# Administrative Burden Assessment for State and Jurisdiction MIECHV Funding Recipients

*Burden Statement*: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 27 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## Introduction

This assessment is designed to assess the administrative burden associated with the forms that are part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

The results of this assessment will be used to inform recommendations to reduce paperwork-related burden. We will also hold interviews with select awardees to supplement what we learn on this assessment, speak with state/territory fiscal officials to identify fiscal oversight burden, and identify areas of duplication in existing forms. Health Resources and Services Administration (HRSA) will report recommendations from these activities in the 2024 Report to Congress, and recommendations will be implemented within the following 2 years.

The purpose of this assessment is to capture information about the burden associated with MIECHV-related forms. This assessment is not designed to capture details about other types of burden that is associated with the expectations of being an awardee (such as complying with federal rules, attending meetings, etc.). In addition, we do not ask about government-wide forms that HRSA does not have the authority to change (such as federal fiscal reporting forms). There are open-ended questions to capture fiscal burden and other burden associated with MIECHV requirements and forms we do not explicitly ask about.

**We ask that one person per awardee (the Project Director) complete this assessment.** It is expected that the respondent consult with others at the awardee organization, as well as individuals in local implementing agencies (LIAs), to answer all questions. For your convenience, a copy of the assessment is available here so you can prepare your answers before submitting them via this website. You can also view a brief video that provides an overview of the assessment here. If you need to return to your online submission before you are finished, you may press “Save & Return Later.” You will then be given a return code to access the survey with your saved responses. If you misplace your code, please contact Sarah Crowne at [scrowne@childtrends.org](mailto:scrowne@childtrends.org) for assistance.

We expect this assessment will take 27 hours to complete (inclusive of all coordination and information collection within the state/jurisdiction). We acknowledge that this one-time assessment is an added burden, but we hope that the time spent completing this assessment will reduce ongoing burden in a meaningful way.

Child Trends has been contracted by HRSA to administer this assessment. Your responses will be summarized with responses from other awardees and will be reported to HRSA in aggregate. Your individual responses will remain confidential and will be saved on a secure drive that only Child Trends can access. **Your state/territory will not be included in connection with any of your responses when assessment findings are shared with HRSA**. In addition, your individual responses will have no effect on your performance review or application for additional MIECHV funding.

If you have any questions about the assessment, you may contact Sarah Crowne at [scrowne@childtrends.org](mailto:scrowne@childtrends.org).

## Awardee information

1. Please indicate the state or territory you represent. This question is being asked to ensure we receive a response from each awardee.

## Identifying Administrative Burden

This section seeks information about how long it takes your state/territory to complete forms related to the MIECHV Program. For each form, a series of questions will be asked. While we have provided a link to the form to help you recall what the form entails, it is possible that the form looked different when you last completed it. When asked if your state/territory has completed this form before, consider the form in general, not necessarily the specific version of the form linked below. [This assessment will ask about the following forms. The respondent will be presented the form name, description, frequency, the person who is likely most familiar with the form, and a link to view the form. The respondent will then be asked a series of questions about that form before proceeding to the next form]:

### Application materials

**Notice of Funding Opportunity (NOFO)**

**Description**: The notice to apply for funding for a MIECHV grant.

**Frequency**: Once every three years

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q3-7

**Non-Competing Continuation (NCC)**

**Description**: A streamlined alternative to the NOFO for current awardees.

**Frequency**: Twice every three years

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q3-7

**Needs Assessment**

**Description**: Assists awardees in identifying at-risk communities, or communities that face disproportionate barriers to optimal well-being, in which to provide services; and understanding the diverse needs of families living in those communities.

**Frequency**: As required by statute (2010, 2020)

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q2-4, 6-7

### Data and performance measures

**Annual Performance Report Form 1**

**Description**: This form collects data on demographic, service utilization, and select clinical indicators including: an unduplicated count of enrollees; selected characteristics by race and ethnicity; socioeconomic data; other demographics; numbers of households from priority populations; service utilization across all models; among other measures.

