Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Model Eligibility Review Survey

OMB Control No. 0906-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting Office of Management and Budget (OMB) approval for a new Information Collection Request (ICR) to identify early childhood home visiting models that meet applicable MIECHV statutory requirements, and therefore may be used by eligible entities to provide home visiting services through the MIECHV Program. This information will ensure that models used by eligible entities (and their local implementing agencies) to deliver home visiting services through the MIECHV Program effectively support programs' ability to meet core components of the MIECHV Program, including those added during the Program's 2022 reauthorization.[1]

HRSA, through its Maternal and Child Health Bureau, administers the MIECHV Program in partnership with the Administration for Children and Families (ACF) within HHS. HHS uses the Home Visiting Evidence of Effectiveness (HomVEE) review, administered by ACF, to conduct a thorough and transparent review of the home visiting research literature and determine whether home visiting models meet HHS criteria for evidence of effectiveness. HRSA and ACF define such models as "evidence-based." However, not all evidence-based home visiting models, as designated by HomVEE, meet MIECHV statutory requirements such that they may be used to carry out the MIECHV Program. This can cause confusion for eligible entities looking for service delivery models to use for the MIECHV Program that support applicable program requirements.

HRSA will use the MIECHV Program statutory requirements listed in Appendix A as the basis for a standardized survey. This survey will help HRSA determine if evidence-based models, as determined by HomVEE, align with the MIECHV Program's statutory requirements. This survey also institutes a standardized and transparent process for determining model eligibility for MIECHV based on the MIECHV statute.

In 2021, HRSA requested public comments on a proposal to standardize criteria for assessing evidence-based models against MIECHV statutory requirements to

---

1 Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022. Pub. L. No. 117-328, § 6101, 136 Stat. 5953 (December 29, 2022). https://www.govinfo.gov/content/pkg/PLAW-117publ328/pdf/PLAW-117publ328.pdf

determine which evidence-based models can be used to implement the MIECHV Program.[2] This new ICR builds on that earlier effort. It reflects new MIECHV statutory provisions added because of the Program's 2022 reauthorization, and thus replaces that 2021 notice.

2. Purpose and Use of Information Collection

The purpose of this ICR is to capture information on model characteristics, resources, and processes that are not available from public sources. The information collected will allow HRSA to determine if the home visiting model aligns with the MIECHV Program's statutory requirements pertaining to eligible models. HRSA will publicize these determinations to ensure eligible entities (and their local implementing agencies) use MIECHV grant funds to implement eligible evidence-based home visiting models that effectively support programs in meeting core components of the MIECHV Program, including those added during the program's 2022 reauthorization.

HRSA will obtain the requested information through a survey fielded to national organizations that develop and provide implementation support for evidence-based home visiting models, see Appendix B for a list of eligible models and Appendix C for the survey for OMB approval. HRSA will send the survey to each of the home visiting model developers that meet HHS criteria for evidence of effectiveness, as determined by HomVEE, at the time the survey is administered. As of August 2025, HomVEE lists 24 models that meet HHS criteria for evidence of effectiveness.[3]

The survey includes 24 questions that reflect the MIECHV Program's statutory requirements as they pertain to model eligibility. This ICR seeks to obtain information from model developers about the characteristics and implementation of their evidence-based home visiting models. While the survey consists of 24 questions that limit respondents to a set of predefined answers, model developers may also choose "unsure" and provide additional information for any question.

3. Use of Improved Information Technology and Burden Reduction

HRSA will conduct this ICR using a 508-compliant, fillable PDF of the survey. HRSA will deliver the survey electronically via email to each of the 24 current evidence-based home visiting models. HRSA considered using other technology to administer the survey but chose a fillable PDF to ensure accessibility for all respondents and minimize the burden of participation. After completing the survey, model developers will return the survey to HRSA electronically via email.

---

2 HRSA. "Statutory Requirements and Process Standardization: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Model Eligibility Review." *Federal Register* 86, no. 184 (September 27, 2021): 53329, https://www.federalregister.gov/d/2021-20853.

3 ACF. "Models Eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Funding." Home Visiting Evidence of Effectiveness. HHS. Accessed January 22, 2025. https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees.

