

Supporting Statement A
Title of the Data
Collection
OMB Control No. 0906-XXXX

Terms of Clearance: None.

A. Justification

1. Circumstances Making the Collection of Information Necessary

Section 5508 of the Patient Protection and Affordable Care Act of 2010 (ACA) established the Teaching Health Center Graduate Medical Education (THCGME) program under Title III of the Public Health Service Act. This program aims to increase the number of new primary care physicians and dentists, who are also more likely to continue to practice in rural and underserved setting after completing residency. The THCGME program provides Graduate Medical Education (GME) funding to community based settings to train primary care and dentistry residents in order to address primary care access issues, particularly in underserved settings. This program is significantly different than traditional Medicare GME, in which funding to support residency training is provided directly to inpatient settings - making it difficult for training to occur in community based settings. Providing GME funding directly to the THCs allows these health centers to train future primary care physicians, recruit their trainees and offers primary care and dentistry residents the ability to train in a setting they are likely to practice in after graduation – ultimately increasing their abilities and competencies to provide high quality primary care.

The THCGME program pays both direct and indirect GME payments directly to the THCs – set at an interim \$150,000 per resident per year, until the Secretary defines an indirect payment formula for the program. The George Washington University (GW), through a competitive process, was awarded the Evaluation and Initial Assessment of HRSA Teaching Health Centers contract. The purpose of this contract is to conduct an assessment over a five year period to better understand this model of community-based residency training, including specifically examining the costs to train a resident in this model of GME training in order to assist HRSA and the Secretary identify the appropriate indirect payment formula for the THC program.

2. Purpose and Use of Information Collection

The Teaching Health Center Costing Instrument addresses the following evaluation research questions of the GW THC evaluation contract:

- What are the direct and indirect costs of training primary care physicians and dentists in THCs?
- How do these costs compare to costs in traditional GME settings?
- What are the impacts of these costs on the THC's community-based setting, teaching hospitals, and other teaching sites?

- Are there financial benefits that help to offset any costs of training primary care physicians and dentists in THCs?
- Is the THC a financially-sustainable model?
- In what ways, shall so-called "opportunity costs" (e.g., time spent teaching vs. patient care by THC providers/faculty members) be considered in the cost analysis?
- Are there indirect effects on costs and revenues created by the presence of a teaching program at a THC? If so, can these be characterized and/or quantified? (e.g., recruitment costs for providers at a THC may be decreased compared to a similar site without a teaching program)

The Teaching Health Center Costing Instrument (attached in Appendix A) will be administered once to all the THC residency programs. The information gathered in the standardized Teaching Health Center Costing Instrument will include, but is not limited to, resident salaries and medical malpractice insurance, educational costs, administrative support costs, consortium costs, faculty salaries and costs, and patient care costs and clinical revenue generated by the residents. The financial data collected in the Teaching Health Center Costing Instrument will allow GW to advise HRSA on future funding opportunities for the program.

3. Use of Improved Information Technology and Burden Reduction

GW has developed the Teaching Health Center Costing Instrument so that it utilizes technology to administer, collect, and analyze the data collected. The Teaching Health Center Costing Instrument will be implemented using fillable excel forms. All of the responses (100%) will be collected and submitted electronically.

4. Efforts to Identify Duplication and Use of Similar Information

The Teaching Health Center Costing Instrument has been developed to collect standardized costing information from THC residency programs. Implementation of a standardized instrument with all THC programs will be critical to establish a reasonable and reliable estimate of the cost per resident for THC residency programs, and to fully determine the areas and degrees of variation between programs. While all residency programs keep accounts of their expenses and revenues, no standardized method for categorizing expenses and revenues specific to residency programs currently exists. There is no duplication of this effort anywhere in the field. The Teaching Health Center Costing Instrument will ultimately be made available to the individual THC programs to continue collecting relevant costing information and to add to it as needed.

5. Impact on Small Businesses or Other Small Entities

The majority of programs fall under the category of small entities. For example, many of the THC programs 501c (3) operations are newly formed small non-profits, with fewer than 30 employees. Wherever possible, the Teaching Health Center Costing Instrument has been designed to capture information collected as part of the financial management of the organization. We have developed guidance that facilitates completion of the Teaching Health Center Costing Instrument, and are providing assistance to support the programs. The Teaching Health Center Costing Instrument focuses on specific costs that focus on day-to-day operations of the program.

All the organizations have someone who is responsible for financial management and operations, and the survey was designed to be completed by personnel already available within small residency programs.

6. Consequences of Collecting the Information Less Frequently

Because this information has never been collected before, it is necessary to implement the Teaching Health Center Costing Instrument to gather information about the financial picture of the programs.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

In this request, all guidelines are met and this request fully complies with the regulation. No special circumstances are related to the evaluation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on Thursday, November 13, 2014 Vol. 79, No. 219 pp. 67439 - 67440 (see Appendix B). There were no public comments.

Section 8B:

The Teaching Health Center Costing Instrument was developed from three detailed costing site visits to THCs to clarify costs and cost off-sets, both explicit and implicit, and to better understand the reasonable cost ranges and factors that contribute to variation.

The GW team consulted with a Financial Analysis Expert Panel to provide external informed review of the findings from the detailed costing site visits and the standardized Teaching Health Center Costing Instrument for appropriate content and format, and specifically to examine the issue of direct versus indirect THCGME costs. Four members of the expert panel were representatives of THCs. They included Neil Calman, MD of the Institute for Family Health, John Felton, MPH, MBA, FACHE of the Riverstone Health, Jeff Hackler, JD, MBA of the Oklahoma State University Center for Health Sciences, Stephen McKernan, DO, ND FAAFP of the Lone Star Community Health Center. Four additional panel members were selected due to their expertise in graduate medical education (GME) research and policy. They included Alfred Berg, MD, MPH of the University of Washington, Robert Phillips, MD, MSPH of the American Board of Family Medicine, Eugene Rich, MD, of Mathematica, and Barbara Wynn, MA, of RAND.

