work of sites established through the Quality Improvement Center for Research-based Infant Toddler Court Teams, including by providing training and technical assistance in support of such court teams' efforts across the country, and (2) support additional outreach sites to start a court team.'' Providing this funding as a supplement to this cooperative agreement recipient, Zero to Three, Inc. is necessary to improve infant-toddler courts.

ITCP provides high-quality services across multiple systems, building on the previously developed Safe Babies Court Team approach, and works to strengthen and align the child welfare, health, and early childhood and community systems to meet the unique and urgent needs of infants, toddlers, and their families who have experienced, or are at risk for, significant maltreatment and/or foster care placement.

The additional funding will continue to advance outcomes associated with the prevention of infant/toddler maltreatment and the need for child placement into foster care; care linkages for involved children and parents with preventative and indicated health care services; expanded reach of infant-toddler court teams; and improved early identification of and response to child and family risk/need, as well as emphasize the continued expansion of cross-sector engagement and alliances at state and local levels. Expected activities include significantly expanding the number of new sites engaged in outreach and start-up activities, supporting states or other regional networks of sites to plan for and develop common infrastructure and resource sharing, increasing the depth of training and technical assistance offered to existing implementation sites, providing increased sub-awards to implementation sites to increase sites' service capacity, and expanding current evaluation work.

Grantee/organization name	Grant No.	State	FY 2019 authorized funding level	FY 2020 proposed funding level
Zero to Three National Center for Infant, Toddler and Families, Inc	U2DMC32394	DC	$2,986,820	$ 9,938,555

Thomas J. Engels,

Administrator.

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BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; 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

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects, 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 ICR must be received no later than August 14, 2020.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 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 Lisa Wright-Solomon, 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: 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: HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report.* This Guidance is used annually by the 50 states and nine jurisdictions (hereafter referred to as ''state'') in applying for Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. The updates being proposed by HRSA's Maternal and Child Health Bureau for this edition of the Guidance continue to honor the federal-state partnership that is supported by the Title V Maternal and Child Health Services Block Grant and reinforce the state's role in developing a 5-year Action Plan that addresses its individual priority needs. These proposed updates build on and further refine the reporting structure and vision that was outlined in the previous edition. As such, they are intended to enable a state to provide an articulate and comprehensive description of its Title V program activities and its leadership efforts in advancing and assuring a public health system that serves the Maternal and Child Health population. HRSA's proposed updates to this edition of the Guidance were informed by comments received from State Title V program leadership, national Maternal and Child Health leaders and other stakeholders.

While retaining the current organizational structure, performance measure framework and focus on family partnership, specific updates 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) Add clarifying language/instructions for completing reporting forms and update the Glossary of terms, references and citations, as needed.

(2) Revise the content of the National Outcome/Performance Measure Detail Sheets to include the 2030 *Healthy People* Objectives and to provide clear links to evidence-based and-informed strategies, federally available/state-reported data and data notes.

(3) Revise the format for Form #10e, which serves as the detail sheet for the state-specific measures (*i.e.,* Evidence-based and -Informed Strategy Measures, State Performance Measures, and State Outcome Measures).

(4) Provide continued emphasis on family partnership and engagement at the systems level and include the

Family Engagement in Systems Assessment Tool and Toolkit as one possible tool for State Title V programs to consider.

(5) Share background information, resources, state examples/metrics and definitions to assist states in their efforts to advance population health strategies for children with special health care needs (CSHCN).

(6) Expand Form 5 to include infants in the state's reporting on the number (5a) and percent (5b) of CSHCN served by Title V, *i.e.,* update the reporting to include infants and children with special health care needs (0–21 years).

(7) Enhance the narrative and performance reporting on State Title V efforts to build or expand program capacity related to Maternal and Child Health data access and cross-program data linkages, Maternal and Child Health workforce development/training, and emergency planning/preparedness.

a. Strengthen the narrative discussion on the State Systems Development Initiative (SSDI) grant and add a reporting form for annually assessing State Title V program capacity to access essential Maternal and Child Health data that supports timely program planning, monitoring, and evaluation.

b. Enhance the annual narrative reporting to include a more robust description of the State Title V workforce capacity (*e.g.,* number/types of Full-Time Equivalents, trends/shifts in Maternal and Child Health workforce, and key external partners) and professional development efforts, while providing resources to assist State Title V programs in their ongoing assessment of Maternal and Child Health workforce and training needs.

c. Expand the annual narrative reporting to include a descriptive analysis of the State Title V program's capacity related to emergency planning and preparedness, with the intended purpose of enabling each state to better assess its capacity for responding to emerging public health threats and disasters that could potentially impact the Maternal and Child Health population.

(8) Expand and enhance the Appendices to include supportive background information, examples, resources and tools.

In consideration of the increasing demands that are being placed on State Title V programs at this time due to the COVID–19 emergency and given that no major changes to the reporting requirements are being proposed, the burden estimates presented in the table below are based on the previous burden estimates for completion of the Title V Maternal and Child Health Services Block Grant Application/Annual Report. These estimates were developed based on prior estimates and consultations with a few States. When the COVID–19 emergency subsides, HRSA can solicit additional information from states to derive more accurate burden estimates.

