SUPPORTING STATEMENT A
Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report
OMB Control No. 0915-0172 Revision

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Maternal and Child Health (MCH) Block Grant (hereafter referred to as 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.

This submission is a request for Office of Management and Budget (OMB) approval of a revision to the information collection activities for the Application/Annual Report Guidance for the MCH Services 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: https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter7/subchapter5&edition=prelim. The current Application/Annual Report Guidance (OMB No. 0915-0172) will expire on December 31, 2026. The attached updated edition is divided into four sections: Background and Administrative Information; Application/Annual Report Instructions; Reporting Forms; and Appendices. The Appendices include Reporting Definitions for the Forms and Assurances and Certifications needed from the states.

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. 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 $590 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 seventh edition of the Application/Annual Report Guidance. 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 ninth edition of the Application/Annual Report Guidance further refined the reporting structure and requirements. The tenth edition of the Application/Annual Report, approved in 2023, built on the reporting refinements and sought to further advance the federal-state MCH partnership. Clarifying instructions and supportive background and resource information were 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. Updates to this edition of the Application/Annual Report Guidance are minimal, as to allow State MCH programs time to adjust to the new Application/Annual Report Guidance reporting structure implemented as part of the tenth edition. As a result, most changes for the eleventh edition of the Guidance are minor editorial adjustments.

History of the MCH Block Grant

The purpose of the MCH 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 and stillbirth;
- 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;
- Increasing immunization for all children;
- Providing and promoting family-centered, community-based, coordinated care (including care coordination services for children with special health care needs) and facilitating the development of community-based systems of services for such children and their families;
- 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

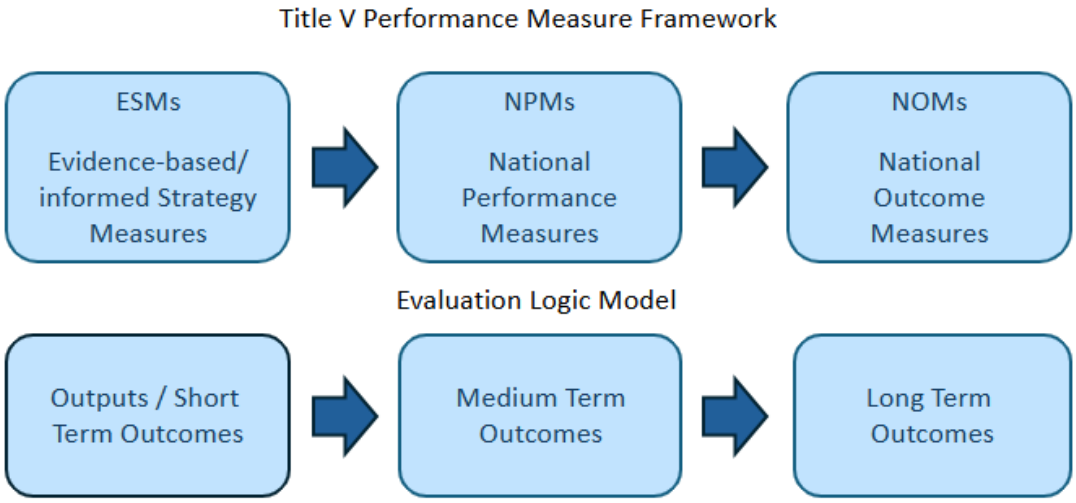
new section 511 to Title V of the Social Security Act, which created the Maternal, Infant and Early Childhood Home Visiting Program.

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 *Title V Maternal and Child Health Services Block Grant to States 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 performance measure framework was intended to increase program accountability by enabling states to demonstrate the impacts of Title V on health outcomes. Fifteen National Performance Measures (NPM) 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 and jurisdictions, MCHB modified the performance measure requirements in the eighth edition of the 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 an NPM and/or SPM.

The National Outcome Measures (NOM) and NPMs were updated for the tenth edition of the MCH Block Grant Application/Annual Report Guidance to reflect salient and emergent priorities at the state and national levels. In addition to being distributed within the five population health domains, the NPMs also represent three different measure domains of action which aim to improve the NOMs. The measure domains include: 1) clinical health systems; 2) health behaviors; and 3) community health factors. Within each MCH population health domain, there are at least three NPM options, with at least one NPM for each measure domain. The exception is for CSHCN where there is a greater focus on the need to improve clinical health systems. With this Guidance, the updated 20 NPMs remain, which provide a state more measurement options for selection in each domain.

Required Reporting on Universal NPMs: New as of the tenth edition Application/Annual Report Guidance, every state is required to address and report on two Universal NPMs. These two Universal NPMs were selected for their focus on access and quality of primary

and preventive care and serve to accelerate progress to "provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services." [Sec 501(a)(1)(A)]. The two Universal NPMs are:

- Postpartum Visit - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components; and
- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

Addressing the maternal health crisis remains a HRSA priority, as well as a state-level priority more broadly; therefore, Postpartum Visit was identified as the first Universal NPM. Addressing Postpartum Visit is intended to drive improvement in the maternal mortality rate. Untreated chronic conditions and pregnancy-related complications increase the risk of adverse health outcomes in the weeks and months following delivery. A comprehensive postpartum visit is an opportunity to improve maternal health by providing recommended clinical services, including screening, counseling, and management of health issues. These services can lead to identification, treatment, and prevention of adverse outcomes to optimize maternal health following pregnancy.

