impact the ability of state and territory agencies and a national hotline to share information with each other?

National Consumer Education and Referral Web site

- The CCDBG Act of 2014 and proposed rules list the types of information that must be made available for parents and providers on a state, territory, and national Web site. What will parents and providers need to make this information useful when searching for high-quality early childhood services? In particular, what Web site design features will deliver information that is accurate and easy to find and understand, so that parents can easily find high-quality services that meet their needs? Are there any priorities?
- Providers may use the national Web site as a way to increase visibility of their programs and services. What kinds of information should providers be able to include that would help both themselves and parents?
- A primary tenant of the national Web site will be to link to Web sites, services, and data that state and territory lead agencies make available. To remove any overlap of services, what national Web site design options will support these efforts?
- When it comes to data availability, what national Web site supports will help existing state and local systems to participate in the national Web site? For example: would state and local systems benefit from guidance on how to develop effective web services, data governance, application programming interfaces (API), or creating standards for collection of data?
- With a focus on provider quality information and availability of data, what information or technical assistance will state and territories need to make this information available online?
- What technologies and strategies can be used to overcome barriers, challenges, and concerns regarding potential design models of a national Web site?

Dated: March 2, 2016.

Linda K. Smith,

Deputy Assistant Secretary for Early Childhood Development, Administration for Children and Families, U.S. Department of Health and Human Services.

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BILLING CODE 4184–43–P

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

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (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.

DATES: Comments on this ICR should be received no later than April 7, 2016.

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

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Telehealth Resource Center Performance Measurement Tool. OMB No. 0915–0361—Revision

Abstract: To ensure the best use of public funds and to meet the Government Performance Review Act requirements, the Federal Office of Rural Health's Office for the Advancement of Telehealth (OAT) in collaboration with the Telehealth Resource Centers (TRCs) created a set of performance measures that grantees can use to evaluate the technical assistance services provided by the TRCs. Grantee goals are to customize the provision of telehealth technical assistance across the country. The TRCs provide technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.

Need and Proposed Use of the Information: The revised measures will be used to evaluate the effectiveness of the technical assistance. The tool will also be used to address GPRA requirements and to report to Congress the value added from the TRC Grant Program; justification for budget request; measure performance relative to the mission of OAT/HRSA, as well as individual goals and objectives of the program; identify topics of interest for future special studies; identify changes in healthcare needs within rural communities, allowing programs to shift focus in order to meet those needs; and collect uniform consistent data and provide guidance to grantees.

Likely Respondents: The likely respondents will be telehealth associations, telehealth providers, rural health providers, clinicians that deliver services via telehealth, technical assistance providers, research organizations, and academic medical centers.

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
Telehealth Resource Center Performance Data Collection	14	42	588	0.07	41.16
Total	14	42	588	0.07	41.16

Jackie Painter,

Director, Division of the Executive Secretariat.

[FR Doc. 2016–05070 Filed 3–7–16; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

''Low Income Levels'' Used for Various Health Professions and Nursing Programs Authorized in Titles III, VII, and VIII of the Public Health Service Act

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is updating income levels used to identify a ''low income family'' for the purpose of determining eligibility for programs that provide health professions and nursing training to individuals from disadvantaged backgrounds. These various programs are authorized in Titles III, VII, and VIII of the Public Health Service Act.

The Department periodically publishes in the **Federal Register** low-income levels to be used by institutions receiving grants and cooperative agreements in order to determine eligibility for programs providing training for (1) disadvantaged individuals, (2) individuals from disadvantaged backgrounds, or (3) individuals from low-income families.

SUPPLEMENTARY INFORMATION: Many health professions and nursing grant and cooperative agreement awardees use the low-income levels to determine whether potential program participants are from an economically disadvantaged background and would be eligible to participate in the program, as well as to determine the amount of funding the individual receives. Federal agencies generally make awards to: Accredited schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, podiatric medicine, nursing, and chiropractic; public or private nonprofit schools which offer graduate programs in behavioral health and mental health practice; and other public or private nonprofit health or education entities to assist the disadvantaged to enter and graduate from health professions and nursing schools. Some programs provide for the repayment of health professions or nursing education loans for disadvantaged students.

The Secretary defines a ''low-income family/household'' for programs included in Titles III, VII, and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together. On June 26, 2013, in *U.S.* v. *Windsor,* 133 S. Ct. 2675 (2013), the Supreme Court held that section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex spouses and same-sex marriages, was unconstitutional. In light of this decision, please note that in determining eligibility for these programs, same-sex marriages and same-sex spouses will be recognized on equal terms with opposite-sex marriages and opposite-sex spouses, regardless of where the couple resides. This approach is consistent with a post-Windsor policy of treating same-sex marriages on the same terms as opposite sex marriages to the greatest extent reasonably possible. Thus, a ''family or household'' includes same-sex spouses that are legally married in a jurisdiction that recognizes same-sex marriage regardless of whether the same-sex spouses live in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage as well as the family members that result from such same-sex marriage.

Most HRSA programs use the income of a student's parents to compute low income status. However, a ''household'' may potentially be only one person. Other HRSA programs, depending upon the legislative intent of the program, the programmatic purpose related to income level, as well as the age and circumstances of the participant, will apply these low income standards to the individual student to determine eligibility, as long as he or she is not listed as a dependent on the tax form of his or her parent(s). Each program announces the rationale and choice of methodology for determining low income levels in program guidance.

The Secretary annually adjusts the low-income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs. The Department's poverty guidelines are based on poverty thresholds published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index. The income figures below have been updated to reflect the Department's 2016 poverty guidelines as published in 81 FR 15 (January 25, 2016).

LOW INCOME LEVELS BASED ON THE 2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household *	Income level **
1	$23,760
2	32,040
3	40,320
4	48,600
5	56,880
6	65,160
7	73,460
8	81,780

For families with more than 8 persons, add $8,320 for each additional person. * Includes only dependents listed on federal income tax forms. ** Adjusted gross income for calendar year 2015.

LOW INCOME LEVELS BASED ON THE 2016 POVERTY GUIDELINES FOR ALASKA

Persons in family/household *	Income level **
1	$29,680
2	40,040
3	50,400
4	60,760
5	71,120
6	81,480