4. Efforts to Identify Duplication and Use of Similar Information

This ICR requests information from 24 current evidence-based home visiting model developers. Some of the information in this ICR may overlap with what has been collected during previous HomVEE reviews of these models since 2011. When reviewing models that have not yet been found to be evidence-based, HomVEE currently uses a scoring system to prioritize which models are reviewed. These scores consider factors like study design, sample characteristics, and alignment with certain, but not all, MIECHV statutory requirements, like association with a national organization or institution of higher education, in existence for at least three years, and the availability of implementation support in the United States.[4] HomVEE relies on information from model websites, past reviews (if available), and discussions with model developers to assign these prioritization points. However, that information may now be outdated. The 24 current evidence-based model developers may have previously provided information about their alignment with certain MIECHV statutory requirements during their initial HomVEE review, before they were designated an evidence-based model. However, those initial reviews were many years ago for some models. HomVEE updates information about the models on a pre-determined schedule based on expected volume of new research and recency of a model's review. During this process, HomVEE reviews any new manuscripts published about the model since the initial or most recent reviews to update existing model reports on their evidence base to keep them current. These updates can include information related to certain MIECHV statutory requirements. However, HomVEE last reviewed several of these models in 2020 or earlier.[5] This ICR will collect more recent information about all 24 evidence-based models to ensure accuracy and confirm whether each model meets all MIECHV statutory requirements at the time the survey is administered.

5. Impact on Small Businesses or Other Small Entities

This information collection will not have a significant economic impact on a substantial number of small businesses or other small entities. Information will be collected from individuals employed by organizations of the 24 current evidence-based model developers, some of which are 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.

6. Consequences of Collecting the Information Less Frequently

---

4 Sama-Miller, Emily, Julieta Lugo-Gil, Rebecca Coughlin, Jessica Harding, Lauren Akers, and Ellen Litkowski. "Home Visiting Evidence of Effectiveness (HomVEE) Systematic Review: Handbook of Procedures and Evidence Standards: Version 2.2," ACF, HHS, 2024. Accessed January 23, 2024. https://homvee.acf.hhs.gov/sites/default/files/2024-04/HomVEE-Version-2.2-handbook_508-compliant.pdf.

5 ACF. "Early Childhood Home Visiting Models: Reviewing Evidence of Effectiveness," ACF, HHS, 2024. Accessed January 23, 2024. https://homvee.acf.hhs.gov/sites/default/files/2024-10/homvee-summary-brief-nov2024_1.pdf

The information collection will occur only once for each respondent. If it is not collected, eligible entities may use their federal grant funds to implement the MIECHV Program using home visiting models that do not align with MIECHV statutory requirements or do not support applicable program requirements.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The requests fully complies with the regulation.

8. Comments in Response to the *Federal Register* Notice/Outside Consultation

8.A. Responses to Public Comments

A 60-day Federal Register Notice was published in the *Federal Register* on January 8, 2025, vol. 90, No. 5, pp. 1508-1510. HRSA no public comments. A 30-day Federal Register Notice was published on December 12, 2025, vol 90, no. 237, pp. 57770-72.

8.B. Outside Consultation

During the design of the survey, HRSA conducted two listening sessions with evidence-based model developers in 2024 to consult with representatives from 9 evidence-based models around the availability of information, the clarity of instructions, reporting format, and the information to be collected. Participants identified no concerns with the level of burden posed by this ICR.

Because this ICR relates to HomVEE, administered by ACF, HRSA collaborated with ACF staff throughout the process. Starting in October 2023, HRSA and ACF formed an internal workgroup with staff from both agencies. This group built on previous work from 2021 to develop survey questions reflecting MIECHV statutory requirements.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

HRSA does not request that models provide proprietary, trade secret, or other confidential information in response to any question. However, models may choose to share such information to demonstrate their model's alignment with MIECHV statutory requirements. Therefore, HRSA will institute procedures to ensure all responses are kept private to the extent allowed by law. The individual electronic responses from model developers will be received and securely stored by HomVEE contractor in compliance with Federal records management guidelines.

No personally identifiable information (PII) is being collected through this information collection request. This project does not require IRB approval and data will be kept

private to the extent allowed by law.

