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This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-10371 Cooperative Agreements To Support Establishment of State-Operated Health Insurance Exchanges

CMS-10507 State-Based Marketplace Annual Reporting Tool (SMART)

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. Type of Information Collection
Request: Revision of an existing information collection requirement; *Title of Information Collection:* Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges; *Use:* All States (including the 50 States, consortia of States, and the District of Columbia herein referred to as States) had the opportunity under Section 1311(b) of the Affordable Care Act to apply for three types of grants: (1) Planning grants; (2) Early Innovator grants for early development of information technology; and (3) Establishment grants to develop, implement and start-up Marketplaces. As of January 1st, 2017, the Secretary has disbursed over \$5.4 billion under this grant program and, as of that date, there were 19 active establishment grants awarded to 12 states. As the State-Based Marketplaces (SBM) and Small Business Health Options Program (SHOP) have matured and moved from the developmental phases to full-operation, the reporting requirements for the states have been modified and streamlined to insure only information

necessary to provide effective oversight of their operations by CMS is collected.

Given the innovative nature of Exchanges and the statutorily-prescribed relationship between the Secretary and States in their development and operation, it is critical that the Secretary work closely with States to provide necessary guidance and technical assistance to ensure that States can meet the prescribed timelines, federal requirements, and goals of the statute and the grants awarded to them. *Form Number:* CMS-10371 (OMB Control Number: 0938-1119); *Frequency:* Once; *Affected Public:* State Government agencies, non-profit entities; *Number of Respondents:* 17; *Number of Responses:* 37; *Total Annual Hours:* 12,328. (For policy questions regarding this collection, contact Nickom Sukachevin at (301) 492-4400.)

2. Type of Information Collection
Request: Extension of a currently approved information collection; *Title of Information Collection:* State-based Marketplace Annual Reporting Tool (SMART); *Use:* The annual report is the primary vehicle to insure comprehensive compliance with all reporting requirements contained in the Affordable Care Act (ACA). It is specifically called for in Section 1313(a)(1) of the Act which requires an SBM to keep an accurate accounting of all activities, receipts, and expenditures, and to submit a report annually to the Secretary concerning such accounting. CMS will use the information collected from States to assist in determining if a State is maintaining a compliant operational Exchange. *Form Number:* CMS-10507 (OMB Control Number: 0938-1244); *Frequency:* Annually; *Affected Public:* State, Local, or Tribal governments; *Number of Respondents:* 17; *Number of Responses:* 17; *Total Annual Hours:* 1,173. (For policy questions regarding this collection, contact Christy Woods at 301-492-4453.)

Dated: May 16, 2017.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2017-10227 Filed 5-18-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Tribal Maternal, Infant, and Early Childhood Home Visiting Program Performance Reporting Form 2

OMB No.: New Collection

Description: Social Security Act, Title V, Section 511 (42 U.S.C. 711), as amended by the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (Public Law (Pub. L.) 114-10) created the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) and authorized the Secretary of HHS (in Section 511(h)(2)(A)) to award grants to Indian tribes (or a consortium of Indian tribes), tribal organizations, or urban Indian organizations to conduct an early childhood home visiting program, through 3 percent of the total MIECHV program appropriation (authorized in Section 511(j)) for grants to tribal entities. The implementation of the program is a collaborative endeavor between Health Resources Services Administration (HRSA) and the Administration for Children and Families (ACF). HRSA administers the State MIECHV program while ACF administers the Tribal MIECHV program. The goal of the Tribal MIECHV program is to support the development of happy, healthy, and successful American Indian and Alaska Native (AIAN) children and families through a coordinated home visiting system. Tribal MIECHV grants, to the greatest extent practicable, are to be consistent with the requirements of the MIECHV grants to states and jurisdictions (authorized in Section 511(c)), and include conducting a needs assessment and establishing quantifiable, measurable benchmarks. Specifically, the MIECHV legislation requires State and Tribal MIECHV grantees to collect data to measure improvements for eligible families in six specified areas (referred to as “benchmark areas”) that encompass the major goals for the program and are listed below:

1. Improved maternal and newborn health
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction in emergency department visits
3. Improvement in school readiness and achievement

4. Reduction in crime or domestic violence
5. Improvement in family economic self-sufficiency
6. Improvement in the coordination and referrals for other community resources and supports

As part of their implementation plans, Tribal MIECHV grantees are required to propose a plan for meeting the benchmark requirements specified in the legislation and must report data annually to HHS, with improvement assessed at the end of Year 4 and Year 5 of their 5-year grants, (*i.e.* after 3 years of implementation and at the end of their 5-year grant).

The Tribal HV Form 2 will be used by Tribal MIECHV grantees to begin

collecting performance data in October 2017 (pending approval of their benchmark plans) and then reporting performance data starting in October 2018, pending OMB approval. The Tribal HV Form 2 is new to the MIECHV Program information system and is remotely similar to the currently-approved Tribal HV Form 3 (OMB #0915-0357). The creation of Tribal HV Form 2 is due to the added level of specificity and revised performance reporting requirements for grantees to report benchmarks data.

Specifically, ACF will use the proposed Tribal HV Form 2 to:

- Track and improve the quality of benchmark measure data submitted by the Tribal MIECHV grantees;

- Improve program monitoring and oversight; and
- Ensure adequate and timely reporting of program data to relevant federal agencies and stakeholders including the Congress, and members of the public.

Tribal HV Form 2 will provide a template for Tribal MIECHV grantees to report data on their progress under the six benchmark areas. Overall, this information collection will provide valuable information to HHS that will guide understanding of Tribal MIECHV grantees and the provision of technical assistance.

Respondents: Tribal Maternal, Infant, and Early Childhood Home Visiting Program Grantees

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Tribal Maternal, Infant, and Early Childhood Home Visiting Performance Reporting Form	20	1	500	10,000

Estimated Total Annual Burden Hours: 10,000.

ADDITIONAL INFORMATION: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: OPREinfocollection@acf.hhs.gov.

OMB COMMENT: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork

Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Mary Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Head Start Program Information Report.

OMB No.: 0970-0427.

Description: The Office of Head Start within the Administration for Children

and Families, United States Department of Health and Human Services, is proposing to renew, without changes, authority to collect information using the Head Start Program Information Report, monthly enrollments, contacts, locations, and reportable conditions. All information is collected electronically through the Head Start Enterprise System (HSES). The PIR provides information about Head Start and Early Head Start services received by the children and families enrolled in Head Start programs. The information collected in the PIR is used to inform the public about these programs, to make periodic reports to Congress about the status of children in Head Start programs as required by the Head Start Act, and to assist the administration and training/technical assistance of Head Start programs.

Respondents: Head Start and Early Head Start program grant recipients.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Head Start Program Information Report	3,267	1	4	13,068
Grantee Monthly Enrollment Reporting	2,049	12	0.05	1,229
Contacts, Locations & Reportable Conditions	3,267	1	0.25	817