**DATE:** Month XX, 202X

**TO:** [Name], OMB Desk Officer

**FROM:** [Name], HRSA Information Collection Clearance Officer

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**Request**: The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau requests approval for changes to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System (OMB 0906-0017 expiration date 07/31/2024).

**Purpose**: The purpose of this request is to make changes to the MIECHV Program Form 1: Demographic, Service Utilization, and Select Clinical Indicators data collection instrument to comply with new statutory requirements on data collection. The MIECHV Program was recently reauthorized in December 2022 via Section 6101 of the Consolidated Appropriations Act, 2003 (P.L.117-328)[[1]](#footnote-2). The reauthorization introduced a requirement that awardees report the number of virtual home visits conducted, disaggregated by home visiting model; collection of this information will allow awardees and HRSA to comply with this requirement.

 This memo explains the specific changes and supporting rationale.

**Changes: Data Collection Instrument:**

Table A includes the type of instrument that received the change, the variable name which was altered/added, a description of the change, and the rationale for the change. Attached is a copy of the data collection instrument (Attachment 1) with changes tracked, for reference.

The overall scope of the change is minimal. On the current data collection instrument, awardees report the number of home visits conducted by each awardee by service modality: in-person home visits, virtual home visits, and unknown/did not report. This information is reported at the aggregate level across all home visiting models the awardee implemented. The proposed change will collect this information disaggregated by each home visiting model the awardee implemented during the data reporting period. No other changes have been made to the form.

**Time Sensitivity**: The changes to the data collection tool must be completed by August 1, 2023, to allow for adequate time for awardees to adjust their internal data collection tools and system to reflect this change, if needed, and begin data collection on October 1, 2023, which is when this new requirement takes effect per statute.

**Burden:** HRSA sought optional feedback from awardees on proposed changes to the table, and most respondents said they already collect this data at the model level and would not experience a burden increase due to this change. Respondents who do not already collect this information indicated a small, one-time burden to update data collection systems and/or a small burden increase for the subrecipients to collect disaggregated visit data on a continuing basis. Despite the potential for a small burden increase, making the proposed changes will ensure HRSA and awardees meet the new statutory data reporting requirement.

**PROPOSED CLARIFICATIONS AND NON-SUBSTANTIVE CHANGES:**

**Table A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instrument** | **Variable** | **Change implemented** | **Rationale** |
| The Maternal, Infant, And Early Childhood Home Visiting Program – Form 1: Demographic, Service Utilization, And Select Clinical Indicators | Table 15 | Additional rows added for reporting the number of in-person, virtual, and unknown/did not report modality home visits by home visiting model, rather than in aggregate across all models.  | MIECHV reauthorization requires collection of the number of virtual home visits disaggregated by home visiting model implemented.  |

**Attachment:**

1. The Maternal, Infant, And Early Childhood Home Visiting Program – Form 1: Demographic, Service Utilization, And Select Clinical Indicators (All changes and additions are tracked in the attached document)
1. Social Security Act, Title V, § 511(e)(8)(A) (42 U.S.C. 711(e)(8)(A)) [↑](#footnote-ref-2)