The second Universal NPM is Medical Home, selected in the CSHCN, Child, and Adolescent population health domains, which is intended to drive improvement in the core CSHCN outcome, Well-Functioning System of Care, as well as access to quality health care for all infants, children, and adolescents. Providing comprehensive and coordinated care to children in a medical home is the standard of pediatric practice. Research indicates that children with a stable and continuous source of healthcare are more likely to receive appropriate preventive care, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions.

A state will continue to report on a minimum of five (5) NPMs, which includes the two Universal NPMs, with at least one NPM for each of the five MCH population domains. States have the flexibility to select as many NPMs and SPMs as necessary to address each of its priority needs including the other NPMs within the Women/Maternal Health, Child Health, Adolescent Health, and CSHCN domains. There is no maximum for the number of NPMs that a state can select. See the Title V Block Grant Technical Assistance Resources at: https://mchb.tvisdata.hrsa.gov/Home/Resources for detailed information about the NPM Framework, NOMs, and NPMs.

In addition, the Application/Annual Report Guidance emphasizes the need for a state to demonstrate the value of family and community partnerships in improving health outcomes across all sectors of the MCH population. Title V MCH programs support access to quality services and service delivery for all MCH populations to achieve their full health potential.

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.

Consistent with the block grant concept, the eleventh 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. It will also continue to 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 eleventh edition of the Application/Annual Report Guidance. This update focused on providing editorial updates, adding clarifying language/instructions for completing the reporting forms, updating the Glossary of Terms, and updating the short and long titles of the NPMs. Updates were kept minimal, to allow State MCH programs time to adjust to the new Application/Annual Report Guidance reporting structure implemented as part of the tenth edition. Specific changes to this edition are summarized below:

- Form 7 Title V Program Workforce: Form 7 and associated instructions will be clarified to better define the number of full-time employees (FTEs) funded by the Federal-State Title V Block Grant Partnership, the data being collected about

positions lost over the past 12 months, and clarification of individual-level professional development and training needs of the Title V workforce.

- Form 10 Tracking Measures - NPMs, ESMs, SPMs, SOMs: Form 10 instructions will be clarified to specify which indicators and values a state must report, as well as an update to language that describes the changes that went into effect with the tenth edition of the Application/Annual Report Guidance.
- Form 11 Other State Data: Form 11 instructions will be updated to align with Office of Management and Budget (OMB) guidelines.
- Performance Measure Framework: the short and long titles of NPMs were updated to improve title accuracy and fulfill Government Accountability Office (GAO) recommendations to align the NPMs with other MCHB program measures.
- Budget-Related Glossary Terms: the definitions for some budget-related glossary terms, specifically local, program income, and other funds, have been expanded to include additional examples.

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 online 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.

The TVIS Data Entry System, which is Section 508 compliant and allows grantees to enter data into web-based forms and report sections, is derived from the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report.* 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 Section 508 compliant website 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 website 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. Effort 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, 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, 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
- 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 Frequently

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 2030, as part of the FY 2031 Application/FY 2029 Annual Report.

7. Special Circumstances Relating to the Guidelines of 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:

A 60-day notice was published in the Federal Register on May 19th, 2026, vol. 91, No. 96; pp. 29140-41. HRSA received comments from five respondents on the proposed updates to the eleventh edition of the Guidance, from state Title V Programs, universities, and other MCH stakeholders. The submitted responses included multiple comments. Of the five respondents, four respondents provided comments related to the implementation of the guidance or TVIS that would be addressed most effectively in the form of technical assistance, rather than adjusting the guidance instructions. Two respondents recommended expanding the definitions of budget-related glossary terms to include additional examples. HRSA considered all public comments as part of its deliberative process in finalizing updates to the eleventh 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.*

A log of the public comments received is provided in Attachment A, which also includes the responses prepared by HRSA's MCHB.

A 30-day Federal Register Notice was published in the *Federal Register* on October 21, 2026, Vol. 91, No. 202; pp. 66563-65.

Section 8B:

By legislation, the MCH Block Grant is administered as a federal-state partnership. The proposed updates to the eleventh of the Application/Annual Report Guidance reflect the recommendations of internal MCHB workgroups (i.e., National Performance and Outcome Measures Workgroup and the Narrative Guidance/Reporting Forms Workgroup) and the input received from fewer than 10 grantees between January 2024 and December 2025 through small group calls and individual conversations.

Upon its publication on May 19, 2026, 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 be at the organizational level and will not collect personal information

about individuals receiving services through Title V programs, nor will data about individuals be retrieved by a personal identifier.

