DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2015–0049]

Notice of Availability of the Draft Environmental Assessment for HHS/CDC Lawrenceville Campus Proposed Improvements 2015–2025, Lawrenceville, Georgia

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of availability and request for comment.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), announces the availability and opportunity for public review and comment of the Draft Environmental Assessment (Draft EA) for the HHS/CDC Lawrenceville Campus Proposed Improvements 2015–2025 on the HHS/CDC Lawrenceville Campus, Lawrenceville, Georgia. The Draft EA has been prepared in accordance with the National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 et seq.), the Council on Environmental Quality (CEQ) implementing regulations (40 CFR 1500–1508) and the HHS General Administration Manual (GAM) Part 30 Environmental Procedures, dated February 25, 2000.

DATES: Written comments must be received on or before September 28, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2015–0049 by any of the following methods:

- Mail: Comments submitted by mail should be sent to Angela Wagner, Portfolio Manager, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–K96, Atlanta, Georgia 30329, Attn: Docket No. CDC–2015–0049.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to http://regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to http://www.regulations.gov.

Hard copies of the Draft EA are available for review at the following locations:

- Gwinnett County Public Library, Lawrenceville Branch, 1001 Lawrenceville Hwy., Lawrenceville, GA 30046, Telephone: (770) 978–5154.
- Gwinnett County Public Library, Five Forks Branch, 2780 Five Forks Trickum Road, Lawrenceville, GA 30044–5865, Telephone: (770) 978–5154.

FOR FURTHER INFORMATION CONTACT: Angela Wagner, Portfolio Manager, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–K96, Atlanta, Georgia 30329, Telephone: (770) 488–8170.

SUPPLEMENTARY INFORMATION: The Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services, has prepared an Environmental Assessment (EA), to assess the potential impacts associated with the undertaking of proposed improvements on the HHS/CDC’s Lawrenceville Campus located at 602 Webb Gin House Road in Lawrenceville, Georgia. The proposed improvements include (1) building demolition; (2) new building construction, including an approximately 12,000 gross square feet (gsf) Science Support Building, a new Transshipping and Receiving Area at approximately 2,500 gsf and two new Office Support Buildings at approximately 8,000 gsf and 6,000 gsf; (3) expansion and relocation of parking on campus; and (4) the creation of an additional point of access to the campus. The proposed improvements would be undertaken between 2015 and 2025 and are contingent on receipt of funding.

Since the original construction of the campus in the early 1960’s, only minor changes to the Lawrenceville Campus have occurred. These changes have primarily focused on repairs or renovations to existing buildings. A collaborative and integrated planning process was undertaken by HHS/CDC staff in order to assess existing conditions on the Lawrenceville Campus and to identify any potential growth or shifts in program space use, based on longterm support of HHS/CDC’s scientific mission and HHS/CDC operational requirements.

The proposed improvements are needed to maintain an appropriate facilities quality level on the Lawrenceville Campus. HHS/CDC has identified the need for new research support, and office support space to replace existing aging structures; expanded research support and office support space; and a new transshipping and receiving area to improve the movement of goods and visitors through the campus. HHS/CDC would also relocate and expand parking to satisfy a current shortfall of parking during special events and to comply with security requirements. A secondary point of access to the campus would be developed in order to provide for an emergency egress and ingress for the campus. Finally, HHS/CDC proposes to improve pedestrian infrastructure to provide a safe, high-quality pedestrian environment within the campus.

The Draft EA evaluates the potential environmental impacts that may result from the Build Alternative and the No Build Alternative on the natural and built environment. Potential impacts of each alternative are evaluated on the following resource categories: Socioeconomics; land use; zoning; public policy; community facilities; transportation; air quality; noise; cultural resources; urban design and visual resources; natural resources; utilities; waste; and greenhouse gases and sustainability.


Pamela J. Cox,
Director, Division of the Executive Secretariat, Office of the Chief of Staff, Centers for Disease Control and Prevention.

[FR Doc. 2015–19861 Filed 8–13–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of Requirements and Registration for Million Hearts® Hypertension Control Challenge

Authority: 15 U.S.C. 3719

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

Award Approving Official: Thomas R. Frieden, MD, MPH, Director, Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry.

ACTION: Notice.
Subject of Challenge Competition

Entrants to the Million Hearts Hypertension Control Challenge will be asked to provide two hypertension control rates for the practice’s or health system’s hypertensive population: a current rate for a 12-month period and a previous rate for a 12-month period a year or more before. Entrants will also be asked to provide the prevalence of hypertension in their population, and describe some population characteristics and the sustainable systems used by the practice or health system that support continued improvements in blood pressure control.

