

database of the most basic case and participant information.

When a state sends the FCR information about persons in a new case or child support order, this new information is automatically compared to existing person information in the FCR. If matches are found, the FPLS notifies all appropriate state child support enforcement agencies of the record match. In this way, a state will know if another state has a case or

support order with participants in common with them, and can take appropriate action. The data in the FCR is also compared to the employment data in the National Directory of New Hires (NDNH).

The information collection activities pertaining to the FCR are authorized by:

(1) 42 U.S.C. 653(h), requiring the establishment of the Federal Case Registry (FCR) within the Federal Parent Locator Service (FPLS).

(2) 42 U.S.C. 654A(e), requiring State child support agencies to include a State Case Registry (SCR) in the state's automated system.

(3) 42 U.S.C. 654A(f)(1), requiring states to conduct information comparison activities between the SCR and the FCR.

Respondents: State Child Support Agencies and Courts

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Collection of non-IV-D data for SCR: Courts	824	1544	0.0205	26,081
Collection of Child Data for IV-D cases for SCR: Courts	3,144	144	0.0205	9,281
States: Transmission to the FCR	54	18,848	0.033	33,926

Estimated Total Annual Burden Hours: 69,289

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chap 35), 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, 330 C Street SW., Washington, DC 20201. 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. 2017-07317 Filed 4-11-17; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Announcement for the Technical Advisory Panel on Medicare Trustee Reports

ACTION: Notice of public meeting.

SUMMARY: This notice announces the meeting dates for the Technical Advisory Panel on Medicare Trustee Reports on Tuesday, May 2, 2017 and Wednesday May 3, 2017 in Washington, DC

DATES: The meeting will be held on Tuesday, May 2, 2017 from 9:15 a.m. to 5:00 p.m. Eastern Time and Wednesday May 3, 2017 from 9:00 a.m. to 3:30 p.m. Eastern Time. The meetings are open to the public.

ADDRESSES: The meeting will be held at Hubert Humphrey Building 200 Independence Ave. SW., Washington, DC 20201 Room 738G.3.

FOR FURTHER INFORMATION CONTACT: Dr. Donald Oellerich, Designated Federal Officer, at the Office of Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, don.oellerich@hhs.gov or (202) 690-8410.

SUPPLEMENTARY INFORMATION:

I. Purpose: The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Secretary on how the Medicare Trustees might more accurately estimate health spending in the short and long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions

and methods by which Trustees might more accurately measure health spending. This Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Committee is composed of nine members appointed by the Assistant Secretary for Planning and Evaluation.

II. Agenda: The Panel will likely discuss draft findings and recommendations for inclusion in the panel's final report. Discussions will likely include findings and recommendations regarding long range growth, sustainability of provider payments under Affordable Care Act (ACA) and Medicare Access and Chip Reauthorization Act (MACRA), methods for transitioning from short term (10 year) to long term (75 year) projections and methods and the presentation of uncertainty in the report. After any presentations, the Panel will deliberate openly on the topics. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open public session for any attendee to address issues specific to the topic.

III. Meeting Attendance: The Tuesday, May 2, 2017 and Wednesday, May 3, 2017 meetings are open to the public; however, in-person attendance is limited to space available.

IV. Meeting Registration: The public may attend the meeting in-person. Space is limited and registration is required in order to attend in-person. Registration may be completed by emailing all the following information to Donald Oellerich at don.oellerich@hhs.gov or calling 202-690-8410:

Name.
 Company name.
 Postal address.
 Email address.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Dr. Oellerich, no later than April 25, 2017 by sending an email message to don.oellerich@hhs.gov or calling 202–690–8410.

A confirmation email will be sent to the registrants shortly after completing the registration process.

V. Special Accommodations: Individuals requiring special accommodations must include the request for these services during registration.

VI. Copies of the Charter: The Secretary’s Charter for the Technical Advisory Panel on Medicare Trustee Reports is available upon request from Dr. Donald Oellerich at don.oellerich@hhs.gov or by calling 202–690–8410.

Dated: March 31, 2017.

John R. Graham,

Acting Assistant Secretary for Planning and Evaluation.

[FR Doc. 2017–07411 Filed 4–11–17; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the

Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed project or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited 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) ways to enhance 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.

Proposed Project—Division of State Programs—Management Reporting Tool (DSP–MRT) (OMB No. 0930–0354)—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA)’s Center for Substance Abuse Prevention (CSAP) aims to address two of SAMHSA’s top substance abuse prevention priorities: Underage drinking (UAD; age 12 to 20) and prescription drug misuse and abuse (PDM; age 12 to 25) through the Division of State Program—Monitoring and Reporting Tool. This data collection will allow all DSP programs to report into a standard tool that aligns with the Strategic Prevention Framework model. This request for data collection includes a revision from a previously approved OMB instrument formally known as Partnerships for Success-Management and Reporting Tool.

Monitoring data on SPF model will allow SAMHSA project officers to systematically collect data to monitor their grant program performance and outcomes along with grantee technical assistance needs. In addition to assessing activities related to the SPF steps, the performance monitoring instruments covered in this statement collect data to assess the following grantee required specific performance measures:

- Number of training and technical assistance activities per funded community provided by the grantee to support communities;
- Reach of training and technical assistance activities (numbers served) provided by the grantee;
- Percentage of subrecipient communities that submit data to the grantee data system;
- Number of sub-recipient communities that improved on one or more targeted NOMs indicators (Outcome);
- Number of grantees who integrate Prescription Drug Monitoring Data into their program needs assessment.

Changes to this package include the following:

- Standard language for all DSP–MRT questions;
- New disparities module to align with SAMHSA’s monitoring requirements;
- Updated technical assistance section;
- Deletion of cost questions specific to funding amounts and in-kind resources;
- Deletion of advisory council and other workgroup sub-committee questions;
- Addition of Section A specific to SPF-Rx questions;
- Addition of Section B specific to PDO questions;

ANNUALIZED DATA COLLECTION BURDEN

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Standard DSP Monitoring Tool	117	4	468	3	1404
Section A: Rx	25	2	63	1	42
Section B: PDO	23	4	100	1	100
FY2020 Total	117	631	1,546

Send comments to Summer King, SAMHSA Reports Clearance Officer at: summer.king@samhsa.hhs.gov. Written

comments should be received by June 12, 2017.

Summer King,
Statistician.

[FR Doc. 2017–07334 Filed 4–11–17; 8:45 am]

BILLING CODE 4162–20–P