**Frequency**: Once a year

**Person in state who is likely most familiar with form:** MIECHV Project Director or data staff

**Survey questions asked about this form**: Q2-4, 6-7

**Annual Performance Report Form 2**

**Description**: This form collects data on performance indicators and systems outcomes measures for all 19 constructs defined by HRSA within each of the statutorily mandated six benchmark areas.

**Frequency**: Once a year

**Person in state who is likely most familiar with form:** MIECHV Project Director or data staff

**Survey questions asked about this form** Q2-4, 6-7

**Quarterly Performance Report Form 4**

**Description**: This form collects data on enrollment, place-based services, family engagement, and staff recruitment and retention.

**Frequency**: Four times a year

**Person in state who is likely most familiar with form:** MIECHV Project Director or data staff

**Survey questions asked about this form**: Q2-4, 6-7

**Discretionary Grant Information System (DGIS) New Competing Performance Report**

**Description**: This form collects administrative data and performance measure projections for the project period.

**Frequency**: Once a year (At the beginning of each grant two-year project period)

**Person in state who is likely most familiar with form:** MIECHV Project Director or data staff

**Survey questions asked about this form**: Q2-7

**DGIS Project Period End Performance Report**

**Description**: This form collects performance measure data for the project period on quality improvement, health equity, sustainability, dissemination, and expenditures.

**Frequency**: Once a year (At the end of each grant two-year project period)

**Person in state who is likely most familiar with form:** MIECHV Project Director or data staff

**Survey questions asked about this form**: Q2-4, 6-7

**Performance Measurement Plan**

**Description**: The Performance Measurement Plan details how the awardee plans to collect, analyze, and report data on 19 required performance measures.

**Frequency**: Within 90 days of the start of the project period for new awardees; as needed for current awardees

**Person in state who is likely most familiar with form:** MIECHV Project Director or data staff

**Survey questions asked about this form**: Q2-7

### Evaluation and Continuous Quality Improvement (CQI)

**CQI Plan**

**Description**: Awardees are required to report their CQI progress since the last update and provide proposed CQI activities for the upcoming implementation period.

**Frequency**: Once every two years

**Person in state who is likely most familiar with form:** MIECHV Project Director or CQI staff

**Survey questions asked about this form**: Q2-7

**Evaluation Plan**

**Description**: Awardees participating in a Coordination State Evaluation (CSE) or implementing a promising approach must develop and submit a plan describing the technical details of proposed evaluation activities.

**Frequency**: Once every three years for CSE participants; once per grant project period for awardees implementing a promising approach

**Person in state who is likely most familiar with form:** MIECHV Project Director or evaluation staff

**Survey questions asked about this form**: Q2-7

**Evaluation Plan Addendum**

**Description**: Awardees participating in a Coordination State Evaluation (CSE) must submit an addendum that describes any changes to the approved Evaluation Plan and planned evaluation activities supported by the current grant funding updates or changes to the full CSE plan.

**Frequency**: Twice every three years (once per each grant two-year project period for the second and third year of participating in CSE)

**Person in state who is likely most familiar with form:** MIECHV Project Director or evaluation staff

**Survey questions asked about this form**: Q2-7

### Progress Reports

**Final Report – Formula Grant (X10)**

**Description**: Awardees report on program specific goals and progress on strategies; impact of the overall project; the degree to which the recipient achieved the mission, goal, and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient’s overall experiences over the entire project period. For awardees that participated in CSE or implemented a promising approach, they also submit a final evaluation report.

**Frequency**: Once a year (at the end of each grant two-year project period)

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q2-7

**American Rescue Plan Act (ARP)** **Quarterly Progress Report**

**Description**: Awardees report on descriptions of the scope of activities in the seven allowable use of funds categories for the ARP award consistent with those purposes, including updates on progress in achieving project goals and objectives.

**Frequency**: Four times a year

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q2-4

**ARP Final Progress Report**

**Description**: Awardees report on program specific goals and progress on strategies; impact of the overall project; the degree to which the recipient achieved the mission, goal, and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient’s overall experiences over the entire project period.