9. Explanation of any Payment/Gift to Respondents

No payments or gifts will be given to the respondents.

10. Assurance of Confidentiality Provided to Respondents

The Teaching Health Center Costing Instrument will be implemented once with all HRSA-funded THCs. As noted above, the Teaching Health Center Costing Instrument collects financial and budget data on the residency program and will be implemented as a fillable excel form delivered via e-mail to the THC primary contact person.

Completed instruments will be exported to a database. All data will be stored on password protected secure computers in locked offices. Data reported back to HRSA will be reported on an individual THC program basis. However, if any publicly available documents are written all THC program financial data will be aggregated and therefore, by nature, be de-identified. Publicly available data will include the mean, range and standard deviation of costs to train a resident across all THC programs.

11. Justification for Sensitive Questions

The Teaching Health Center Costing Instrument asks programs to report their financial information, which can be considered sensitive. Evaluating the cost of training a resident in a community-based setting is essential to determine if the THCGME program is funded at the correct amount, and make adjustments to the program, if needed. Additionally, completion of the Teaching Health Center Costing Instrument is voluntary; if certain financial information is not available then programs are not required to provide it.

12. Estimates of Annualized Hour and Cost Burden

This section summarizes the total burden hours for this information collection in addition to the costs associated with those hours.

12A. Estimated Annualized Burden Hours:

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
THC Program Directors and/or Financial Officers	Teaching Health Center Costing Instrument	60	1	10	600
Total	--	60	1	10	600

12B. Estimated Annualized Burden Costs:

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
THC Program Directors and/or Financial Officers	600	\$90.00 ¹	\$54,000
Total	600	\$90.00	\$54,000

Program directors of residency programs are required to be physicians as part of the residency program academic accreditation. Therefore, we used the average hourly wage of physicians provided by the Bureau of Labor and Statistics to calculate the total respondent costs in the table above. The link to the hourly wage information can be found here: <http://www.bls.gov/oes/current/oes291069.htm>

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

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The systems used to collect the data will be at GWU. It is estimated that the amount of staff time needed for the contract representative and review and approval of reports is 2 FTEs both at 100% at the GS-13 step 1 level—for a total of \$181,646. Collectively the estimated annualized cost to the government in staff time is estimated to be \$181,646.

15. Explanation for Program Changes or Adjustments

This is new data collection.

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

Data collected through the Teaching Health Center Costing Instrument serve a number of important purposes including strengthening program performance, responding to federal reporting requirements, and responding to congressional inquiries. Since programs are publicly-funded, data collected may be showcased in peer-reviewed articles, conferences, and/or reports published through and/or sponsored by HRSA. In the case of publication, all THC program identifiable information will be aggregated and de-identified.

The process for cleaning, analyzing, and reporting data will consist of the following steps:

Step 1: Data cleaning. Data will be cleaned using a series of predetermined analytic rules within 30 days of receipt. Errors or discrepancies in data will be flagged and followed up with THC programs where appropriate.

Step 2: Analysis. Analysis of all data will be conducted under the THC Evaluation contract at the George Washington University during years 3 and 4 of the contract.

Step 3: Reporting. GW will provide HRSA with data on all THC programs individually identified. However, in the case of publication, all THC program identifiable information will be aggregated and de-identified.

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

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Appendix A: Teaching Health Center Costing Instrument

Please Enter:

Name of Residency Program you are providing information on in this workbook: THC Program Specialty:	
Residency Accreditation:	
Please indicate the type of Sponsoring Institution for the Residency Program:	
How many residency continuity clinic sites do you have?	
Please indicate the licensure(s) for the residency continuity clinic that you are providing financial information on in this workbook (please specify if other or list multiple):	
Time Period (Day/Month/Year - Day/Month/Year):	
New or Expansion Program Under THC Grant:	
Accredited Class Size per Year (if expansion, put THC and non-THC residents)	
Contact Person:	
Contact Person's E-mail:	
Contact Person's Telephone:	
Reviewer(s)/Contributor(s)	
Signatories	

Thank you for your assistance in completing this residency program costing instrument. The information gathered here will be important to inform your THCGME program officers better understand the costs of residency training programs and natural variations that occur between THC programs.

General Instructions (Detailed Instructions on Each Page):

Enter data only into cells shaded gray. Other cells have been locked to prevent accidental changes.

Please enter data for your most recent completed full academic or fiscal year (fill in above), based on your organization's accounting practices.

Please fill out the following worksheets: Visits, Revenue, Fac Salaries Benefits, Precepting Contracts, Residents Salaries Benefits, ResidencyAdmin, ClinicOperations, ClinicAdmin, Staffing, and StartUp. There are no cells to fill in on the Summary worksheet. It will auto-populate based on the other worksheets. However, we recommend you review the Summary worksheet prior to submitting the instrument.

Please be consistent in the sites, departments, and clinical service lines you report on, according to the following guidelines:

- a. For patient visits, revenue, faculty and provider FTE, clinic operations and administration, please match your reports across these areas. For example, report patient revenues and clinic operations/administration expenses for the total visits reported in the Visits worksheet.
- b. Please report for the resident continuity clinic and inpatient service lines to the smallest units possible given your organization's accounting practices. For example, if it is possible to report clinic operations/administration expenses, visits, and patient revenue for the residency specialty clinic service in the resident continuity clinic site only, excluding other service lines (such as other specialties, pharmacy, lab, x-ray, etc.), then please report to this level of detail.
- c. If certain expenses are shared across more than one residency program, please report on only the proportion of the cost/revenue that can be estimated to be attributable to the residency program that you cite above. Please also only restrict your revenues to the proportion that are attributable to the site for which you are reporting.

