

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; Information Collection Request

Title: Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access Program and the Maternal and Child Health Bureau Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program, OMB No. 0906–xxxx–NEW

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

ACTION: Notice.

SUMMARY: In compliance with 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 February 18, 2020.

ADDRESSES: Submit your comments, including the ICR 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Evaluation of Maternal and Child Health Bureau Pediatric Mental Health Care Access Program and the Maternal and Child Health Bureau Screening and

Treatment for Maternal Depression and Related Behavioral Disorders Program OMB No. 0906–xxxx—[NEW].

Abstract: HRSA’s Maternal and Child Health Bureau Pediatric Mental Health Care Access (PMHCA) and Maternal Depression and Related Behavioral Disorders (MDRBD) programs aim to increase identification of behavioral health conditions by screening specified populations (e.g., children, adolescents, young adults, and pregnant and postpartum women, especially those living in rural, isolated, and underserved areas); providing clinical behavioral health consultation; care coordination support (e.g., communication/collaboration, accessing resources, referral services) and training to health care providers; and increasing access to clinical interventions including by telehealth. Provider education and training will support the knowledge and skills acquisition needed to accomplish this goal. PMHCA program is authorized by the Public Health Service Act, § 330M (42 U.S.C. 254c–19), as amended. The MDRBD program is authorized by the Public Health Service Act, § 317L–1 (42 U.S.C. 247b–13a), as amended. In order to evaluate progress made toward the programs’ goals, this data collection will use four instruments: Health Care Provider (HCP) Survey, Practice-Level Survey, Program Implementation Survey, and Program Implementation Semi-Structured Interview.

A 60-day notice was published in the **Federal Register** on October 17, 2019, Vol. 84, No. 201, pp. 55579–80. There were no public comments.

Need and Proposed Use of the Information: This information is needed to evaluate the PMHCA and MDRBD Programs by providing HRSA with the necessary information to guide future policy decisions regarding increasing health care providers capacity to address patient’s behavioral health and access to behavioral health services. Specifically, data collected for the evaluation will be used to study the efforts of awardee programs to achieve key awardee outcomes (e.g., increase in access to behavioral health services; providers trained; available community-based resources, including counselors or family service providers) and to

measure whether and to what extent awardee programs are associated with changes in these key awardee outcomes. The evaluation will also examine changes over time, within a state and/or across the PMCHA and MDRBD programs, with regard to (1) enrolled providers/practices related to screening, referral, and care coordination for behavioral health conditions; (2) provision of behavioral health services for mental health conditions in primary care settings by enrolled health care providers; (3) use of consultative services; and (4) facilitation of access to behavioral health services for mental health conditions.

Likely Respondents: Both HCP and Practice-Level Survey responses will be collected from health care providers and practices that are participating in the PMCHA and MDRBD programs. Likely respondents include:

- HCP Surveys: Physicians, nurse practitioners, physician assistants, nurse midwives (for MDRBD), other health care professionals (e.g., behavioral health providers, case coordinators, nurses, social workers)
- Practice-Level Surveys: Practice managers (e.g., office managers, office leadership, nurse champions)
- Program Implementation Survey and Semi-Structured Interview: PMHCA and MDRBD cooperative agreement-funded Project Directors/Principal Investigators

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 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
Health Care Provider Survey	13,035	3	39,105	0.17	6,648
Practice-Level Survey	4,165	3	12,495	0.25	3,124
Program Implementation Survey	28	3	84	0.50	42

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Program Implementation Semi-Structured Interview	28	1	28	1.00	28
Total	17,256		51,712		9,842

Maria G. Button,
 Director, Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

DATES: *Applicable Date:* January 14, 2020 unless an office administering a program using the guidelines specifies a different effective date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 422F.5, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 795-7309—or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as

USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Health Resources and Services Administration Information Center at 1-800-638-0742. You also may visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by Medicaid and a number of other Federal programs. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2020 notice reflect the 1.8 percent price increase between calendar years 2018 and 2019. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. In rare

circumstances, the rounding and standardizing adjustments in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and the rounding and standardizing adjustments in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for the affected household sizes are fixed at the prior year's guidelines. As in prior years, these 2020 guidelines are roughly equal to the poverty thresholds for calendar year 2019 which the Census Bureau expects to publish in final form in September 2020.

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,760
2	17,240
3	21,720
4	26,200
5	30,680
6	35,160
7	39,640
8	44,120

For families/households with more than 8 persons, add \$4,480 for each additional person.

2020 POVERTY GUIDELINES FOR ALASKA

Persons in family/household	Poverty guideline
1	\$15,950
2	21,550
3	27,150
4	32,750
5	38,350