

Example instruments	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Youth survey .....	2,160	3	0.5	3,240	1,080
Administrator, staff, and partner interview topic guide .....	300	1	1.25	375	125
Youth focus group topic guide .....	200	1	1	200	67
Youth exit ticket .....	2,160	15	0.03	972	324
Facilitator Log .....	36	30	.03	32	11
Analysis plan for local impact local evaluations .....	10	1	8	80	27
Analysis plan for local descriptive evaluations .....	10	1	8	80	27
Report template for local impact local evaluations .....	10	1	32	320	107
Report template for local descriptive evaluations .....	10	1	32	320	107
GenIC #1: Youth survey for proof-of-concept study .....	100	3	0.5	150	50

*Estimated Total Annual Burden Hours: 1,925.*

*Authority: 42 U.S.C. 710.*

**Mary C. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2025–10082 Filed 6–2–25; 8:45 am]

**BILLING CODE 4184–83–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Behavioral Health Integration Evidence Based Telehealth Network Program Outcome Measures

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than July 3, 2025.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting

“Currently under Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Samanth Miller, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443–3983.

**SUPPLEMENTARY INFORMATION:**  
*Information Collection Request Title: Behavioral Health Integration Evidence Based Telehealth Network Program Outcome Measures.*

#### OMB No. 0906–xxxx—New

**Abstract:** This ICR is for OMB approval of a new information collection, the Behavioral Health Integration Evidence Based Telehealth Network Program (BHI EB–TNP) Outcome Measures. Under the BHI EB–TNP, HRSA administers cooperative agreements in accordance with section 330I(d)(1) of the Public Health Service Act (42 U.S.C. 254c–14(d)(1)). The purpose of this program is to integrate behavioral health services into primary care settings using telehealth technology through telehealth networks and evaluate the effectiveness of such integration. This program supports evidence-based projects that use telehealth technologies through telehealth networks in rural and underserved areas to: (1) improve access to integrated behavioral health services in primary care settings, and (2) expand and improve the quality of health information available to health care providers by evaluating the effectiveness of integrating telebehavioral health services into primary care settings and establishing an evidence-based model that can assist health care providers.

HRSA created a set of outcome measures that focus on behavioral health to evaluate the effectiveness of

grantees' services programs and monitor their progress using performance reporting data. The estimated burden for the BHI EB–TNP Outcome Measurement Report is based on an annual data collection frequency.

A 60-day notice was published in the **Federal Register** on October 28, 2024, 89 FR 85545–46. There were no public comments.

**Need and Proposed Use of the Information:** HRSA's goals for the program are to improve access to needed services, reduce rural practitioner isolation, improve health system productivity and efficiency, and improve patient outcomes. HRSA worked with program grantees to develop outcome measures to evaluate and monitor the progress of the grantees in each of these categories, with specific indicators to be reported annually through a performance monitoring data collection platform/website. The measures will enable HRSA to capture data that illustrate the impact and scope of federal funding along with assessing these efforts. The measures are intended to inform HRSA's progress toward meeting program goals, specifically improving access to telebehavioral health services that support primary care providers. The measures cover the principal topic areas of interest to the HRSA Office for the Advancement of Telehealth, including clinical specialties, access to health care, total encounters, and patient travel miles saved.

**Likely Respondents:** The likely respondents are BHI EB–TNP award recipients.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose

of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train

personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to

transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

#### TOTAL 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
BHI EB-TNP Outcome Measurement Report .....	27	1	27	5	135
Total .....	27	.....	27	.....	135

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2025-10084 Filed 6-2-25; 8:45 am]

**BILLING CODE 4165-15-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Health Resources and Services Administration

##### Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: HRSA Ryan White HIV/AIDS Program HIV Quality Measures Module, OMB No. 0906-0022—Revision

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than August 4, 2025.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail them to the HRSA Information Collection Clearance Officer, Room 14NWH04, 5600 Fishers Lane, Rockville, Maryland, 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* HIV Quality Measures Module OMB No. 0906-0022—Revision.

*Abstract:* HRSA's Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV. Since 1990, RWHAP has developed a comprehensive system of safety net providers who deliver high-quality direct health care and support services to over half a million people with HIV—more than 50 percent of all people with diagnosed HIV in the United States.

RWHAP Parts A, B, C and D recipients and subrecipients must follow legislative requirements for the establishment of clinical quality management programs to assess the extent to which their HIV services are consistent with the most recent HHS Clinical Treatment guidelines. In support of these requirements, HRSA created the HIV Quality Measures (HIVQM) Module as an online tool to assist recipients in meeting the clinical quality management program requirement by allowing recipients to input data for the HRSA performance measures. HRSA maintains over 40 performance measures across the following categories: (1) core, (2) all ages, (3) adolescent/adult, (4) HIV-infected children, (5) HIV-exposed children, (6) medical case management, (7) oral health, (8) AIDS drug assistance program, and (9) systems-level. The HIVQM Module also supports the requirement imposed by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Award (45 CFR 75.301) that recipients relate financial data to performance accomplishments of their Federal awards. The HIVQM Module helps recipients set goals and monitor

performance measures and quality improvement projects. The use of the HIVQM Module is voluntary for RWHAP recipients but strongly encouraged.

*Need and Proposed Use of the Information:* The HIVQM Module supports recipients and sub-recipients in their clinical quality management programs, performance measurement, service delivery, and monitoring of client health outcomes and quality of HIV services. The HIVQM Module is accessible via the RWHAP Services Report, an existing online portal that RWHAP recipients use for required data collection of their services. Recipients may enter performance measure data into the HIVQM Module four times a year and then generate reports to assess their performance. Recipients have the option to enter data for specific populations for a subset of performance measures. Recipients may also compare their performance against other recipients in their state, region, and in the nation. Additionally, recipients can choose the performance measures they want to monitor and enter data accordingly. For recipients and sub-recipients participating in the Centers for Medicare & Medicaid Incentive Programs, such as the Medicare Promoting Interoperability Program and the Merit-based Incentive Payment System, the HIVQM Module may be used to monitor the HRSA measures that qualify and comply with the requirements to receive incentives from these programs.

*Likely Respondents:* RWHAP Part A, Part B, Part C, and Part D recipients and their sub-recipients.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and