We understand accounting lines may differ between THC programs. Please use your best judgment on where to enter expenses. Do not enter an expense more than once. For example, if you report an expense in the residency administration worksheet (such as malpractice insurance), do not include that expense when reporting similar expenses in other worksheets.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-XXXX. Public reporting burden for this collection of information is estimated to average XX hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-03I, Rockville, Maryland, 20857.

Name of Program:
 THC Program Specialty: Time
 Period:

Summary Page - This page will be autopopulated by your answers in the following worksheets.

	Total	Resident Clinic		Residency
		Faculty Practice (Ambulatory not precepted)	(Precepted Ambulatory Visits)	
Resident and Faculty FTE:				
Resident FTE	0.00	N/A	N/A	0.00
Faculty FTE	0.00	0.00	0.00	0.00
Visits:				
Clinic Visits	0	0	0	N/A
Inpatient Visits	0	N/A	N/A	N/A
Clinic Sessions	0	0	0	N/A
Revenue:				
Net Clinic PI Revenue	\$ -	#DIV/0!	#DIV/0!	N/A
Net Inpatient PI Revenue	\$ -	N/A	N/A	#VALUE!
FQHC Grant	\$ -	#DIV/0!	#DIV/0!	N/A
Other Patient Service Grants	\$ -	#DIV/0!	#DIV/0!	#VALUE!
Hospital Residency Funding	\$ -	N/A	N/A	N/A
THC Grant	\$ -	N/A	N/A	\$ -
Medicaid GME	\$ -	N/A	N/A	\$ -
Other Residency Support	\$ -	N/A	N/A	\$ -
Total Revenue	\$ -	#DIV/0!	#DIV/0!	#VALUE!
Program Expenses:				
Personnel Expenses:				
Faculty Salaries/Benefits	\$ #REF!	#DIV/0!	#DIV/0!	\$ -
Precepting Contracts	\$ -	N/A	N/A	N/A
Resident Salaries/Benefits	\$ -	N/A	N/A	\$ #REF!
Sub-Total	\$ #REF!	#DIV/0!	#DIV/0!	\$ -
Residency Program Administration:				
Residency Administrative Personnel				
Education Costs	\$ -	N/A	N/A	N/A
Resident Education Stipends	\$ -	N/A	N/A	\$ -
Resident Required Training	\$ -	N/A	N/A	\$ -
Simulation Center Costs	\$ -	N/A	N/A	\$ -
Education Supplies	\$ -	N/A	N/A	\$ -
Medical/Dental School or OPTI fees	\$ -	N/A	N/A	\$ -
Inpatient Service Costs	\$ -	N/A	N/A	\$ -
Licensing and Certification Fees				
Licensing Examination Fees	\$ -	N/A	N/A	\$ -
In-Service Examination Fees	\$ -	N/A	N/A	\$ -
Board Certification Fees	\$ -	N/A	N/A	\$ -
Licensing Fees	\$ -	N/A	N/A	\$ -
Program Fees and Costs				
Accreditation Fees	\$ -	N/A	N/A	\$ -
NRMP/Match Participation Fees	\$ -	N/A	N/A	\$ -
Recruitment Costs	\$ -	N/A	N/A	\$ -
Graduation Costs	\$ -	N/A	N/A	\$ -
Faculty/Staff Development	\$ -	N/A	N/A	\$ -
Travel	\$ -	N/A	N/A	\$ -
General Liability Insurance	\$ -	N/A	N/A	\$ -
Malpractice Insurance	\$ -	N/A	N/A	\$ -
Legal and Accounting	\$ -	N/A	N/A	\$ -
Consortium Expenses (if applicable)	\$ -	N/A	N/A	\$ -
Rent/Occupancy	\$ -	N/A	N/A	\$ -
Supplies				
Mobile Communications Devices	\$ -	N/A	N/A	\$ -
IT Costs	\$ -	N/A	N/A	\$ -
White Coats/Uniforms	\$ -	N/A	N/A	\$ -
Office Supplies	\$ -	N/A	N/A	\$ -
Other	\$ -	N/A	N/A	\$ -
Sub-Total	\$ -	\$ -	\$ -	\$ -
Clinic Operations Expenses:				
Clinical Support Personnel Salaries/Benefits	\$ -	#DIV/0!	#DIV/0!	N/A
Purchased Medical Services	\$ -	#DIV/0!	#DIV/0!	N/A
Medical Supplies	\$ -	#DIV/0!	#DIV/0!	N/A
Medical Equipment	\$ -	#DIV/0!	#DIV/0!	N/A
Licensing Fees	\$ -	#DIV/0!	#DIV/0!	N/A
Malpractice Insurance	\$ -	#DIV/0!	#DIV/0!	N/A
DRG licenses/maintenance	\$ -	#DIV/0!	#DIV/0!	N/A
Uniforms	\$ -	#DIV/0!	#DIV/0!	N/A
Occupancy	\$ -	#DIV/0!	#DIV/0!	#DIV/0!
Depreciation	\$ -	#DIV/0!	#DIV/0!	N/A
Other	\$ -	#DIV/0!	#DIV/0!	N/A
Sub-Total	\$ -	#DIV/0!	#DIV/0!	\$ -
Clinic Administration Expenses:				
Administrative Personnel Salaries/Benefits	\$ -	#DIV/0!	#DIV/0!	\$ -
Purchased Adm. Services	\$ -	#DIV/0!	#DIV/0!	\$ -
Office Supplies	\$ -	#DIV/0!	#DIV/0!	\$ -
Recruitment	\$ -	#DIV/0!	#DIV/0!	\$ -
Staff Development	\$ -	#DIV/0!	#DIV/0!	\$ -
Travel	\$ -	#DIV/0!	#DIV/0!	\$ -
IT Infrastructure	\$ -	#DIV/0!	#DIV/0!	\$ -
Other	\$ -	#DIV/0!	#DIV/0!	\$ -
Sub-Total	\$ -	#DIV/0!	#DIV/0!	\$ -
Total Program Expense				
Overall Profit/Loss	\$ #REF!	#DIV/0!	#DIV/0!	#VALUE!
Overhead				
Residency Overhead	\$ -	N/A	N/A	N/A
Clinical Overhead	\$ -	#DIV/0!	#DIV/0!	N/A
Total Overhead	\$ -	#DIV/0!	#DIV/0!	N/A
Excluding Overhead:				
Residency Program Cost **				#DIV/0!
Cost per Resident				#DIV/0!
Including Overhead:				
Residency Program Cost **				#DIV/0!
Cost per Resident				#DIV/0!

