Request for Approval under the "Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams" (OMB Control Number: 0938-1397)

TITLE OF INFORMATION COLLECTION: Internet Quality Improvement and Evaluation System (IQIES) Idea Portal

PURPOSE OF COLLECTION:
What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will inform?

The purpose of this collection is to help enhance the growth of the IQIES system by allowing IQIES users the ability to submit ideas and/or suggestions in an Idea Portal. In addition to submitting ideas, users will be able to view, vote and subscribe to ideas. Users will also be able to collaborate using comments to discuss and exchange ideas. We will use these ideas and suggestions to appropriately prioritize tickets for product development. Understanding how many users have submitted the same request will help our product teams support prioritization. The submitted ideas will allow the human-centered design and product development teams to gain an understanding of recurring patterns of end-user pain points. The IQIES Idea Portal will allow our teams to gather collective feedback and suggestions allowing for a better representation of user needs and end user impact.

TYPE OF COLLECTION: (Check one)

[ ] Card Sorting
[ ] Field Studies
[ ] Focus Groups
[ ] Survey
[ ] User Interviews
[X] Other: Form

[ ] Cognitive Testing
[ ] First Click Tests
[ ] Participatory Design
[ ] Tree Testing
[ ] Usability Testing

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and doesn't raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Gladys Olomukoro

To assist review, please provide answers to the following question:

PERSONALLY IDENTIFIABLE INFORMATION

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

GIFTS OR PAYMENTS

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No
If Yes, describe:

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
State, local, or tribal governments	1000	0.083	83
Totals	**1000**	0.083	**83**

FEDERAL COST

The estimated annual cost to the Federal government is:

There is no additional cost for this implementation.

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)
   [X] Web-based or other forms of social media
   [ ] Telephone
   [ ] In-person
   [ ] Mail
   [ ] Other, Explain.

2. Will interviewers or facilitators be used? [ ] Yes [X] No

3. Who will you collect the information from?
   Describe the people you will interact with or collecting information from and why the group is appropriate for the program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center representative, a representative sample of administrators who downloaded a report in

May 2021, intercept interviews at a particular field office, a list of customers, e.g., a CRM database that has contact information, to reach out to that defines the universe of potential respondents and have a sampling plan for selecting from this universe). Attach a copy of your sampling plan if applicable.

Information will be collected from core iQIES User Stakeholder groups e.g., (S&C State Agency Staff as well as from Provider/Supplier personnel). This includes health surveyors, LSC surveyors, administrative staff, intake staff, and enforcement staff. Information will also be collected from State Agencies and Providers for Post-Acute Aare Patient Assessment and Reporting purposes. This includes Nurses, Dieticians, Social Workers/Psychologists, Pharmacists, and Physicians/Physician Assistants.

4. How will you ask a respondent to provide this information?
   For example, after an inquiry is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form.

   A respondent will access the iQIES Idea Portal through CCSQ Support Central. Respondents will be able to click on the 'Create an Idea' link to submit an idea. A web form will be presented for users to provide suggestions or ideas on the portal.

5. What will the activity look like?
   Describe the information collection activity – e.g., what happens when a person agrees to participate? Will facilitators or interviewers be used? What is the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details. If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on.

   As previously described, the information collection activity is a voluntary form that iQIES users will use to submit, vote, and exchange ideas for improving the system. Users will be able to check the status of submitted ideas, view ideas that are in the backlog, and view ideas that are planned or in development status. The HCD and Product Development teams will use the Idea Portal output to identify top voted ideas and suggestions to prioritize developmental activities.

6. Please provide your question list.
   Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

   1. Title of Idea
   2. Category of Idea
      - Reporting
      - Patient Assessment
      - Survey & Certification - Providers
      - Survey & Certification - Surveys
      - Survey & Certification - Intakes
      - Survey & Certification - Enforcements
   3. Description of Idea

4. How will this idea improve IQIES?
5. Who/which roles will benefit from implementing this idea?
    a. Health Surveyor
    b. LSC Surveyor
    c. Supervisor
    d. Administrative Staff
    e. Intake Staff
    f. Enforcement Staff
    g. Management
    h. Assessment Submitter
    i. Nurse Coordinator
    j. Member of Interdisciplinary Team (IDT)
    k. QA Nurse
    l. Other (type in)

Please make sure that all instruments, instructions, and scripts are submitted with the request.

7. When will the activity happen?
   Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14, 15; We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10; or This survey will remain on our website in alignment with the timing of the overall clearance.)

   This portal will remain on the CCSQ platform in alignment with the iQIES development process for the foreseeable future.

Instructions for completing Request for Approval under the "Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request (e.g. Comment card for soliciting feedback on xxxx).

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

PERSONALLY IDENTIFIABLE INFORMATION: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period that is necessary to achieve a specific objective.

GIFTS OR PAYMENTS: If you answer yes to the question, please describe the incentive, and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g., fill out a survey or participate in a focus group).
Burden: Provide the Annual burden hours: Multiply the number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

ACTIVITY DETAILS: Complete each section as described.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide a description of how you plan to identify your potential group of respondents and how you will select them.

Submit all instruments, instructions, and scripts are submitted with the request.