

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average Burden per response (in hours)
	Sexual Health Services Measures	2	2	30/60
	Safe and Supportive Environments Measures.	2	2	30/60

Leroy A. Richardson,
*Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.*

[FR Doc. 2017–22773 Filed 10–19–17; 8:45 am]

BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[30Day–17–17ADS]

**Agency Forms Undergoing Paperwork
 Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled National Notifiable Diseases Surveillance System to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on April 27, 2017 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used;
 (c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW., Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Awardee Lead Profile Assessment (ALPA)—NEW—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is requesting a three-year OMB approval for a new information collection request (ICR) titled “Awardee Lead Profile Assessment (ALPA).” The goal of this information collection project is to obtain program management information from participating state and local governments that are awardees under the CDC Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) FY17 Funding Opportunity Announcement (FOA No. CDC–RFA–EH17–1701PPHF17). CDC will use this

annual information collection to: (1) Identify common characteristics of funded childhood lead poisoning prevention programs; and (2) inform guidance and resource development in support of the ultimate program goal, which is blood lead elimination in children.

The public dissemination of these ALPA results will ensure that both funded and non-funded jurisdictions are able to: (1) Identify policies and other factors that support or hinder childhood lead poisoning prevention efforts; (2) understand what strategies are being used by funded public health agencies to implement childhood lead poisoning prevention activities; and (3) use this knowledge to develop and apply similar strategies to support the national agenda to eliminate childhood lead poisoning.

CDC will collect this program management information annually from 48 awardees, using two data collection modes. We anticipate that the majority, 40 respondents, will choose the web survey due to the ease of use, and that 8 respondents will choose the Word format mode.

We estimate the time burden to be the same, 7 minutes per response, regardless of data collection mode (web survey or Word format). This estimate is based on a 2015 survey among 35 former awardees titled “Baseline Profile of State and Local Healthy Homes and Lead Poisoning Prevention Programs (PROF–LEAD),” approved under the generic clearance for “Information Collections to Advance State, Tribal, Local, and Territorial (STLT) Governmental Health” (OMB Control No. 0920–0879; expiration date 03/31/2018). Based on the success of the PROF–LEAD survey, the ALPA questionnaire, with a few revisions, is now proposed as an annual reporting requirement for awardees under the FY17 FOA.

There is no cost to the respondents other than their time. The total annual time burden requested is 6 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
State And Local Governments (or their bona fide fiscal agents).	Awardee Lead Profile Assessment (ALPA) Questionnaire—web survey.	40	1	7/60
	ALPA Questionnaire—Word format	8	1	7/60

Leroy A. Richardson,
*Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.*

[FR Doc. 2017-22772 Filed 10-19-17; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Medicare & Medicaid
 Services**

**Analyses, Research and Studies To
 Address the Impact of CMS Programs
 on American Indian/Alaska Native (AI/
 AN) Beneficiaries and the Health Care
 System Serving These Beneficiaries**

AGENCY: Centers for Medicare &
 Medicaid Services (CMS), HHS.

ACTION: Notice of single source award.

SUMMARY: This notice supports expansion of research on the impact of CMS programs on the Indian health care system through a single source award. The Indian Health Service (IHS), Tribes and Tribal Organizations and Urban programs, deliver health care services to American Indian/Alaska Native (AI/AN) people through a network of hospitals, clinics and other providers. This award expands research on the impact of CMS programs and the delivery of health care to AI/AN beneficiaries.

FOR FURTHER INFORMATION CONTACT:
 Georgeline Sparks, Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services/IEAG/
 Division of Tribal Affairs, 7500 Security Boulevard, M/S S1-05-06, Baltimore, MD 21244-1850, (410) 786-4608.

Intended Recipient: National Indian Health Board (NIHB).

Purpose of Award: The IHS and Tribal health programs have had long standing authority to bill Medicare and Medicaid for services provided at their facilities. These participating and billing authorities were expanded by the American Recovery and Reinvestment Act of 2009 (ARRA), the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), and the Affordable Care Act in 2010

(ACA). AI/AN people have traditionally been medically underserved and have health disparities significantly above those of the population as a whole. In order to ensure that AI/AN people have full knowledge of these new changes and the fullest access to CMS programs, this award will study the adoption and impact of these new authorities on the Indian health care system.

Amount of the Award: The total amount of funding available over a five year period is \$4,000,000. The initial award will be awarded at \$800,000. The subsequent years will be awarded on a non-competing continuation basis at approximately \$800,000 per year for a total of 5 years, and will be subject to the availability of funds and satisfactory performance by the recipient.

Justification for Single Source Award: For the past five years through a Cooperative Agreement with CMS, NIHB has provided analysis and research of the potential and actual impact of CMS programs on AI/AN beneficiaries and the health care system serving these beneficiaries. This work has included analysis and research on Medicare and Medicaid data enrollment of AI/AN beneficiaries to understand utilization of the AI/AN population in the context of CMS programs. In addition, NIHB has been instrumental in tracking CMS regulations and providing analysis and research to better understand the implications of CMS regulatory guidance on the Indian health programs. Based on this experience, NIHB is the only entity capable of carrying out the scope of activities because the scope of work builds on past experience and knowledge. Any other source would not have all of the knowledge and experience gained in the last five years. The NIHB provides research on health program issues impacting AI/ANs to over 567 Federally-recognized Tribes and has historically provided these services for several decades in conjunction with the IHS. The NIHB program has a national focus relevant to its AI/AN constituency who need to know through substantive research about the changes and updates in the latest health care services and access through CMS programs.

Project Period: The anticipated period of performance for this cooperative agreement is September 29, 2017 through September 28, 2022 with funding awarded in 12-month budget increments subject to the availability of funds and satisfactory performance.

Provisions of the Notice: CMS has solicited a proposal from the NIHB to undertake analysis, research and studies to address the impact of CMS programs and AI/AN beneficiaries and the health care system serving those beneficiaries. The project consists of five principal research objectives:

- Study the ongoing impact of CMS programs on the Indian health system through analysis of, response to, and implementation of CMS regulations by Indian health providers.
 - Study AI/AN demographic, enrollment, and utilization data and propose strategies to increase CMS data system capabilities to create more Indian specific reporting capacity.
 - Provide ongoing study of CMS efforts to increase AI/AN knowledge of CMS programs and CMS responsiveness to Indian health system.
 - Provide research support on the use and effectiveness of the CMS Tribal Consultation Policy.
 - Evaluate the effectiveness of outreach and enrollment efforts to AI/AN beneficiaries in CMS programs.
- CMS requested that NIHB submit an application which includes:
1. Cover Letter.
 2. SF-424 Application for Federal Assistance.
 3. SF-424A Budget Information—Non-Construction Programs.
 4. SF-424B Assurances.
 5. A budget narrative.
 6. Abstract of Project.
 7. A research project narrative that describes each of the five separate objectives.
 8. 501(c)(3) Non-Profit certification.
 9. Resumes of all key personnel.
 10. Position descriptions.
 11. Disclosure of Lobbying Activities, if applicable.
 12. Copy of approved indirect cost rate agreement, if applicable.
 13. Documentation of current OMB A-133 required financial audit, if applicable.