*Residency program cost and cost per resident exclude explicit residency program funding
 ** Faculty Practice revenue and expense, non precepted, is not included in the Cost per Resident calculations

Name of Program:

THC Program Specialty:

Time Period:

Patient Visits

Instructions:

Report for the resident continuity clinic and inpatient service lines to the smallest units possible given your organization's accounting practices.

* For example, if it is possible to report clinic operations/administration expenses, visits, and patient revenue for the residency specialty clinic service in the resident continuity clinic site only, excluding other service lines (such as other specialties, pharmacy, lab, x-ray, etc.), then please report to this level of detail.

Enter the total number of clinical sessions matched to the reported visits. A session can be a morning, afternoon, or evening session. Sessions should be reported for all relevant providers.

* For example, if 4 providers are working during a morning session, the total sessions would equal 4.

For the Inpatient Service, enter the total patient visits for all revenue generating services where residents provide care on a continuous basis

Faculty Practice visits should include patient visits for faculty in the THC residency program specialty in the residency continuity clinic sites.

* For example, if your THC program is a family medicine program, only enter patient visits for family medicine faculty when they are not precepting.

Numbers of Patient Visits/Sessions in the Reporting Year												
Ambulatory Visits in the Resident Continuity Clinic											Resident Inpatient Service (if applicable)	
Visits	Total Medical or Dental	Non-Precepted			Residency Faculty Precepted					Resident Total (All PGYs + Chiefs)		
		Residency Faculty Practice	Non-Faculty Providers	(Please enter the specialty of non-faculty providers below)	PGY-1 Residents	PGY-2 Residents	PGY-3 Residents	PGY-4 Residents	Chief Residents			
Clinic											0	N/A
Inpatient					N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Clinic Sessions											0	N/A

Payer Mix:

	Resident Site(s) Percent of Visits		Notes
	Outpatient Service	Inpatient Service	
Total Medicaid			
Total Medicare			
Dual Eligible (Medicaid & Medicare)			
Charity Care			
Sliding Scale			
Workman's comp			
Military Tri-Care			
Number Written Off as Bad Debt			
Other Public			
Total Private			
Self-Pay			
Total	-	-	

Name of Program:
 THC Program Specialty: Time
 Period:

Patient Revenue
Outpatient Resident Clinic and Inpatient Revenue Instructions:
 For **Outpatient Revenue**, enter the patient revenue generated in the residency continuity clinic site matched to the site listed in the first page, and used for the total medical or dental visits and clinical operations and administration expenses reported.
 * Full Charges should reflect the total full charges for services rendered to patients
 * Amount Collected should reflect the gross receipts for the period on a cash basis, regardless of the period in which the paid for services were rendered
 For the **Inpatient Revenue**, enter the total patient revenue matched to residency inpatient service visits reported

Outpatient Resident Clinic and Resident Inpatient Service					
Payer	Outpatient Resident Clinic Revenue		Inpatient Resident Service Revenue		Space for THC to describe if categories are combined, or other explanations.
	Full Charges This Period	Amount Collected This Period	Full Charges This Period	Amount Collected This Period	
Total Medicaid					
Total Medicare					
Dual Eligible (Medicaid & Medicare)					
Charity Care					
Sliding Scale					
Workman's comp					
Military Tri-Care					
Amount Written Off as Bad Debt					
Other Public					
Total Private Self-Pay					
Subtotals	\$ -	\$ -	\$ -	\$ -	
Retroactive Settlements, Receipts, Paybacks:					
Collections of Retroactive Payments					
Penalty/Payback					
Total Adjusted Revenue	\$ -			\$ -	
FQHC Grant					
Other Patient Service Grants:					End Date of Grant/Renewable or Non-renewable
Source					
Source					
Source					
Source					
Source					
Total Patient Service Grants	\$ -			\$ -	

Residency Program Funding
Instructions:
 For Residency Program Funding, include only funding that explicitly supports resident training or other activities. For example, if your organization receives a "PCMH" grant explicitly to support resident training in PCMH, include that grant here. If the PCMH grant supports clinical service in the site for which this workbook is covering, include the grant in Other Patient Service Grants above.

Residency Program Funding	Total Amount		
Hospital Residency Funding			
THCGME Payment			
Medicaid GME			
Grants:		End Date of Grant	Renewable or Non-renewable
Source			
Source			
Source			
Source			
Source			
Sub-Total Grants	\$ -		
Donations			
Other:		End Date of Grant	Renewable or Non-renewable
Meaningful Use Incentives			
Source			
Source			
Sub-Total Other	\$ -		
Total Grants & Other Residency Support	\$ -		

Medical Student Funding	Total Amount
Medical Student Funding	

Name of Program:
 THC Program Specialty: Time
 Period:

Faculty Salary and Benefits

Instructions:

To determine FTE allocation, please use actual data of time spent in the different areas from your most recently completed academic year

* In general, 1 session per week or 48 sessions per year is 0.1 FTE. Sessions can be a morning, afternoon or evening session, and are often approximately 4 hours.

For Total FTE, report the total time the individual works, matched to the Total Salary and Benefits reported.