11. Justification for Sensitive Questions

This ICR does not include any questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs to Respondents

12.A. Estimated Annualized Burden Hours

This ICR seeks to obtain information from developers of the 24 current evidence-based home visiting models. The survey for this ICR requires one response per respondent. Because HRSA must determine that a model aligns with MIECHV's statutory requirements for that model to be implemented using MIECHV Program funds, HRSA expects a 100 percent response rate from the 24 evidence-based models. The survey includes 24 questions. The estimated burden for responding to the survey is three hours. This burden estimate includes about one hour to complete this 24-question survey and two hours to review instructions, gather the information necessary, consult with other individuals in their organizations, and submit the completed survey to HRSA. The estimated annualized burden hours are shown in Table 1.

Table 1. Estimated Annualized Burden Hours

Form Name	**Number of Respondents**	**Number of Responses per Respondent**	**Total Responses**	**Average Burden per Response (in hours)**	**Total Burden Hours**
MIECHV Program Model Eligibility Review Survey	24	1	24	3	72
Total	**24**		**24**		**72**

12.B. Estimated Annualized Burden Costs

The estimated total cost to respondents is $8,107.60, as shown in Table 2. This cost is based on a median hourly wage of $56.30 for social and community service managers (Standard Occupational Classification [SOC] 11-9151) who conduct research and development in the social sciences and humanities (North American Industry

Classification System [NAICS] 541720[6]) as estimated by the U.S. Bureau of Labor Statistics (BLS). This wage category was used because it most closely approximates the role of Director for a model developer, who is likely to complete the survey. The median hourly rate is used, as opposed to adjusting for locality, since model developers are spread across the country. The median hourly wage was doubled to $112.60 to account for overhead costs.

Table 2. Estimated Annualized Cost to Respondents

Type of Respondent	**Number of Respondents**	**Total Burden Hours**	**Median Hourly Wage Rate (x2)**	**Total Respondent Costs**
Model developer representative	24	72	$112.60	$8,107.20
Total	**24**	**72**		**$8,107.20**

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The total cost of this information collection to the federal government is $245,536.80.

This estimate includes the cost contractual support for information collection activities. This includes designing and developing the survey instrument for distribution to model developers, assembling model developers' responses, and reporting findings publicly on the HomVEE website. This represents approximately 5% of an existing contract and has an average estimated cost of $120,000 per year.

The total cost to the federal government also includes the cost of federal staff time for project oversight, development, and information collection activities. This includes approximations for one public health analyst at Grade 13, step 5 ($98.22 per hour for 380 hours, totaling $37,323.60) and two supervisory public health analysts at Grade 14, step 5 ($116.07 per hour for 380 hours per employee, totaling $88,213.20). HRSA multiplied wages by 1.5 to account for overhead costs. The total cost of federal staff time is $125,536.80.

15. Explanation for Program Changes or Adjustments

6 BLS. "May 2023 National Industry-Specific Occupational Employment and Wage Estimates: NAICS 541720 – Research and Development in the Social Sciences and Humanities". BLS. Accessed January 24, 2025. https://data.bls.gov/oes/#/industry/541720.

This is a new information collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

HRSA does not anticipate that the data from this ICR will be published, tabulated, or manipulated. The individual responses will not be published because they may include proprietary information about the model if models choose to share such information in demonstrating their model's alignment with MIECHV statutory requirements. However, HRSA plans to publicly announce determinations of model eligibility based on the information collected as described below.

Project Timeline: This ICR will take place in 2025. HRSA anticipates fielding the survey to the 24 current evidence-based home visiting models immediately after receiving OMB approval. Model developers will have 30 days to complete the survey. HRSA will review model developers' responses following the 30-day completion window and anticipates making final eligibility determinations, after reconsiderations, if necessary, in Spring 2026. At that time, HRSA will notify the 24 current evidence-based models of their eligibility. HRSA will then publish a list of evidence-based models eligible to be implemented using MIECHV Program funds. HRSA anticipates publishing the list around Spring 2026 to coincide with the release of the annual funding application for MIECHV Program eligible entities, to include the list of eligible models in the FY 2026 Non-Competing Continuation (NCC) Update. HRSA will also coordinate with ACF to publish the list on the HomVEE website (homvee.acf.gov). It will replace HomVEE's current list of evidence-based models.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and expiration date will be displayed on every page of every instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.