

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
Exhibit 1 (CHGME FTE Resident Assessment Only).	30	2	60	0.33	19.8
Exhibit 2 (CHGME FTE Resident Assessment Only).	30	2	60	0.33	19.8
Exhibit 3 (CHGME FTE Resident Assessment Only).	30	2	60	0.33	19.8
Exhibit 4 (CHGME FTE Resident Assessment Only).	30	2	60	0.33	19.8
Total	90 (60 children's hospitals and 30 fiscal intermediaries *).	180 (60 children's hospitals applications, 60 CHGME audits and 60 THCGME audits) **.	*** 9,980.40

* The total respondents are 90 because children's hospitals (60) and fiscal intermediaries (30) are completing the forms.

** The total responses are 180 because children's hospitals (60) and fiscal intermediaries for the CHGME audits (60) and the THCGME audits (60) are completing the forms.

*** The increase of 2,000 burden hours is due to the additional 60 THCGME audits.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Healthy Start Evaluation and Quality Improvement; OMB No. 0915-0338—Revision

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

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 December 20, 2022.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 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 or call Samantha Miller, the acting HRSA Information Collection Clearance Officer, at (301) 443-9094.

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

Information Collection Request Title: Healthy Start Evaluation and Quality Improvement, OMB No. 0915-0338—Revision.

Abstract: The National Healthy Start Program, authorized by 42 U.S.C. 254c-8 (section 330H of the Public Health Service Act), and funded through HRSA's Maternal and Child Health Bureau (MCHB), has the goal to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. The program began as a demonstration project with 15 grantees in 1991 and has expanded since then to 101 grantees across 35 states; Puerto Rico; and Washington, DC. Healthy Start grantees operate in communities with rates of infant mortality at least 1.5 times the U.S. national average and high rates for other adverse perinatal outcomes. These communities are often low-income and located in geographically, racially, ethnically, and linguistically diverse

areas. Healthy Start offers services during the perinatal period (before, during, after pregnancy) and the program works with women, men, and infants/children through the first 18 months after birth. The Healthy Start program pursues four goals: (1) improve women's health, (2) improve family health and wellness, (3) promote systems change, and (4) assure impact and effectiveness. Over the past few years, MCHB has sought to implement a uniform set of data elements for monitoring and conducting an evaluation to assess grantees' progress towards these program goals. Under the current OMB approval, the data collection instruments for the program's reporting requirements include three participant-level screening tools: (1) Background, (2) Prenatal, and (3) Parenting Information.

In this proposed revision, MCHB plans to retain the participant-level tools as approved by OMB in 2020; however, MCHB did introduce minor changes to the forms. These changes included only the following: correction of typos, addition of response options (e.g., "don't know," "declined to answer"), and clarification of instructions. The purpose of these minor changes is to improve the quality of the instruments and make it easier for the respondents to complete the forms. The improved instructions should reduce confusion in completing the forms. Adding additional response options will eliminate forced responses that do not represent the participant's intent and will increase response accuracy.

Need and Proposed Use of the Information: The purpose of the revised data collection instruments will be to assess grantee and participant-level progress towards meeting Healthy Start

program performance measures. The data will be used to conduct ongoing performance monitoring of the program, thus meeting program needs for accountability, programmatic decision-making, and ongoing quality assurance.

Likely Respondents: For the General Background, Prenatal, and Parenting Information participant-level forms, respondents include pregnant women, women of reproductive age, and men

who are served by the Healthy Start program.

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 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
General Background Form	*45,700	1	45,700	.30	13,710
Prenatal	*30,300	1	30,300	.10	3,030
Parenting	*30,300	1	30,300	.25	7,575
Total	106,300	106,300	24,315

*All adult participants (45,700) complete the General Background form, and a subset of these same individuals (30,300) also complete the Prenatal or Parenting forms for total of 106,300 responses.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality and utility of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[OMB No. 0906-xxxx-NEW]

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Optimizing Virtual Care Grant Program Performance Measures

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

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has 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 November 21, 2022.

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. 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 Samantha Miller, the acting HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Optimizing Virtual Care Grant Program Performance Measures OMB No. 0915-xxxx-NEW

Abstract: The Health Center Program and supplemental awards for health centers are authorized by Section 330 of the Public Health Service Act (42 U.S.C. 254b). Notably, HRSA is authorized to make supplemental awards for health centers to "implement evidence-based models for increasing access to high-quality primary care services, which may include models related to

expanding the use of telehealth and technology-enabled collaborative learning and capacity building models." 42 U.S.C. 254b(d)(1)(E). Under the Optimizing Virtual Care (OVC) grant program, 29 high-performing health centers received 2-year supplemental awards to increase health care access and quality for underserved populations through virtual care such as telehealth, remote patient monitoring, digital patient tools, and health information technology platforms. Specifically, award recipients will use OVC funding to develop and implement innovative evidence-based strategies with the potential to be adapted, leveraged, and scaled across the Health Center Program to increase access to care and improve clinical quality by optimizing the use of virtual care with a specific focus on underserved communities and vulnerable populations.

The goal of the OVC grant program is to continue to support innovation that began during the COVID-19 pandemic, when health centers quickly expanded their use of virtual care to maintain access to essential primary care services for underserved communities. HRSA-funded health centers serve special and vulnerable populations facing barriers to virtual care access, such as low digital literacy, low connectivity capabilities, or limited technology access. The OVC grant recipients will serve as a model for how to increase equitable virtual care, generating and refining strategies that can be adapted and scaled across the Health Center Program.

A 60-day notice was published in the **Federal Register**, 87 FR 37874-37875 (June 24, 2022). HRSA received