* For example, if the individual works for the health center 0.5 FTE, enter 0.5 and the total salary and benefits correlated to that 0.5 FTE.

If there is insufficient space for core, part time, or other faculty, list additional faculty positions below. Totals will auto-populate the Additional Faculty line.

For Other Providers - Non-Teaching, report the total FTE for all non-teaching providers in the residency continuity clinic site related to the number of visits and revenue reported in the Visits and Revenue worksheets.

Include other specialty faculty in Residency Faculty FTE Allocations only if they have dedicated residency program time. Otherwise include in Other Providers - Non-Teaching if appropriate.

* For example, for a family medicine residency, include OB-Gyn, internal medicine, or pediatrics faculty only if they are covering resident inpatient services (including OB) or have dedicated residency teaching, curriculum, or administrative time

If benefit payments are reported separately from salary, report in the "Total Benefits" column. Otherwise include in the "Total Salary" column.

		Residency Faculty FTE Allocations								Cost							
Faculty Salaries and Benefits	Specialty	Total FTE	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Resident Inpatient Service	Clinic Admin	Residency	Residency Description of Activities	Other Grants (Non-Residency)	Total Salary	Total Benefits	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Resident Inpatient Service	Clinic Admin	Residency	Other Grants (Non-Residency)
<i>Example - Core Faculty</i>	<i>Internal Medicine</i>	1.00	0.10	0.20	0.10	0.10	0.50		0.00	\$ 165,000	\$ 39,600	\$ 20,460	\$ 40,920	\$ 20,460	\$ 20,460	\$ 102,300	\$ -
Program Director		0.00															
Associate Program Director		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Core Faculty		0.00															
Part time faculty		0.00															
Part time faculty		0.00															
Part time faculty		0.00															
Part time faculty		0.00															
Behaviorist (if applicable)		0.00															
Director of Research (if applicable)		0.00															
Additional Faculty (See below)		0.00	0.00	0.00	0.00	0.00	0.00		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Providers - Non-Teaching (e.g. MA, PA)		0.00		N/A													
Total		0.00	0.00	0.00	0.00	0.00	0.00		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Additional Faculty Positions:	Total FTE	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Inpatient Service	Clinic Admin	Residency	Residency Notes	Other Grants (Non-Residency)	Total Salary	Total Benefits	Faculty Practice (Ambulatory, Not Precepting)	Resident Clinic (Precepted Ambulatory Visits)	Inpatient Service	Clinic Admin	Residency	Other Grants
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
	0.00															
Total	0.00	0.00	0.00	0.00	0.00	0.00		0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Name of Program:
 THC Program Specialty:
 Time Period:

0

Residency Program Precepting Contracts

Instructions:

Report the amount paid by the residency under "Total Amount for Contracts Paid by the Residency", and the amounts paid by the hospital under "Total Amount for Contracts Paid by the Hospital".

Enter the amount of any contracts with hospital or community preceptors to provide training experiences for your residents that are paid for by the residency.

In some situations, these fees are paid by the hospital rather than the residency program.

If this is the case for your program, please include the hospital payments under the "Total Amount for Contracts Paid by the Hospital" for contracts where the hospital makes the payments.

Preceptorships	Total Amount for Contracts Paid by the	Total Amount for Contracts Paid by the
Assistant Program Director		
Medical Student Clerkship Director		
Simulation Lead		
Clinic Director		
Behavioral Health		
Community Preceptors		
Critical Care		
Emergency Medicine		
Family Medicine		
General Adult Medicine/Internal Medicine		
General Pediatrics		
General Surgery		
Geriatrics		
Gynecology		
Hospitalist		
Neurology		
OB/GYN		
Obstetrics		
Psychiatry		
Radiology		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Internal Medicine		
Additional Preceptorships Pediatrics		
Additional Preceptorships Pediatrics		
Additional Preceptorships Pediatrics		
Additional Preceptorships Pediatrics		
Additional Preceptorships Dentistry		
Additional Preceptorships Dentistry		
Type/Field		
Type/Field		
	\$ -	\$ -

Name of Program:
 THC Program Specialty: Time
 Period:

Residency Program Administration Expenses

Residency Administrative Personnel

Instructions:
 For Total FTE, include only time that is dedicated to the residency program
 For Total Salary and Total Benefits enter the total salary and benefits received by the individual
 If benefit payments are reported separately from salary, report in the Total Benefits column. Otherwise include in the Total Salary column.

Admin Support Salaries	Cost			Residency Program Cost
	Total FTE	Total Salary	Total Benefits	
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Provide Title and Role				\$ -
Total	0.00	\$ -	\$ -	\$ -

Residency Program Explicit Expenses

Instructions:
 Please report only those expenses charged directly to the residency program for which this costing instrument applies. In any cases where the residency program is not explicitly charged, please enter "0"
 * Do not include expenses reported in other spreadsheets, such as faculty development included in faculty benefits costs or insurance or licensing fees included in clinical operations costs.

