

Health Resources and Services **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Administration

Bureau of Primary Health Care

Rockville, MD 20857

DATE: August 21, 2023

TO: Daniel Cline, OMB Desk Officer

FROM: Joella Roland, HRSA Information Collection Clearance Officer

Request: The Health Resources and Services Administration (HRSA) Bureau of

Primary Health Care requests that the Operational Site Visit (OSV Fiscal Year 2024) acknowledgement form be added to the 0915-0075 Optimizing Virtual Care (OVC) Grant Program Performance Measures Information

Collection Request (ICR).

Purpose: The OVC program awards grants to health centers to pilot and test new

ideas. The OVC data collection electronically collects data for OVC these

grant recipient activities and performance measures.

The OSV acknowledgement form allows health centers the ability to:

acknowledge receipt of the notice of OSV

• confirm contact information, and

• submit a BPHC Contact Form inquiry with additional questions

they may have (optional, voluntary).

The purpose of this request is to receive OMB approval to add the OSV acknowledgement form to the Optimizing Virtual Care Grant Program Performance Measures ICR. The OSV acknowledgement form will be used to coordinate health center oversight. The OSV acknowledgement

form does not have an existing approved package.

Changes: HRSA is requesting that the OSV acknowledgement form be approved as

an amendment to the Optimizing Virtual Care Grant Program Performance Measures ICR. Approval of this request will allow both these health center

-related activities to be renewed at the same time for ease of

administration.

Instruments: The OSV acknowledgement form is included in the

submission with this non-substantive change memo

Time Sensitivity: HRSA is requesting OMB approval September 5, 2023, to help ensure that

the site visits are not significantly delayed.

Burden: This change does not add a huge burden to this collection, due to the

brevity of the OSV acknowledgement form. Please see HRSA's proposed

burden table below for the OSV acknowledgement form.

Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
OSV Acknowledgement Form	550	1	550	.05	27.5