**Frequency**: Once at the end of the ARP two-year project period.

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q2-4

**MIECHV Innovations Annual Progress Report**

**Description**: Awardees that received MIECHV Innovation Award (General Data/Technology Innovations or COVID-19 Related Data/Technology Innovations) report on: a) the degree to which the nonfederal entity is progressing towards achieving the mission, goals, and strategies outlined in the project; b) barriers encountered and the activities undertaken to resolve the barriers; c) progress toward grantee led evaluation; d) any significant changes to the approved funded program; and e) status of the budget expenditures according to the approved plan.

**Frequency**: Once a year

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q2-4

### Site Visits

**Site Visit Document Checklist**

**Description**: The document checklist outlines the materials that the awardee must upload for the compliance assessment conducted prior to and during the site visit.

**Frequency**: Once every three years

**Person in state who is likely most familiar with form:** MIECHV Project Director

**Survey questions asked about this form**: Q2-4, 6-7

**Expenditure Sampling**

**Description**: Documentation for a sample of selected expenditures listed on the spreadsheet of general ledger transactions for expenses charged to the MIECHV grant awards during the grant periods under review for the site visit. Documentation may include invoices, time and effort support, receipts, and other applicable expenditure support.

**Frequency**: Once every three years

**Person in state who is likely most familiar with form:** MIECHV fiscal staff

**Survey questions asked about this form**: Q2-4, 6-7

### Financial Forms

**Home Visiting Budget Assistance Tool (HV-BAT)**

**Description**: This Excel-based instrument collects information on standardized cost metrics incurred during a 12-month period by LIAs.

**Frequency**: Optional (prior requirement: once every three years)

**Person in state who is likely most familiar with form:** MIECHV fiscal staff

**Survey questions asked about this form**: Q2-4

1. Has your state/territory completed this form before?
   1. Yes – *Go to applicable questions about the form*
   2. No (neither I nor my colleagues are aware of our state/territory ever completing this form) – *Go to next form*
2. When you most recently completed this form, was it the first time your state/territory completed this form?
   1. Yes, it was the first time we completed this form
   2. No, it was not the first time we completed this form
3. Approximately how much time (in hours) was needed to complete this form the most recent time your state/territory completed it? Please break out the amount of time by the following categories:

* Accessing the form, reading the form, preparing a plan for completing the form, coordinating with colleagues (including data and fiscal staff), training staff to complete the form
* Data collection and data entry related to this form
* Data quality checks, validation, cleaning, and analysis related to this form
* Filling out the form and getting the form reviewed and approved as needed, and submitting the form to HRSA
* Responding to HRSA revisions
* Total burden (sum of the above categories)

IMPORTANT INSTRUCTIONS:

**Comprehensively calculate hours:** *When estimating how long it took your state/territory to complete the form the most recent time it was completed, please include time spent (in hours) across all staff who were involved (such as LIA staff [home visitors, supervisors, LIA leadership, data staff, fiscal staff) and awardee staff [Project Directors, data staff, fiscal staff]) and across all activities required to complete a form. If you work with contractors to complete any of these tasks, include the amount of time it took contractor staff as well. Rough estimates are fine.*

*Here's an example for a hypothetical form or task:*

* *2 hours for 2 awardee staff to access and read the form (2 hours X 2 staff =* ***4 hours****)*
* *10 hours for 1 awardee staff member to develop a plan for filling out the form and coordinate with colleagues (10 hours x 1 staff =* ***10 hours****)*
* *3 hours for 2 awardee staff and 3 hours for 1 LIA staff member at each of 5 LIAs to coordinate completion of the form ((3 hours x 2 staff) + (3 hours x 1 person/LIA x 5 LIAs) =* ***21 hours****)*
* *… and so forth for all activities required to complete a form*

*We have prepared an optional spreadsheet that you may use to help calculate the burden of each form. Feel free to adapt the spreadsheet as needed.*

**Calculate burden for ONE submission of the form.***Please consider how long it takes to complete one submission of the form. For instance, if a form is completed quarterly, please enter how long it takes to complete one quarterly form. If a form is completed annually, please enter how long it takes to complete one annual form.*

**Calculate burden for most recent submission*.*** *When estimating burden, consider how much time was needed during the most recent time you completed the form. While we have provided a link to the form to help you recall what the form entails, it is possible that the form looked different when you last completed it. If that is the case, please still estimate the burden from the most recent time you completed the form.*