Additional Instructions

Total Residency Square Footage Please insert the square footage of the space allocated for the residency educational functions

	Total Amount
Education Costs:	
Resident Education Stipends	
Resident Required Reading	
Resident Required Training	
Resident Required Simulation	
Resident Required Publications	
Medical/Dental School or OPTI fees	
General Educational Allowance	
Inpatient Service Costs	
Licensing/Certification Fees:	
Licensing Examination Fees	
In-Service Examination Fees	
Board Certification Fees	
Board Preparation Costs	
Licensing Fees	
Program Fees and Costs:	
Accreditation Fees	
NRMP/Match Participation Fees	
Recruitment Costs	
Graduation Costs	
Faculty/Staff Development	
Travel	
Away Rotation Housing	
General Liability Insurance	
Malpractice Insurance	
Legal and Accounting	
Consortium Expenses (if applicable)	
Rent/Occupancy	
Supplies:	
Mobile Communications Devices	
IT Costs	
White Coats/Uniforms	
Printing and Postage	
Office Supplies	
Other:	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Total Other	\$ -
Total	\$ -
Overhead:	
Expense Type	
Expense Type	
Expense Type	
Expense Type	
Expense Type	
Total Overhead	\$ -

Include hospital required training programs, such as ACLS/PALS etc.
 Include any costs associated with simulation exercises. These may include cost of simulation equipment, related supplies, or fees to access simulation centers
 Educational supplies may include costs associated with library resources, textbooks, journals, subscriptions, scholarly association fees, software
 Report any fees associated with medical school, dental school or OPTI affiliations
 Lump sum amount given to residents for their own purchase of educational supplies and materials
 Report any additional inpatient service payments. Do not include any precepting contracts reported in the "Precepting Contracts" spreadsheet.
 Include any fees paid for resident licensing exams, such as USMLE fees
 Include any fees paid for residents for Board certification exams or training
 Include any practice licensing fees paid for residents (not faculty: faculty licenses should be listed under ClinicOps row 18)
 Include per program annual assessments and per resident fees for use of any accreditation services
 Include any fees paid for participation in the NRMP, AOA, or other match programs
 Include any costs associated with recruitment, such as candidate travel, give-a-ways, meals, brochures, etc
 Include cost of graduation such as venue, food, entertainment, certificates, etc
 Include faculty development costs such as NIPPD, and staff development costs such as conferences, association dues, etc, STFM dues, etc.
 Include travel to educational courses and conferences, and any other travel that is paid for by the residency program, except "away rotation housing"
 Lodging costs paid by the residency program for away rotations
 Include any general liability insurance purchased for the residency program
 Only include malpractice insurance if specifically paid for residents or faculty related to residency program activities
 Include all legal and accounting fees associated with the residency program
 If you have a consortium, include any expenses associated with that consortium that do not appear in any other worksheet
 Report only rent or occupancy fees specifically charged to the residency program for residency program space
 Include any pagers or cell phones purchased for residents or residency program staff
 Only include IT costs charged directly to the residency program, such as laptop computers, e-mail service, or residency program management software for residents
 List any expenses not detailed above that are associated with the administration of the residency program. Also include the total for the academic year
 Report any central administrative overhead costs charged to the residency program; Please indicate what your program includes in "overhead cost"

Name of Program:	
THC Program Specialty: Time	
Period:	0

Residency Program Administration In-Kind Donations

Please include here the value of residency administration costs that you do not have to pay because they are provided for free by other entities.
 For example, if your residency is housed for free in a location, please estimate and enter below what you would have to pay for square footage, had the residency been required to pay for the space it occupies.

Residency Program Only In-Kind Donations

Instructions:
 Please report only those in-kind donations that would have been charged directly to the residency program for which this costing instrument applies. The in-kind donations would be expected to match the "0" items entered in ResidAdmin tab.

Total Residency Square Footage **Additional Instructions**
 Please insert the square footage of the space allocated for the residency educational functions

	Total Amount
Education Costs:	
Resident Education Stipends	
Resident required training programs, such as ACLS/PALS etc.	
Simulation centers with simulation exercises. These may include cost of simulation equipment, related supplies, or fees to access simulation centers	
Education subscriptions, scholarly association fees, software	
Medical/Dental School or OPTI fees	
General Educational Allowance	
Inpatient Service Costs	
Licensing/Certification Fees:	
Licensing Examination Fees	
In-Service Examination Fees	
Board Certification Fees	
Board Preparation Costs	
Licensing Fees	
Program Fees and Costs:	
Accreditation Fees	
NRMP/Match Participation Fees	
Recruitment Costs	
Graduation Costs	
Faculty/Staff Development	
Travel	
Away Rotation Housing	
General Liability Insurance	
Malpractice Insurance	
Legal and Accounting	
Consortium Expenses (if applicable)	
Rent/Occupancy	
Supplies:	
Mobile Communications Devices	
IT Costs	
White Coats/Uniforms	
Printing and Postage	
Office Supplies	
Other:	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Total Other	\$ -
Total	\$ -
Overhead:	
Expense Type	
Expense Type	
Expense Type	
Expense Type	
Expense Type	
Total Overhead	\$ -

Report any fees associated with medical school, dental school or OPTI affiliations
 Lump sum amount given to residents for their own purchase of educational supplies and materials
 Report any additional inpatient service payments. Do not include any precepting contracts reported in the "Precepting Contracts" spreadsheet.
 Include any fees paid for resident licensing exams, such as USMLE fees
 Include any fees paid for residents for Board certification exams or training
 Include any practice licensing fees paid for residents (not faculty: faculty licenses should be listed under ClinicOps row 18)
 Include per program annual assessments and per resident fees for use of any accreditation services
 Include any fees paid for participation in the NRMP, AOA, or other match programs
 Include any costs associated with recruitment, such as candidate travel, give-a-ways, meals, brochures, etc
 Include cost of graduation such as venue, food, entertainment, certificates, etc
 Include faculty development costs such as NIPPD, and staff development costs such as conferences, association dues, etc, STFM dues, etc.
 Include travel to educational courses and conferences, and any other travel that is paid for by the residency program, except "away rotation housing"
 Lodging costs paid by the residency program for away rotations
 Include any general liability insurance purchased for the residency program
 Only include malpractice insurance if specifically paid for residents or faculty related to residency program activities
 Include all legal and accounting fees associated with the residency program
 If you have a consortium, include any expenses associated with that consortium that do not appear in any other worksheet
 Report only rent or occupancy fees specifically charged to the residency program for residency program space
 Include any pagers or cell phones purchased for residents or residency program staff
 Only include IT costs charged directly to the residency program, such as laptop computers, e-mail service, or residency program management software for residents
 List any expenses not detailed above that are associated with the administration of the residency program. Also include the total for the time period this worksheet applies to.
 Report any central administrative overhead costs paid by others but would normally be charged to the residency program; Please indicate what your program includes in "overhead cost"

Name of Program:
 THC Program Specialty: Time
 Period:

0

Clinic Administrative Expenses: Include all clinic administrative costs that are not included as part of the residency admin tab or as part of overhead

Instructions:

Enter expenses matched to the total medical or dental visits, revenue, and clinic operation expenses reported for the resident continuity clinic site
 Include all clinic administrative costs that are not included as part of the residency admin tab or as part of overhead
 Do not include expenses reported in other spreadsheets. For example, do not report here malpractice insurance or licensing fees reported in the residency admin expenses.
 In the "Inpatient Service" column, report any administrative costs allocated to the inpatient service.

