with the intended purpose of enabling each State Title V program to better assess capacity within the state for responding to emerging public health threats and disasters that could potentially impact the MCH population.*

Reporting Forms:

- Proposed Change – Clarifying instructions were added, as needed, to some of the reporting forms.*
- Proposed Change – The titles for Columns A and B on Form #4 (Number and Percentage of Newborns and Others Screened, Cases Confirmed and Treated) were changed to “Total Number Receiving at Least One Valid Screen” and Total Number of Out-of-Range Results”, respectively.*
- Proposed Change – Form #5 was revised to include infants in the state's reporting on the number (5a) and percent (5b) of CSHCN served by Title V.*
- Proposed Change – As discussed above, the reporting elements on Form #10e (ESM, SPM and SOM Detail Sheet) were restructured to enable states to more clearly define the performance outcomes that they intend to measure and track for assessing program impact and progress.*
- Proposed Change – A new reporting form (Form #12 – MCH Data Access and Linkages) was added as part of the integrated annual reporting on the SSDI grant in the State Title V MCH Block Grant Application/Annual Report. The information captured in this report is currently being reported by states as part of the annual SSDI grant reporting.*

Appendix of Supporting Documents:

- Proposed Change – The Appendices were expanded to include supportive background information, State Title V program examples, resources and tools. Appendix H (Financial Budget and Reporting), Appendix I (Population Health and CSHCN) and Appendix J (MCH Workforce Capacity) were added.*
- Proposed Change – The Glossary was reformatted into two sections, specifically, Supplemental Program Information (which includes multiple sub-sections) and Definitions of Program-Relevant MCH Terms. A Table of Contents was also added.*

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 2016 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 since 2016 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, a National Snapshot and a State Snapshot for each of the 59 states and jurisdictions, which is updated annually and 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. In response to requests from numerous states, a Word upload feature was added in 2018. This functionality has been well received by state users and has contributed to burden reduction in 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 2016 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 2025, as part of the FY 2026 Application/FY 2024 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 15, 2020 (Vol. 85, No. 115, pages 36,217-36,219). See Attachment B.

Public comments were received from 10 respondents, which included the MCH and/or CSHCN leadership in eight (8) states, a Public Health and Genetics Consultant, and the national membership association for the State Title V MCH programs (i.e., Association of Maternal and Child Health Programs or AMCHP).

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.

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 this edition (2021) 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 the Population Health Workgroup, which is comprised of federal and non-federal members,

Specific MCHB efforts to solicit stakeholder feedback included:

- Convening of a national Town Hall session with State Title V MCH programs;
- Conducting an informational webinar on the proposed updates for State Title V MCH programs;
- Soliciting input from AMCHP; 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 (231 responses) and the updated 2018 Application/Annual Report Guidance (19 responses), the proposed updates to the 2021 Application/Annual Report Guidance generated fewer comments (10 responses) from State Title V partners and the overall MCH field. The email inbox generated comments from one state.

While preliminary, proposed updates to the next edition (2021) of the Application/Annual Report Guidance were shared with the State Title V Directors and the MCH community in a webinar presentation in April 2020. The presentation was originally planned to be part of a skills building session at the annual AMCHP conference in March 2020. Due to COVID-19, the in-person AMCHP conference was postponed and rescheduled as a virtual conference in August 2020. Upon its publication on June 15, 2020, 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 that were derived from consultations with eight selected State Title V MCH Directors (i.e., FL, GA, IA, ID, ND, NE, USVI and WV). These selected states represented a range of population sizes, funding levels and urban/rural characteristics. Due to the COVID-19 pandemic and the increasing demands being placed on State Title V programs, HRSA's MCHB did not contact additional states and jurisdictions for updated estimates. Given that there are no major changes to the reporting requirements, the burden estimates for completion of this edition of the *Guidance and Forms for the Title V Application and Annual Report, Maternal and Child Health Services Title V Block Grant Program* are based on the burden estimates that States provided for the current edition. When the COVID-19 emergency subsides, HRSA can solicit additional information from states to derive more accurate burden estimates. Burden estimates for the current reporting year (FY 21 Application/FY 2019 Annual Report) are not comparable to any of the three years covered by the updated edition of the Application/Annual Report Guidance, as states were required to conduct and report on a comprehensive, statewide Five-Year Needs Assessment. The next Five-Year needs Assessment is due to be submitted to MCHB in July 2025.

HRSA's MCHB recognizes that the full extent of the anticipated burden reduction will be realized over time, as states continue to become more familiar with the performance measure framework and reporting requirements. It is anticipated that the clarifying instructions, supplemental background information, and resources/tools provided in the updated edition of the Application/Annual Report Guidance will assist states in preparing the yearly MCH Block Grant Application/Annual Report, which will lead to further reductions in burden. 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 Five-Year Needs Assessment Summary	59	1	59	120	7,080
Average Total Annual Burden	59	---	59	---	7,080

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 2019, the national mean wage estimate for Medical and Health Services Managers in organizations that include public health agencies is \$55.37 (<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
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Medical and Health Services Manager	7,080	\$55.37	\$392,020
Total	7,080		\$392,020

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 approximately 0.5 full-time equivalent (FTE) of one Federal staff (GS-15). The estimated annual salary cost of this level of effort is \$85,400. 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 \$140,000 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. It should be noted that the operational costs to support the State MCH Block Grant reviews were lower in FY 2020, as a result of the COVID-19 pandemic and the inability to conduct in-person reviews with the State Title V programs. Contract costs for the enhancement, operations and maintenance of the TVIS for FY 2020 were \$895,013. 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 \$1,035,013.

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 7,080 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 11,151 hours. The three-year period to be covered by the updated Application/Annual Report Guidance will not include the submission of a Five-Year Needs Assessment Summary. Due to the uncertainty around the COVID-19 pandemic, the added demands being placed on State Title V programs, continuing deployments and reassignments of State Title V program staff, and the unknown short-term and long-term impacts of COVID-19 on the MCH population, the level of anticipated burden reduction is unclear at this point. Proposed efficiencies contained within the updated Application/Annual Report Guidance are expected to offset any potential increase in burden due to the addition of Form 12 and enhanced narrative reporting on SSDI, MCH workforce capacity and emergency planning and preparedness.

Updates to the Application/Annual Report that contribute to the anticipated reduction in effort are:

- Streamlined narrative reporting for the State MCH Block Grant Application/Annual Report and the SSDI annual performance and progress reports;
- Clearer instructions for completing reporting forms;
- Updated references, re-formatted Glossary, added resources, tools, state examples and supportive background information; and
- Continued enhancements to the TVIS.

Given the COVID-19 pandemic, State Title V program operations may continue to be impacted through the first (FY 2022 Application/FY 2020 Annual Report) of the three-year period (FY 2022 – FY 2024 Applications/FY 2020 – FY 2022 Annual Reports) to be covered by the updated Application/Annual Report Guidance. As such, the full extent of the anticipated burden reduction may not be fully realized in the first Application/Annual Report year. Given that the structure and reporting requirements for the current Application/Annual Report Guidance will largely be maintained, states will likely realize some efficiencies in preparing the yearly MCH Block Grant Application/Annual Report over time. States have also indicated that the clarifying language, resources, state examples and definitions included in the updated Application/Annual Report are helpful and welcome. 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. Due to the COVID-19 pandemic and the demands placed on State Title V programs, the deadline for submitting the FY 2021 MCH Block Grant Application/FY 2019 Annual Report was extended to September 15, 2020. 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 by 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.