The addition of clarifying instructions, state examples, expanded background information and supportive resources and tools, where possible, is expected to assist State Title V programs in responding to the reporting requirements. It is anticipated that further reductions in burden will be realized through the proposed revisions to the National Outcome/Performance Measure detail sheets and to Form #10e, which states use to define their state-specific measures. These reductions in burden will be partially offset by the addition of one reporting form (formerly part of the state's annual performance reporting for the SSDI grant), which will enable State Title V programs to annually assess their progress in building/expanding Maternal and Child Health data capacity. This reporting will be coupled with expanded narrative reporting on the state's SSDI grant activities, along with other capacity-building efforts that relate to the Maternal and Child Health workforce and emergency planning and preparedness.

Need and Proposed Use of the Information: Each year, all states are required to submit an Application/Annual Report for Federal funds for their Title V Maternal and Child Health Services Block Grant to States Program to HRSA (Section 505(a) of Title V of the Social Security Act). In addition, the State Maternal and Child Health Services Block Grant programs are required to conduct a state-wide, comprehensive Needs Assessment every 5 years. The information and instructions for the preparation and submission of this Application/Annual Report are contained in the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report.*

Likely Respondents: By legislation (Section 505(a) of Title V of the Social Security Act), the Maternal and Child Health Services Block Grant Application/Annual Report must be developed by, or in consultation with, the State Maternal and Child Health agency.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This estimate 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	Burden per response (in hours)	Total burden hours
Application and Annual Report without Five-Year Needs Assessment Summary	59	1	59	120	7,080
Average Total Annual Burden	59	—	59	—	7,080

States will use the updated 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* to prepare and submit the fiscal year (FY) 2022, FY 2023 and FY 2024 Applications/FY 2020, FY 2021 and FY 2022 Annual Reports, which will not contain the 5-Year Needs Assessment Summary. States will submit the next Five-Year Needs Assessment Summary in 2025, as part of the FY 2026 Application/FY 2024 Annual Report. Instructions for preparing the FY 2025, FY 2026 and FY

2027 Applications/FY 2023, FY 2024 and FY 2025 Annual Reports will be provided in the subsequent edition of the Application/Annual Report Guidance.

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.

Maria G. Button,

Director, Executive Secretariat.

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BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas

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

ACTION: Notice.

SUMMARY: This notice informs the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as primary medical care, mental health, and dental health professional shortage areas (HPSAs) as of May 1, 2020. The lists are available on HRSA's HPSAFind website.

ADDRESSES: Complete lists of HPSAs designated as of May 1, 2020, are available on the website at *https://data.hrsa.gov/topics/health-workforce/shortage-areas.* Frequently updated information on HPSAs is available at *https://data.hrsa.gov/tools/shortage-area.* Information on shortage designations is available at *https://bhw.hrsa.gov/shortage-designation.*

FOR FURTHER INFORMATION CONTACT: For further information on the HPSA designations listed on the website or to request additional designation, withdrawal, or reapplication for designation, please contact Janelle D. McCutchen, DHEd, MPH, CHES, Chief, Shortage Designation Branch, Division of Policy and Shortage Designation, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 11W14, Rockville, Maryland 20857, (301) 443–9156, or *sdb@hrsa.gov.*

SUPPLEMENTARY INFORMATION:

Background

Section 332 of the Public Health Service (PHS) Act, 42 U.S.C. 254e, provides that the Secretary shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. Section 332 further requires that the Secretary of HHS annually publish lists of the designated geographic areas, population groups, and facilities. The lists of HPSAs are to be reviewed at least annually and revised as necessary.

Final regulations (42 CFR part 5) were published in 1980 that include the criteria for designating HPSAs. Criteria were defined for seven health professional types: Primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary care. The criteria for correctional facility HPSAs were revised and published on March 2, 1989 (54 FR 8735). The criteria for psychiatric HPSAs were expanded to mental health HPSAs on January 22, 1992 (57 FR 2473). Currently funded PHS Act programs use only the primary medical care, mental health, or dental HPSA designations.

HPSA designation offers access to potential federal assistance. Public or private nonprofit entities are eligible to apply for assignment of National Health Service Corps (NHSC) personnel to provide primary medical care, mental health, or dental health services in or to these HPSAs. NHSC health professionals enter into service agreements to serve in federally designated HPSAs. Entities with clinical training sites located in HPSAs are eligible to receive priority for certain residency training program grants administered by HRSA's Bureau of Health Workforce. Other federal programs also utilize HPSA designations. For example, under authorities administered by the Centers for Medicare and Medicaid Services, certain qualified providers in geographic area HPSAs are eligible for increased levels of Medicare reimbursement.

Content and Format of Lists

The three lists of designated HPSAs are available on the HRSA Data Warehouse HPSA Find website and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of May 1, 2020. This notice incorporates the most recent annual reviews of designated HPSAs and supersedes the HPSA lists published in the **Federal Register** on June 25, 2019 (**Federal Register**/Vol. 84, No. 122/Monday, June 25, 2019/Notices 29869).

In addition, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603(d), are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHCs) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this listing. Absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. A county that has a whole county geographic or population group HPSA is indicated by the phrase ''County'' following the county name.

Development of the Designation and Withdrawal Lists

Requests for designation or withdrawal of a particular geographic area, population group, or facility as a HPSA are received continuously by HRSA. Under a Cooperative Agreement between HRSA and the 54 state and territorial Primary Care Offices (PCOs), PCOs conduct needs assessments and submit applications to HRSA to designate areas as HPSAs. HRSA refers requests that come from other sources to PCOs for review. In addition, interested parties, including Governors, State Primary Care Associations, and state professional associations, are notified of requests so that they may submit their comments and recommendations.