	Costs	
	Residency Continuity Clinic	Inpatient Service (if applicable)
Administrative Personnel Salaries/Benefits		
Purchased Admin Services		
Office Supplies		
Recruitment		
Staff Development		
Travel		
IT Infrastructure		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Total Other	\$ -	\$ -
Total Clinic Admin Expenses	\$ -	\$ -

Additional Instructions:
 Include any contracts for administrative type services for the clinic only
 Include the cost of clinic office supplies
 Include any additional recruitment costs that are separate from the residency recruitment costs
 Include any non-residency, clinic staff development costs
 Include any travel associated with clinical activities
 Include any hardware, wiring, servers etc purchased in the last full academic year
 Include the name and amount of any other expenses that are not duplicative

Overhead Report additional centralized overhead costs here that were not reported elsewhere. This may include your organization's CEO, CFO, COO, CNO, CMO, etc.
 This Administrative Overhead organization's finance office, billing office, accounting, N/A, payroll office, etc

Finance and Accounting Overhead		N/A
Physical Plant		N/A
IT Overhead		N/A
Other Expense Type		N/A
Other Expense Type		N/A
Other Expense Type		N/A
Total Other	\$ -	N/A
Total Overhead	\$ -	N/A

Include any maintenance, mortgage, repairs, etc. that are allocated as overhead to the residency continuity clinic site.
 Usually includes IT department staff
 List the name and amount of any other overhead categories that are allocated to the residency continuity clinic site

Name of Program:

THC Program Specialty: Time

Period:

Clinical Operations Expenses: Enter expenses matched to the total medical or dental visits, revenue, and clinic administration expenses reported for the resident continuity clinic site.

Instructions:

Enter expenses matched to the total medical or dental visits, revenue, and clinic administration expenses reported for the resident continuity clinic site

Do not include expenses reported in other spreadsheets. For example, do not include malpractice insurance or licensing fees reported in the residency admin expenses.

Additional Instructions:

Clinic Square Footage

Insert the total Clinic square footage of the Family Medicine Center, NOT including any residency/educational space.

	Total Amount
Clinical Support Personnel Salaries/Benefits	
Purchased Medical/Dental Services	
Medical/Dental Supplies	
Medical/Dental Equipment	
Licensing Fees	
Malpractice Insurance	
EHR licenses/maintenance	
Uniforms	
Occupancy	
Depreciation	
Other Expense	
Type Other	
Expense Type	
Other Expense	
Type Other	
Total	\$ -

Purchased Medical/Dental Services
Medical/Dental Supplies
Medical/Dental Equipment
Licensing Fees

Contracted clinical services that are not accounted for in any other category
Include any medical/dental supplies for patient care services in the residency
equipment purchasing or maintenance costs of that medical equipment
Include any licensing fees of the actual clinical site or of faculty, providers and staff at that site

Include any malpractice costs above and beyond FTCA coverage, if applicable. Please do not duplicate malpractice insurance expenses provided in ResidAdmin in cell C55
If EHR licenses are a one time fee, just insert maintenance costs here. If licenses are paid annually, include license and maintenance fees
Include the cost of staff uniforms, white coats, scrubs, etc
Include any rent, building maintenance, or utilities costs not explicitly reported elsewhere.
Include equipment or facility depreciation for any items not reported in line 17 "Medical/Dental Equipment" above.
Report the name and amount of any other expenses not listed above.

Name of Program:

--

 THC Program Specialty: Time

--

 Period:

0

Residency Start-Up Expenses

Instructions:

Please complete this worksheet if your residency program accepted its first class of residents in 2010 or later
 Include all costs associated with the start-up phase of your residency program. These are costs expended prior to the start of your residency program. Do not report any costs here that are already reported as expenses in other worksheets in this workbook.
 If benefit payments are reported separately from salary, report in the Benefits row. Otherwise include in the Personnel costs.

Additional Expenses	Total Amount
Personnel	
Program Director	\$ -
Residency Program Coordinator	\$ -
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Sub-total	\$ -
Benefits	
Total	\$ -
Contracts	
Legal	
Consultants	
Grantwriter	
Faculty hours	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Total Contracts	\$ -
Non-Wage	
Accreditation Application Fee	
Faculty Recruitment	
Faculty Development	
IT Costs	
Office Supplies	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Total Non-Wage	\$ -
TOTAL	\$ -
Capital	
Capital Improvements	
Equipment	
Furnishings	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Other Expense Type	
Total Capital	\$ -

Include any additional faculty recruitment costs above prior provider recruitment costs required to start the residency program
 Include any initial faculty development costs prior to the start of the residency program
 Include any initial IT infrastructure costs to support the new residency program. This may include hardware or software costs.

Include only those capital investments made specifically to support the residency program. For example, renovations for residency offices or teaching space.

Committee would be held on December 16–17, 2014. The **ADDRESSES** portion of the document is to read as follows:

ADDRESSES: FDA is opening a docket for public comment on this meeting.

