

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Proposed Collection: Public Comment Request****AGENCY:** Health Resources and Services Administration, HHS.**ACTION:** Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (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 Information Collection Request must be received no later than September 21, 2015.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10-29, Parklawn Building, 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 the HRSA Information Collection Clearance Officer at (301) 443-1984.

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

Information Collection Request Title: Health Center Controlled Networks OMB No. 0915-0360-REVISION

Abstract: The Health Resources and Services Administration (HRSA) has a

goal to ensure that all Health Center Program award recipients effectively implement health information technology (health IT) systems that enable all providers to become meaningful users of health IT, including Electronic Health Records (EHRs), and use those systems to increase access to care, improve quality of care, and reduce the cost of care. The Health Center Controlled Networks (HCCNs) program serves as a major component of HRSA's HIT initiative to support this goal. HCCNs provide ongoing support for achieving meaningful use of certified EHRs¹ and adopting technology-enabled quality improvement strategies, including health information exchange (HIE). HCCNs also support sharing of knowledge, resources, and data to improve Health Center Program award recipients' and look-alikes' (health centers) operations, care provision, and generate efficiencies and economies of scale. As a result, health centers working with HCCNs are better positioned to deliver care in a patient-centered medical home model and participate in value based payment. The HCCN program is authorized by Section 330(e) of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Need and Proposed Use of the Information: The annual, non-competing continuation progress reports will describe each HCCNs' progress in achieving key activity goals, such as improving performance measures via data-driven quality improvement activities, enhanced utilization of data exchange, and the efficiency and effectiveness of HCCN services to health centers. Award recipients will also report emerging needs, implementation challenges, lessons learned, best practices, and plans to meet the goals set for the next budget period. HCCNs will update their work plan and submit their annual, non-competing continuation progress report annually.

The information collected from the progress report forms will serve multiple purposes. The information will be used to inform new technical assistance needs and evaluate the

performance and outcome of the funding initiative. The progress reports will also enhance HRSA's ability to respond to departmental inquiries regarding the program in a timely and accurate manner. Information will also be used in the preparation of reports to Congress and other external agencies.

In addition to meeting the goal of accountability to Congress, patients, and the general public, information collected from the progress reports are critical for HRSA grantees and individual providers to assess the status of existing EHR systems and health outcomes for patients. The partnership between HRSA, grantees, providers, and patients provides a unique opportunity to ensure that all parties share in the benefits of accurate information, lessons learned, major accomplishments, barriers encountered, and technical assistance to promote improved care and efficiency.

Likely Respondents: Type of respondents expected are existing networks that are currently serving health centers and other safety net entities.

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 Information Collection Request are summarized in the table below.

Total Estimated Annualized hours: 1350.

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Work Plan Update	45	1	45	5	225
Annual Progress Report	45	1	45	25	1125
Total	90	1350

¹ For the purposes of this funding opportunity announcement, "certified EHR" refers to HIT products certified by the Office of the National

Coordinator (ONC) for HIT Authorized Testing and Certification Body. For further information about

ONC certified HIT products, see <http://onc-chpl.force.com/ehrcert>.

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.

Jackie Painter,

Director, Division of the Executive Secretariat.

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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

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (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.

DATES: Comments on this ICR should be received no later than August 21, 2015.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 594-4306.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Maternal, Infant, and Childhood Home Visiting (Home Visiting) Program Non-Competing Continuation Progress Report for Competitive Grants OMB No. 0915-0356—Extension

Abstract: The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, administered by the Health Resources and Services Administration (HRSA) in close partnership with the Administration for Children and Families (ACF), supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. Competitive grants support the efforts of eligible entities that have already made significant progress towards establishing a high quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system. All fifty states, the District of Columbia, five territories, and nonprofit organizations that would provide services in jurisdictions that have not directly applied for or been approved for a grant are eligible for competitive grants; and if awarded, are required to submit non-competing continuation progress reports annually. There are currently 48 entities with competitive grant awards. Some eligible entities have been awarded more than one competitive grant.

Need and Proposed Use of the Information: This information collection is needed for eligible entities to report progress under the Home Visiting Program annually. On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA). Section 2951 of the ACA amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Home Visiting Program (http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf, pages 216-225). A portion of funding under this program is awarded to participating states and eligible jurisdictions competitively. The purpose of the competitive funding is to provide additional support to entities that have already made significant progress towards establishing a high-quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system and are ready to expand and maintain expanded programs.

The information collected will be used to review grantee progress on proposed project plans sufficient to permit project officers to assess whether the project is performing adequately to achieve the goals and objectives that were previously approved. This report will also provide implementation plans for the upcoming year, which project officers can assess to determine whether

the plan is consistent with the grant as approved, and will result in implementation of a high-quality project that will complement the home visiting program as a whole. Progress Reports are submitted to project officers through the Electronic HandBooks (EHB). Failure to collect this information would result in the inability of the project officers to exercise due diligence in monitoring and overseeing the use of grant funds in keeping with legislative, policy, and programmatic requirements. Grantees are required to provide a performance narrative with the following sections: Project identifier information, accomplishments and barriers, state home visiting program goals and objectives, an update on the state home visiting program promising approach and evaluations conducted under the competitive grant, implementation of the state home visiting program in targeted at-risk communities, progress toward meeting legislatively-mandated reporting on benchmark areas, state home visiting quality improvement efforts, and updates on the administration of state home visiting program.

Since federal fiscal year 2011, 48 eligible entities have received competitive grant awards. Grantees of the competitive grant program need to complete annual reports in order to comply with HRSA reporting requirements. Some grantees have been awarded up to three competitive grants to date.

In the event a new Funding Opportunity Announcement is issued annually for the competitive grant program, the application for new grant funds may take the place of completion of a non-competing continuation progress report.

Likely Respondents: Grantees with Home Visiting Competitive Awards Awarded in Federal Fiscal Years 2012-2017.

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