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 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 as well as consultations with nine selected State Title V MCH Directors (i.e., RI, AS, ME, NM, ND, LA, AK, NV, and NY) on the minimum number of hours needed by staff to complete an annual submission of the application and report. These states represented a range of population sizes, funding levels and urban/rural characteristics. Estimates for hours provided by states for reporting during the interim year reporting (those years between needs assessments during which this version of the guidance applies) ranged from 80 to 200 hours. These hours were used as the basis for determining the minimum number of hours needed to submit an annual report in conjunction with estimates provided for previous versions of the Guidance.

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 that were implemented as part of the tenth edition of the Application/Annual Report Guidance in 2023 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	No. of Respondents	No. Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Application and Annual Report without Five-Year Needs Assessment Summary	59	1	59	116	6,844
Total	59	……	59	……	6,844

Section 12B:

Estimated Annualized Burden Costs to Respondents

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 2025, the national median wage estimate for 11-911 Medical and Health Services Managers in organizations that include public health agencies is $59.55 (https://www.bls.gov/oes/current/oes119111.htm). This is because Medical and Health Services Manager is the occupation that is most likely to be responsible for completing and submitting the Application and Annual Report. Wage has been doubled to account for overhead costs, so the cost used to calculate the estimated costs to those completing these forms is $119.10.

Type of Respondent	Average Total Annual Burden Hours	Hourly Wage Rate*	Total Respondent Costs
Medical and Health Services Manager - Application and Annual Report without Five-Year Needs Assessment Summary	6,844	$119.10	$815,120.40
Total	6,844		$815,120.40

* Hourly median salary of $59.55 multiplied by 2 to account for overhead costs.

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

There are 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 directly associated with this information collection is approximately 0.5 full-time equivalent (FTE) of a Federal staff member at the GS-14, Step 5 level in the Washington, DC locality. Based on the 2026 Office of Personnel Management salary table, and applying a multiplier of 1.5 to account for overhead costs, the estimated annual Federal staff cost is $122,328. (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2026/DCB.pdf).

In addition to Federal staff support, approximately $240,000 in annual contractor costs are directly associated with conducting the review of the 59 State MCH Block Grant Applications/Annual Reports. These costs reflect operational support for the annual reviews, including increased contract costs associated with conducting more reviews in person. The estimated annual cost to the Federal Government directly attributable to this information collection is $362,328.

HRSA also incurs costs associated with the broader enhancement, operations, maintenance, and software support of the Title V Information System (TVIS), which supports electronic data entry, reporting, and public access to Title V data. Because TVIS supports broader programmatic and information-system activities and its costs are not directly attributable solely to OMB Control No. 0915-0172, those costs are not included in the annual Federal cost estimate for this information collection.

15. Explanation for Program Changes or Adjustments

The currently approved burden for this information collection is 17,464 annual hours. The proposed burden for this revision is 6,844 annual hours, representing a net decrease of 10,620 hours. Under the previously approved information collection, the total annual burden included 6,785 hours for the Application/Annual Report without the Five-Year

Needs Assessment Summary and 10,679 hours associated with the Application/Annual Report with the Five-Year Needs Assessment Summary. The three-year approval period covered by this revision will not include submission of a Five-Year Needs Assessment Summary; therefore, the burden associated with that requirement is not included in the proposed burden estimate.

Application/Annual Report, the estimated average burden per response has been updated from 115 hours under the previously approved collection to 116 hours under this revision. For 59 respondents, this increases the annual Application/Annual Report component from 6,785 hours to 6,844 hours, an increase of 59 hours. When combined with the removal of 10,679 hours previously associated with Five-Year Needs Assessment reporting, the resulting net change is a decrease of 10,620 annual burden hours.

States have indicated that technical assistance resources, including state examples and definitions, are helpful in completing the Application/Annual Report. Continued enhancements to the TVIS data entry system may further simplify and improve the state user experience. The estimated burden reflects the minimum level of effort considered necessary to meet the specified reporting requirements. Individual states may choose to undertake more extensive processes in preparing the annual Application/Annual Report.

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

During a regular submission year, the State MCH Block Grant Application/Annual Report document is usually submitted each year on July 15, with review of each submitted document completed between September and December. 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 the Fall after receipt of the reports from states. Public web-based display of the states' annual submission of the MCH Block Grant Applications/Annual Reports generally occurs by mid-November.

Data collected from each state's MCH Block Grant Application/Annual Report provide key financial, programmatic, and performance measure data to assess a state's progress in addressing its priority needs in assuring access to quality care of its MCH populations. Reporting on performance measures is used to assess national progress in key MCH priority areas and to facilitate the Bureau's annual GPRA reporting. These data are made available for use by the public, researchers, universities, and other stakeholders interested in MCH populations on the TVIS Web Reports at: https://mchb.tvisdata.hrsa.gov.

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

The expiration date will be displayed.

18. EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

There are no exceptions to the certification.