The docket will open for public comment on November 13, 2014. The docket will close on January 15, 2014. Interested persons may submit either electronic comments regarding this meeting to <http://www.regulations.gov> or written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. It is only necessary to send one set of comments. Identify comments with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday, and will be posted to the docket at <http://www.regulations.gov>. All comments received will be posted without changes, including any personal information provided. Comments received on or before December 1, 2014, will be provided to the committee before the meeting.

On page 49091, in the second column, the **Agenda** portion of the document is changed to read as follows:

Agenda: The committee will discuss how risk assessments should account for the susceptibility to the effects of a particular chemical exposure because of factors such as genetics, age, sex, and health status and the circumstances under which FDA would decide to conduct a separate risk assessment for these groups.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to the advisory committees.

Dated: November 7, 2014.

Jill Hartzler Warner,
Associate Commissioner for Special Medical Programs.

[FR Doc. 2014–26823 Filed 11–12–14; 8:45 am]

BILLING CODE 4164–01–P

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 January 12, 2015.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 10C–03, 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: Evaluation and Initial Assessment of the HRSA Teaching Health Centers Graduate Medical Education Program.

OMB No.: 0906–xxxx—New.

Abstract: Section 5508 of the Affordable Care Act of 2010 amended section 340H of the Public Health Service Act to establish the Teaching Health Center Graduate Medical Education (THCGME) program to provide funding support for new and the expansion of existing primary care residency training programs in

community-based settings. The primary goals of this program is to increase the production of primary care providers who are better prepared to practice in community settings, particularly with underserved populations, and improve the geographic distribution of primary care providers.

Statute requires the Secretary to determine an appropriate THCGME program payment for indirect medical expenses (IME) as well as to update, as deemed appropriate, the per

amount used to determine the Program’s payment for direct medical expenses (DME). To inform these determinations and to increase understanding of this model of residency training, the George Washington University (GW) is conducting an evaluation of the costs associated with training residents in the Teaching Health Center (THC) model. GW has developed a standardized costing instrument to gather data from all THCGME programs. The information gathered in the standardized costing instrument includes, but is not limited to, resident and faculty full-time equivalents, salaries and benefits, residency administration costs, educational costs, residency clinical operations and administrative costs, and patient visits and clinical revenue generated by medical residents.

Need and Proposed Use of the Information: HRSA is collecting costing information related to both DME and IME in an effort to establish a THC’s total cost of running a residency program, to assist the Secretary in determining an appropriate update to the per resident amount used to calculate the payment for DME and an appropriate IME payment. The described data collection activities will serve to inform these statutory requirements for the Secretary in a uniform and consistent manner.

Likely Respondents: THCGME grantees.

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 resident

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.

The annual estimate of burden is as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Teaching Health Center Costing Instrument	60	1	60	10	600
Total	60	1	60	10	600

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.

Dated: October 31, 2014.

Jackie Painter,
Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2014–26854 Filed 11–12–14; 8:45 am]

BILLING CODE 4165–15–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

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 December 15, 2014.

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) 443–1984.

SUPPLEMENTARY INFORMATION:
Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report OMB No. 0915–0172—Revision.

Abstract: The Health Resources and Services Administration (HRSA) is revising the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. The Guidance is used annually by the 50 states and nine jurisdictions in applying for Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. In partnership with the leadership in State Title V Maternal and Child Health (MCH) programs as well as with other national MCH leaders and stakeholders, HRSA’s Maternal and Child Health Bureau (MCHB) has been working over the past year to develop and refine a vision for transforming the MCH Block Grant to States program to better meet current and future challenges facing our nation’s mothers and children, including children with special health care needs (CSHCN) and their families. The proposed revisions to the Application and Annual Reporting requirements and to the data forms that are contained in the revised guidance reflect this transformative vision.

Relative to the state’s submission of a yearly Application, Annual Report and 5-year Needs Assessment, the aims of the MCH Block Grant to States program transformation are threefold: (1) Reduce burden to states, (2) maintain state flexibility, and (3) improve accountability. Revisions to this edition are intended to enable the state to tell a more cohesive and comprehensive Title V story and to better reflect on the program’s leadership role and its contributions to the state’s public health system in building improved and expanded systems of care for the MCH population. It is recognized that the full extent of the anticipated burden

reduction will be realized over time as states become more familiar with the

new instructions and reporting requirements. The burden estimates presented in the table below are based on previous burden estimates, consultations with a few states on the proposed changes, and comments received during the 60-day public comment period.

Specific changes to this 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* include the following:

(1) Narrative reporting will be organized by six population health domains (i.e., Women's/Maternal Health; Perinatal/Infant's Health; Child Health; CSHCN; Adolescent Health and Cross-cutting or Life Course); (2) Revised National Performance Measure (NPM) framework will be implemented with states selecting 8 of 15 NPMs for their programmatic focus; (3) state-level program data, such as breakdowns of MCH populations by race/ethnicity, health indicator data, and national performance and outcome measure data will be provided by MCHB, as available, from national data sources, thus, reducing the annual reporting burden for states; (4) Given that most MCH issues are multifactorial, the state will establish evidence based or evidence informed strategies to address each of the selected NPMs and will report on one or more of the Evidence-based or informed Strategy Measures (ESMs) developed for each NPM; (5) Revised instructions and the inclusion of a logic model for the State Title V MCH Block Grant Application/Annual Report process will provide greater emphasis on the need for the state priority needs and national MCH priority areas to drive the state's reporting on the 5-year (and ongoing) Needs Assessment findings, the selection of eight (8) NPMs which target the state-identified priority needs, the development of evidence based or informed strategies and related ESMs for addressing each of the selected NPMs, and the establishment of between three (3) and five (5) State Performance Measures (SPMs) which respond to the state's identified unique needs; (6) State Application/Annual Report will include a 5-year Action Plan for addressing the identified MCH priority areas; (7) An