SUMMARY: The Administration for Community Living published a proposed collection of information document in the Federal Register on April 26, 2017. (82 FR 19245 and 19246) The Web page link where the proposed Protection and or Traumatic Brain Injury (PATBI) Program Performance Report (PPR) form could be found is no longer functional as of Thursday May 4, 2017, due to an update of the ACL.gov Web site.

FOR FURTHER INFORMATION CONTACT:

Wilma Roberts at 202–795–7449 or Wilma.Roberts@acl.hhs.gov.

SUPPLEMENTARY INFORMATION:

Correction

For the remainder of the public comment period through May 26, 2017, the proposed Protection and or Traumatic Brain Injury (PATBI) Program Performance Report (PPR) form can be found at: https://acl.gov/NewsRoom/Index.aspx.

Dated: April 28, 2017.

Daniel P. Berger,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2017-09020 Filed 5-3-17; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Funding Opportunity Announcement and Grant Application Template for ACL Discretionary Grant Programs; Correction

AGENCY: Administration for Community Living, HHS.

ACTION: Notice of correction.

SUMMARY: The Administration for Community Living published a proposed collection of information document in the Federal Register on April 26, 2017. (82 FR 19246 and 19247) The Web page link where the proposed Funding Opportunity Announcement and Grant Application Template for ACL Discretionary Grant Programs could be found is no longer functional as of Thursday May 4, 2017, due to an update of the *ACL.gov* Web site.

FOR FURTHER INFORMATION CONTACT:

Mark Snyderman at 202–795–7439 or Mark. Snyderman@acl.hhs.gov.

SUPPLEMENTARY INFORMATION:

Correction

For the remainder of the public comment period through May 26, 2017, the proposed Funding Opportunity Announcement and Grant Application Template for ACL Discretionary Grant Programs can be found at: https://acl.gov/NewsRoom/Index.aspx.

Dated: April 28, 2017.

Daniel P. Berger,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2017–09023 Filed 5–3–17; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Determination of Number of Entities and Recruitment of Entities for Assignment of Corps Personnel Obligated Under the National Health Service Corps Scholarship Program

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

ACTION: Notice.

SUMMARY: HRSA has determined that a minimum Health Professional Shortage Area (HPSA) score of 17 for assignment of all service-ready National Health Service Corps (NHSC) scholars is necessary for HRSA to meet its statutory obligation to identify a number of entities eligible for NHSC scholar placement that is at least equal to, but not greater than, twice the number of NHSC scholars available to serve in the 2017-2018 placement cycle. HRSA is also posting the proposed listing of entities and associated HPSA scores that will receive priority for assignment of NHSC Scholarship recipients available for service during the period October 1, 2017, through September 30, 2018, on the Health Workforce Connector Web site (formerly known as the NHSC Jobs Center) at https://connector.hrsa.gov/. The Health Workforce Connector includes sites that are approved for performance of service by NHSC scholars; however, entities on this list may or may not have current job vacancies.

DATES: Entities interested in providing additional data and information in support of their inclusion on the list of entities that will receive priority in assignment of NHSC scholars, or in support of a higher priority determination, must do so in writing no later than June 5, 2017.

ADDRESSES: Information in support of inclusion on the list of entities or a higher priority determination should be submitted to: Beth Dillon, Director, Division of Regional Operations, Bureau of Health Workforce, 1961 Stout Street, Denver, CO 80294. This information will be considered in preparing the final list of entities that are receiving priority for the assignment of NHSC Scholarship-obligated Corps personnel.

SUPPLEMENTARY INFORMATION: In accordance with the statutory requirement under 42 U.S.C. 254f-1(d), HRSA has determined that a minimum HPSA score of 17 for assignment of all service-ready NHSC scholars enables identification of a number of entities eligible for NHSC scholar placement that is at least equal to, but not greater than, twice the number of NHSC scholars available to serve in the 2017-2018 placement cycle. More specifically, for the program year October 1, 2017, through September 30, 2018, HPSAs of greatest shortage for determination of priority for assignment of NHSC Scholarship-obligated Corps personnel is defined as follows: (1) Primary medical care HPSAs with scores of 17 and above are authorized for the assignment of NHSC scholars who are primary care physicians, family nurse practitioners, physician assistants, or certified nurse midwives; (2) mental health HPSAs with scores of 17 and above are authorized for the assignment of NHSC scholars who are psychiatrists or mental health nurse practitioners; and (3) dental HPSAs with scores of 17 and above are authorized for the assignment of NHSC scholars who are dentists.