**Allocate hours proportionally across forms, if needed.** *In some cases, your state/territories’ work to complete one form may be related to the work needed to complete another form. For instance, home visitors’ time spent doing data collection and data entry may inform Form 1 and Form 2 and it is hard to disentangle the data collection and entry hours for each individual form. In such cases, proportionally allocate the number of hours for related forms among the individual forms. Again, rough estimates are fine.*

|  |  |
| --- | --- |
|  | **Amount of time (in hours)** |
| Accessing the form, reading the form, preparing a plan for completing the form, coordinating with colleagues (including data and fiscal staff), training staff to complete the form |  |
| Data collection and data entry related to this form |  |
| Data quality checks, validation, cleaning, and analysis related to this form |  |
| Filling out the form and getting the form reviewed and approved as needed, and submitting the form to HRSA |  |
| Responding to HRSA revisions |  |
| Total burden (sum of the above categories) | *[Auto-calculated]* |

1. In recent years, HRSA made changes to this form. Since Fiscal Year 2021 (October 1, 2020 to September 30, 2021), the amount of effort needed to complete this form has…:
   * Increased
   * Decreased
   * Stayed about the same
   * Not applicable/we did not complete this form prior to Fiscal Year 2021
   * Don’t know (neither I nor my colleagues have this historical knowledge)
2. To what extent is the information reported on this form useful for your state/territory?
   * Not at all useful (e.g., we wouldn’t compile this information if the MIECHV Program didn’t ask for it)
   * Somewhat useful (e.g., some aspects of this form are useful, but others are not)
   * Very useful (e.g., we use most of the information from this form to inform decision-making)

*6a. [If selected anything other than “very useful” in the prior question]* What information reported on this form is the least helpful?

* *Open-ended comment box*

1. What would make this form less burdensome? *(Check all that apply)*
   * Provide clearer guidelines or instructions for completing this form
   * Shorten the form
   * Reduce the number of times the form is required
   * Streamline the form so there is less duplication with other required forms
   * Provide more technical assistance on how to complete the form
   * Other (please specify)
   * My colleagues and I do not have ideas about ways to make this form less burdensome
   * Nothing, this form is not burdensome at all

*7a. [If selected anything other than “Nothing, this form is not burdensome at all” or “My colleagues and I do not have ideas about ways to make this form less burdensome” in the prior question]* Please use this space to elaborate on your response.

* + *Open-ended comment box*

# Conclusion

This section seeks additional information about your experiences of administrative burden related to the MIECHV Program and suggestions for reducing burden more broadly.

1. The MIECHV Program has fiscal requirements and requires fiscal oversight. Are these fiscal requirements and oversight more or less burdensome than the fiscal requirements and oversight of other federal formula grant programs?
   1. MIECHV fiscal requirements and oversight are **MORE** burdensome than other federal formula grant programs
   2. MIECHV fiscal requirements and oversight are **LESS** burdensome than other federal formula grant programs
   3. MIECHV fiscal requirements and oversight are **about the same** level of burden as other federal formula grant programs
   4. Neither I nor my colleagues (including fiscal staff working on MIECHV and other federal formula grants) have a sense of how the burden compares

*8a. [If selected “more” or “less” in Question 8]:* Please explain how MIECHV fiscal requirements and oversight are [*more/less]* burdensome than the fiscal requirements of other federal formula grant programs.

* *Open-ended comment box*

1. What else would you like us to know about the MIECHV-related administrative burden your state/territory experiences?

* *Open-ended comment box*

1. Do you have any additional suggestions for reducing MIECHV-related administrative burden?

* *Open-ended comment box*

1. What supports could the federal government provide to assist you with MIECHV-related administrative processes?

* *Open-ended comment box*

1. We will be conducting interviews with awardees to supplement what we learn from this assessment. Would you be interested in participating in an interview?

* Yes
* No
  1. *[If yes]:* Please provide your contact information. As a reminder, your individual responses will remain confidential and will be saved on a secure drive that only Child Trends can access. Your state/territory and name will not be included in connection with any of your responses when assessment findings are shared with HRSA.
* Name:
* Email:

1. Is there anything else you would like to share?

* *Open-ended comment box*