Eligibility Rules for Participating in the Competition

To be eligible to be recognized as a Hypertension Champion under this challenge, an individual or entity —

(1) Shall have completed the nomination form in its entirety to participate in the competition under the rules developed by HHS/CDC;
(2) Shall have complied with all the requirements in this section and;
   a. Be a U.S. licensed clinician, practicing in any U.S. setting, who provides continuing care for adult patients with hypertension. The individual must be a citizen or permanent resident of the U.S.
   b. Or be a U.S. incorporated clinical practice, defined as any practice with two or more U.S. licensed clinicians who by formal arrangement share responsibility for a common panel of patients, practice at the same physical location or street address, and provide continuing medical care for adult patients with hypertension;
   c. Or be a health system, incorporated in and maintaining a primary place of business in the U.S. that provides continuing medical care for adult patients with hypertension. We encourage large health systems (those that are comprised of a large number of geographically dispersed clinics and/or have multiple hospital locations) to consider having one or a few of the highest performing clinics or regional affiliates apply individually instead of the health system applying as a whole;
   (3) Must treat all adult patients with hypertension in the practice seeking care, not a selected subgroup of patients;
(4) Must have a data management system (electronic or paper) that allows HHS/CDC or their contractor to check data submitted;
(5) Must treat a minimum of 500 adult patients annually and have a hypertension control rate of at least 70%;
(6) May not be a Federal entity or Federal employee acting within the scope of their employment;
(7) Shall not be an HHS employee working on their applications or submissions during assigned duty hours;
(8) Shall not be an employee or contractor at CDC;
(9) Must agree to participate in a data validation process to be conducted by a reputable independent contractor. Data will be kept confidential by the contractor and will be shared with the CDC to the extent applicable law allows, in aggregate form only (i.e., the hypertension control rate for the practice not individual hypertension values);
(10) Must have a written policy in place that conducts periodic background checks on all providers and takes appropriate action accordingly, if individual or entity is a health system.
In addition, a health system background check will be conducted by CDC or a CDC contractor that includes a search for The Joint Commission sanctions and current investigations for serious institutional misconduct (e.g., attorney general investigation). CDC’s contractor may also request the policy and any supporting information deemed necessary.
(11) Must agree to be recognized if selected and agree to participate in an interview to develop a success story that describes the systems and processes that support hypertension control among patients. Champions will be recognized on the Million Hearts® Web site. Strategies used by Champions that support hypertension control may be written into a success story, placed on the Million Hearts® Web site, and attributed to Champions.

Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award and specifically requested to do so due to competition design. Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge. Individual nominees and individuals in a group practice must be free from convictions or pending investigations of criminal and health care fraud offenses such as felony health care fraud, patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, or dispensing of controlled substances as verified through the Office of the
Patients who were seen during the past
patient population characteristics.
e.g.,
the nominees on the nomination form
participating. Information required of
www.
on this
Registration Process for Participants
required to hold liability insurance
from or related to challenge activities.
third party claims for damages arising
including claims for injury; death;
damage; or loss of property, money, or
profits, and including those risks caused
by negligence or other causes.
By participating in this challenge, individuals or organizations agree to
waive claims against the Federal Government and its related entities,
except in the case of willful misconduct, when participating in the challenge,
including claims for injury; death; damage; or loss of property, money, or
profits, and including those risks caused by negligence or other causes.
By participating in this challenge, individuals or organizations agree to
protect the Federal Government against third party claims for damages arising
from or related to challenge activities.
Individuals or organizations are not required to hold liability insurance
related to participation in this challenge.
No cash prize will be awarded.
Registration Process for Participants
To participate, interested parties should go to
www.millionhearts.hhs.gov. On this
site, nominees will find the entry form
and the rules and guidelines for participating. Information required of
the nominees on the nomination form includes:
• The size of the nominee’s adult patient population, a summary of
known patient demographics (e.g., age distribution), and any noteworthy
patient population characteristics.
• The number of the nominee’s adult patients who were seen during the past
year and had a hypertension diagnosis (i.e., hypertension prevalence).
• The nominee’s current hypertension control rate for their hypertensive population. In addition, the hypertension control rate during the
previous year is required. In
determining the hypertension control rate, CDC defines “hypertension
c control” as a blood pressure reading <140 mmHg systolic and <90 mmHg
diastolic among patients with a
diagnosis of hypertension.
The hypertension control rate should
be for the provider’s or health system’s
entire adult hypertensive patient
population, not limited to a sample.
Examples of ineligible data submissions
include hypertension control rates that
are limited to treatment cohorts from
research studies or pilot studies,
patients limited to a specific age range
(such as 18–35), or patients enrolled in
limited scale quality improvement
projects.
• Sustainable clinic systems or
processes that support hypertension control. These may include provider or
patient incentives, dashboards, staffing characteristics, electronic record
keeping systems, reminder or alert
systems, clinician reporting, service
modifications, etc.
The estimated burden for completing
the nomination form is 30 minutes.
Recognition
Up to a total of 35 of the highest
scoring clinical practices or health
systems will be recognized as Million
Hearts® Hypertension Control
Champions.
Basis Upon Which Winner Will Be
Selected
The nomination will be scored based
on hypertension control rate (95% of
score); and sustainable systems in the
practice that support hypertension
control (5% of score).
Nominees with the highest score will
be required to participate in a two-phase
process to verify their data. Nominees
who are non-compliant or non-
responsive with the data requests or
timelines will be removed from further
consideration. Phase 1 includes
verification of the hypertension
prevalence and blood pressure control
rate data submitted and a background
check. For nominees whose Phase 1
data is verified as accurate, phase 2
consists of a medical chart review.
A CDC-sponsored panel of three to
five experts consisting of HHS/CDC staff
will review the nominations that pass
phase 1 to select Champions. Final
selection of Champions will take into
account all the information from the
nomination form, the background check,
and data verification. In the event of tie
scores at any point in the selection
process, geographic location may be
taken into account to ensure a broad
distribution of champions across rural
or more populated areas.