The proposed listing of entities and associated HPSA scores that will receive priority for assignment of NHSC Scholarship recipients available for service during the period October 1, 2017, through September 30, 2018, is posted on the Health Workforce Connector Web site (formerly known as the NHSC Jobs Center) at https:// connector.hrsa.gov/. Entities interested in providing additional data and information in support of their inclusion on this list of entities or in support of a higher priority determination must do so in writing by the date above.

Please note that HRSA may update the list of HPSAs and entities eligible to receive priority for the placement of NHSC scholars and may remove or add entities to the Health Workforce Connector during the annual Site Application competition. Accordingly, entities that no longer meet eligibility criteria, including those sites whose 3year approval as an NHSC service site has lapsed or whose HPSA designation has been withdrawn or proposed for withdrawal, will be removed from the priority listing.

Sites wishing to request an additional scholar must complete an Additional Scholar Request form available at http:// nhsc.hrsa.gov/downloads/ additionalrequestform.pdf. NHSCapproved sites that do not meet the authorized threshold HPSA score of 17 may post job openings on the Health Workforce Connector; however, scholars seeking placement between October 1, 2017, and September 30, 2018, will be advised that they can only apply for open positions at sites that meet the threshold placement HPSA score of 17. While not eligible for scholar placements in the 2017-2018 cycle, vacancies in HPSAs scoring less than 17 will be used by the NHSC in evaluating the HPSA threshold score for the next annual scholarship placement cycle.

The program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

Dated: April 27, 2017.

James Macrae,

Acting Administrator.

[FR Doc. 2017-09024 Filed 5-3-17; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: 0990-New-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate below or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before July 3, 2017.

ADDRESSES: Submit your comments to *Information.CollectionClearance@ hhs.gov* and *Sherrette.Funn@hhs.gov* or by calling (202) 795–7714.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier 0990–New–60D for reference.

Information Collection Request Title: Evaluation of the Certified Community Behavioral Health Clinic Demonstration.

Abstract: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (HHS) is requesting Office of Management and Budget (OMB) approval for data collection activities to support the evaluation of the Certified Community Behavioral Health Clinic (CCBHC) demonstration program.

In April 2014, Section 223 of the Protecting Access to Medicare Act (PAMA) mandated the CCBHC demonstration to address some of the challenges of access, coordination, financing, and quality facing community mental health centers (CMHCs) across the country. The CCBHC demonstration is intended to improve the availability, quality, and

outcomes of CMHC ambulatory care by establishing a standard definition and criteria for CCBHCs, and developing a new payment system that accounts for the total cost of providing comprehensive services to all individuals who seek care. The demonstration also aims to more fully integrate primary and behavioral health care services; ensure more consistent use of evidence-based practices; and, through enhanced standardized reporting requirements, offer an opportunity to assess the quality of care provided by CCBHCs across the country.

Need and Proposed Use of the Information: Section 223 of PAMA requires the Secretary of HHS to provide annual reports to Congress that include an assessment of access to communitybased mental health services under Medicaid, the quality and scope of CCBHC services, and the impact of the demonstration on federal and state costs of a full range of mental health services. In addition, PAMA requires the Secretary to provide recommendations regarding continuation, expansion, modifications, or termination of the demonstration no later than December 31, 2021. The data collected under this submission will help ASPE address research questions for the evaluation, and inform the required reports to Congress.

Likely Respondents: Respondents include the following: Certified Community Behavioral Health Clinic demonstration grantees; State Medicaid Officials; State Mental Health Officials; and State Consumer/Family Representatives.

The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Respondents/activity	Number of sites	Number of respondents per site	Responses per respondent	Total responses	Hours per response	Total hour burden
CCBHC site leadership staff	8	1	1	8	2	16
CCBHC frontline providers	8	4	1	24	1	24
CCBHC care managers	8	2	1	16	1	16
CCBHC administrative/finance staff	8	2	1	16	1	16
State Medicaid official	8	2	3	48	1	48
State mental health official	8	2	3	48	1	48
State consumer/family representative	8	2	1	16	1	16
CCBHC site leadership staff	76	1	2	152	4	608
Total	132	16	13	178	16	792

OS 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