

demonstrate improvement in at least four of the six benchmark areas. The SIR and subsequent MIECHV guidance documents for both competitive and formula grants also require that grantees report annually on the constructs under each benchmark area, as well as on demographic, service utilization, budgetary and other administrative data related to program implementation.

The proposed data collection and reporting forms were initially developed by an internal MIECHV workgroup in consultation with evidence-based home visiting model developers and selected grantees and further refined based on comments received during the previous 60-day public comment period. The data collected with the proposed forms

will be used to track grantees' progress in demonstrating improvement under each benchmark area and provide an overall picture of the population being served. The proposed data collection forms are as follows:

Home Visiting Form 1—Demographic and Service Utilization Data for Enrollees and Children

This form will be utilized by all MIECHV program grantees (including Tribal program grantees) and will collect data to determine the unduplicated number of participants and of participant groups by primary insurance coverage. This form will also request data on the demographic characteristics of program participants as well as service utilization data.

Home Visiting Form 2—Grantee Performance Measures

States, the District of Columbia, and territories participating in the MIECHV program have already selected relevant performance indicators for the legislatively identified benchmark areas. This form provides a template for these jurisdictions and non-profit grantees implementing home visiting programs to report aggregate data on their already selected and approved performance measures.

While there will be variation in the data collection and reporting burden to grantees based on the number of families served and data system capabilities, the annual estimate of burden is as follows:

Reporting document	Annual number of respondents	Number of responses per respondent	Total responses	Average burden hours per response	Total burden hours
HV Form 1: Demographic and Service Utilization Data for Enrollees and Children	181	1	81	731	59,211
HV Form 2: Grantee Performance Measures	² 56	1	56	313	17,528
Total	81		81		76,739

¹ In addition to 56 jurisdictions and non-profit organizations, it is estimated that up to 25 Tribal MIECHV program grantees will utilize Form 1 to report on demographic and service utilization data for all participant families.

² Does not include Tribal program grantees.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: August 6, 2012.

Wendy Ponton,

Director, Office of Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Health Resources and Services Administration (HRSA) periodically publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of

the clearance requests submitted to OMB for review, email paperwork@hrsa.gov or call the HRSA Reports Clearance Office at (301) 443-1984.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Maternal, Infant and Early Childhood Home Visiting Program FY 2012 Non-Competing Continuation Progress Report (OMB No. 0915-xxxx)—[New] Activity Code: X02

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA). Section 2951 of the Act amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf, pages 216-225). The Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk

children through evidence-based home visiting programs.

Under this program, \$125 million was made available to states on a formula basis in both fiscal years (FY) FY 2010 and 2011. This funding was awarded to support states in implementing their Updated State Plans. Additionally, competitive funding was awarded in June 2011 for Development Grants and Expansion Grants. Development Grants are intended to support states and jurisdictions with modest evidence-based home visiting programs to expand the depth and scope of these efforts, with the intent to develop the infrastructure and capacity needed to seek an Expansion Grant in the future. Expansion Grants are intended to support states and jurisdictions that had already made significant progress towards a high-quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system. Thirteen states were awarded Development Grants, and nine states were awarded Expansion Grants. These competitive grants are for 2 years (Development Grants) and 4 years (Expansion Grants), respectively. Grantees will be completing FY 2011 Progress Reports on activities conducted since September 30, 2011, along with an update on the activities to be conducted

during FY 2012, in order to secure the release of their FY 2012 allocations.

The annual estimate of burden is as follows:

Instrument: A summary of the progress on the following activities	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Accomplishments and Barriers	56	1	56	3	168
Program Goals and Objectives	56	1	56	5	280
Update on Evaluation Plan	56	1	56	5	280
Implementation in targeted at-risk communities	56	1	56	14	784
Progress on Benchmark Reporting	56	1	56	5	280
CQI efforts	56	1	56	5	280
Program Administration	56	1	56	5	280
Total	56	1	56		2352

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: August 6, 2012.

Wendy Ponton,

Director, Office of Management.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Maternal, Infant and Early Childhood Home Visiting Program FY 2012 Competitive Grant Non-Competing Continuation Progress Reports (OMB No. 0915-xxxx)—[New]

Activity Code: D89

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (the Act). Section 2951 of the Act amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Maternal, Infant, and Early Childhood Home Visiting Program, (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf, pages 216-225). The Act responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at risk children through evidence-based home visiting programs.

Under this program, \$125 million was awarded to states on a formula basis in both fiscal years (FY) 2010 and 2011. This funding was awarded to support states in implementing their Updated State Plans. Additionally, competitive funding was awarded in June 2011 for Development Grants and Expansion Grants. Development Grants are intended to support the efforts of states and jurisdictions with modest evidence-based home visiting programs to expand the depth and scope of these efforts, with the intent to develop the infrastructure and capacity needed to seek an Expansion Grant in the future.

Expansion Grants are intended to support the efforts of states and jurisdictions that had already made significant progress towards a high-quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system. Thirteen states were awarded Development Grants, and nine states were awarded Expansion Grants. These competitive grants are for 2 years (Development Grants) and 4 years (Expansion Grants), respectively. State grantees of both competitive programs will need to complete non-competing continuation (NCC) progress reports in order to secure the release of FY 2012 and out-year grant funds.

Additional funds are being made available for Development and Expansion Grants in FY 2012. Ten Expansion Grants, totaling \$71.9 million, have been awarded. An additional four to eight Development Grants are anticipated to be awarded, with 2-year project periods. These Development Grant recipients will be required to complete one (1) NCC to secure the release of second-year funds. Expansion grant project periods are four (4) years for the FY 2011 Expansion Grants, and three (3) years for the FY 2012 Expansion Grants. FY 2012 Expansion Grant recipients will be required to complete three (3) annual NCCs, and FY 2013 recipients will be required to complete two (2) annual NCCs to secure the release of second, third, and fourth year funds.

The annual estimate of burden is as follows:

Instrument: A summary of the progress on the following activities	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Introduction	33	1	33	3	99
Needs Assessment	33	1	33	7	231
Methodology and Workplan	33	1	33	24	792
Resolution of Challenges	33	1	33	4	132
Evaluation and Technical Support Capacity	33	1	33	4	132