

12A—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Total	1,340	1,340	1,510

* The medical records sample selection instrument has been previously submitted as part of the RWHP Outcomes Study proposed data collection project.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2017-24491 Filed 11-9-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Committee on Rural Health and Human Services; Notice of Correction

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice; correction.

SUMMARY: The Health Resources and Services Administration published a notice in the *Federal Register*, FR 2017-23562 (October 31, 2017), announcing the charter renewal of the National Advisory Committee on Rural Health and Human Services (NACRHHS).

FOR FURTHER INFORMATION CONTACT: Paul Moore, Designated Federal Officer, NACRHHS, HRSA, 5600 Fishers Lane, Room 17W41C, Rockville, Maryland 20857, telephone (301) 443-0835, fax (301) 443-2803 or by email at pmoore2@hrsa.gov.

Correction

In the *Federal Register*, FR 2017-23562 (October 31, 2017), please make the following correction:

In the Summary section, correct to read: The effective date of the renewed charter is October 29, 2017.

Amy McNulty,

Acting Director, Division of Executive Secretariat.

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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; Be The Match® Patient Services Survey, OMB No. 0906-0004—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, 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 December 13, 2017.

ADDRESSES: Submit your comments, including the ICR 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Be The Match® Patient Services Survey.

OMB No.: 0906-0004—Revision.

Abstract: The National Marrow Donor Program®/Be The Match® is a HRSA contractor dedicated to helping patients and families get the support and information they need to learn about their disease and treatment options, prepare for a blood stem cell transplant, and thrive after a transplant procedure. The information and resources provided help individuals navigate the bone marrow or cord blood transplant process. Participant feedback is essential to understand the needs for transplant support services and educational information across a diverse population. This information is used to determine the helpfulness of existing services and resources. Feedback is also used to identify areas for improvement and develop future programs.

Need and Proposed Use of the Information: Barriers to access to bone marrow or cord blood transplant related care and educational information are multi-factorial. Feedback from participants is essential to understand the changing needs for services and information as well as to demonstrate the effectiveness of existing services. The primary use for information gathered through the survey is to determine helpfulness of participants' initial contact with Be The Match® Patient Services Coordinators (PSC) and to identify areas for improvement in the delivery of services. In addition, stakeholders use this evaluation data to make program and resource allocation decisions.

The survey includes the following items to measure: (1) Reason for contacting Be The Match®, (2) if the PSC was able to answer questions and easy to understand, (3) if the contact helped the participant to feel better prepared to discuss transplant with their care team, (4) increase in awareness of available resources, (5) timeliness of response, and (6) overall satisfaction.

Proposed changes to the survey instrument include updated references to the survey title and staff titles. Changes to the questions include minor changes to question one, changes to the instructions for questions three and four, and minor rewording of question

six. Question eight is simplified. References to race and ethnicity are updated to better match preliminary U.S. Census Bureau question format and statements from the U.S. Department of Education to allow individuals to self-identify their ethnicity and race and permit individuals to select more than one race and/or ethnicity. These changes will not increase respondent burden.

Likely Respondents: Respondents will include all patients, caregivers, and family members who have contact with Be The Match® Patient Services

Coordinators via phone or email for transplant navigation services and support. The decision to survey all participants was made based on historic evidence of patients' unavailability due to frequent transitions in health status as well as transfer between home and the hospital for initial treatment and care for complications.

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: (1) Review instructions; (2)

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; (3) train personnel; (4) be able to respond to a collection of information; (5) search data sources; (6) to complete and review the collection of information; (7) and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request 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
Be The Match® Patient Services Survey	420	1	420	0.25	105
Total	420	420	105

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

[FR Doc. 2017-24494 Filed 11-9-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[OMB No. 0915-0172—Revision]

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, 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 December 13, 2017.

ADDRESSES: Submit your comments, including the ICR 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report.

OMB No.: 0915-0172—Revision.

Abstract: HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. This guidance is used annually by the 50 states and 9 jurisdictions in applying for Block Grants under Title V of the Social Security Act and in preparing the required annual report. The updates proposed by HRSA's Maternal and Child Health Bureau (MCHB) for this edition of the guidance are intended to reinforce the reporting structure and vision outlined in the previous edition and to reinforce the role of the state in developing a Title V Maternal and Child Health (MCH) Action Plan that responds to its unique priority needs. These updates are intended to enable a state to present an articulate and comprehensive description of its Title V program

activities and leadership role in assuring a public health system for serving the MCH population. The proposed updates to the next edition of the guidance were informed by comments received from state Title V MCH program leadership, national MCH leaders, family-led organizations, other MCH stakeholders and the public. Publication of a 60-day **Federal Register** notice on June 9, 2017 at 82 FR 26810, generated comments on the proposed changes to the narrative reporting requirements, reporting forms, definitions, consolidation of the 15 National Performance Measures (NPMs) into five domains, re-titling of a sixth domain to "Cross-cutting and Systems Building," reduction in the required number of state-selected NPMs and description of family partnerships.

Specific updates to this edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* include the following:

(1) The current performance measure framework is maintained, but the 15 National Performance Measures (NPMs) are now distributed within five population domains (*i.e.*, (Women/Maternal Health; Perinatal/Infant Health; Child Health; Adolescent Health; and Children with Special Health Care Needs (CSHCN)).

(2) The Cross-cutting/Life Course domain is replaced by the Cross-cutting and Systems Building Domain, which is an optional domain for states to include as a State Performance Measure (SPM) for addressing an identified priority