Some Champions will participate in a
post-challenge telephone interview. The
interview will include questions about
the strategies employed by the
individual or organization to achieve
high rates of hypertension control,
including barriers and facilitators for
those strategies. The interview will
focus on systems and processes and
should not require preparation time by
the Champion. The estimated time for
the interview is two hours, which
includes time to review the interview
protocol with the interviewer, respond
to the interview questions, and review
a summary data about the Champion’s
practices. The summary will be written
as a success story and will be posted on
the Million Hearts® Web site.

Additional Information
Information received from nominees
will be stored in a password protected
file on a secure server. The challenge
Web site may post the number of
nominations received but will not
include information about individual
nominees. The database of information
submitted by nominees will not be
posted on the Web site. Information
collected from nominees will include
general details, such as the business
name, address, and contact information
of the nominee. This type of information
is generally publicly available. The
nomination will collect and store only
aggregate clinical data through the
nomination process; no individual
identifiable patient data will be
collected or stored. Confidential or
proprietary data, clearly marked as such,
will be secured to the full extent
allowable by law.

Information for selected Champions,
such as the provider, practice, or health
system’s name, location, hypertension
control rate, and clinic practices that
support hypertension control will be
shared through press releases, the
challenge Web site, and Million Hearts®
and HHS/CDC resources.

Summary data on the types of systems
and processes that all nominees use to
control hypertension may be shared in
documents or other communication
products that describe generally used
practices for successful hypertension
control. HHS/CDC will use the summary
data only as described.
Compliance With Rules and Contacting Contest Winners

Finalists and Champions must comply with all terms and conditions of these official rules, and winning is contingent upon fulfilling all requirements herein. The initial finalists will be notified by email, telephone, or mail after the date of the judging.

Privacy

Personal information provided by entrants on the nomination form through the challenge Web site will be used to contact selected finalists. Information is not collected for commercial marketing. Winners are permitted to cite that they won this challenge.

The names, cities, and states of selected Champions will be made available in promotional materials and at recognition events.

General Conditions

The HHS/CDC reserves the right to cancel, suspend, and/or modify the challenge, or any part of it, for any reason, at HHS/CDC’s sole discretion.

Authority: 15 U.S.C. 3719

Pamela J. Cox,
Director, Division of the Executive Secretariat,
Office of the Chief of Staff, Centers for Disease Control and Prevention.

[FR Doc. 2015–20073 Filed 8–13–15; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: State Court Improvement Program.
OMB No.: 0970–0307.
Description: The Court Improvement Program (CIP) is a mandatory formula grant funded under section 438 of the Social Security Act, and most recently reauthorized under the Child and Family Services Improvement and Innovation Act of 2012 (Pub. L. 112–34). The purpose of the CIP is to facilitate the handling of child welfare cases in the courts. All 50 states, Puerto Rico, and the District of Columbia receive grants under the program. The program requires two submissions annually from grantees that constitute information collections under the Paperwork Reduction Act.

The purpose of this notice is to request an extension of the Office of Management and Budget Control Number 0907–0307 permitting continued use of the information collections requires by ACF–CB–PI–12–02. The burden estimates are provided below. The Administration on Children, Youth, and Families anticipates issuing a new Program Instruction following reauthorization of the program in federal fiscal year 2017.

Respondents: State Courts.

ANNUAL BURDEN ESTIMATES

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Reports</td>
<td>52</td>
<td>1</td>
<td>92</td>
<td>4,784</td>
</tr>
</tbody>
</table>

Estimated Total Annual Burden Hours: 9,256.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade SW., Washington, DC 20447; Attn: ACF Reports Clearance Officer. Email address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,
Reports Clearance Officer.

[FR Doc. 2015–20073 Filed 8–13–15; 8:45 am]
BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Projects


OMB No.: 0970–0370.
Description: The federal Office of Child Support Enforcement (OCSE), Division of Federal Systems maintains the Child Support Portal, which contains a variety of child support applications to help enforce state child support cases. To securely access child support applications, authorized users must register to use the Child Support Portal. Information collected from the registration form is used to authenticate and authorize the users.

The OCSE Child Support Portal Registration information collection activities are authorized by 42 U.S.C. 653(m)(2), which requires the Secretary to establish and implement safeguards to restrict access to confidential information in the Federal Parent Locator Service to authorized persons and to restrict use of such information to authorized purposes.