ambulatory care setting specified in the Practice Agreement, providing patient care in the CAH's skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Teaching and clinical-related administrative activities shall not exceed 4 hours of the minimum 20 hours per week. Half-time clinical practice is not an option for scholars serving their obligation through the Private Practice Option.

In addition to utilizing NHSC scholars in accordance with their full-time or half-time service obligation (as defined above), NHSC service sites are expected to (1) report to the NHSC all absences through clinician in-service verifications every six months, including those in excess of the authorized number of days (up to 35 full-time days per service year in the case of full-time service and up to 35 half-time days per service year in the case of half-time service); (2) report to the NHSC any change in the status of an NHSC clinician at the site; (3) provide the time and leave records, schedules, and any related personnel documents for NHSC scholars (including documentation, if applicable, of the reason(s) for the termination of an NHSC clinician's employment at the site prior to his or her obligated service end date); and (4) submit the NHSC Site Data Tables, which replace the former Uniform Data System (UDS)/Site Survey reporting tool. The NHSC collects the Site Data Tables from sites at the time of application, recertification, and NHSC site visits. Providers fulfilling NHSC commitments are approved to serve at a specific site or, in some cases, more than one site.

Evaluation and Selection Process

In order for a site to be eligible for placement of NHSC scholars, it must be approved by the NHSC following the site's submission of a Site Application. Processing of site applications from solo or group practices will involve additional screening, including a site visit by NHSC representatives. The Site Application approval is good for a period of 3 years from the date of approval.

In approving applications for the assignment of Corps members, the Secretary shall give priority to any such application that is made regarding the provision of primary health services in a HPSA with the greatest shortage. For the program year October 1, 2016, through September 30, 2017, HPSAs of greatest shortage for determination of priority for assignment of NHSC scholarship-obligated Corps personnel will be 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 NHSC has determined that a minimum HPSA score of 17 for all service-ready NHSC scholars will enable it 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 2016–2017 placement cycle.

The number of new NHSC placements through the Scholarship Program allowed at any one site is limited to one (1) of the following provider types: Physician (MD/DO), nurse practitioner, physician assistant, certified nurse midwife, or dentist. The NHSC will consider requests for up to two (2) scholar placements at any one site on a case-by-case basis. Factors that are taken into consideration include community need, as measured by demand for services, patient outcomes and other similar factors. Sites wishing to request an additional scholar must complete an Additional Scholar Request form available at *http://nhsc.hrsa.gov/downloads/additionalrequestform.pdf.*

NHSC-approved sites that do not meet the authorized threshold HPSA score of 17 may post job openings on the NHSC Jobs Center; however, scholars seeking placement between October 1, 2016, and September 30, 2017, will be advised that they can only compete for open positions at sites that meet the threshold placement HPSA score of 17. While not eligible for scholar placements in the 2016–2017 cycle, vacancies in HPSAs scoring less than 17 will be used by the NHSC in evaluating the HPSA threshold score for the next scholarship placement cycle.

Application Requests, Dates and Address

The list of HPSAs and entities that are eligible to receive priority for the placement of NHSC scholars may be updated periodically. New entities may be added to the NHSC Jobs Center during a Site Application competition. Likewise, entities that no longer meet eligibility criteria, including those sites whose 3-year 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.

Additional Information

Entities wishing to provide additional data and information in support of their inclusion on the proposed list of entities that would receive priority in assignment of NHSC Scholars, or in support of a higher priority determination, must do so in writing no later than June 6, 2016. This information should be submitted to: Beth Dillon, Director, Division of Regional Operations, Bureau of Health Workforce, 1961 Stout Street, Denver, Colorado 80294. This information will be considered in preparing the final list of entities that are receiving priority for the assignment of scholarship-obligated Corps personnel.

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 28, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016–10527 Filed 5–4–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of a single-award deviation from competition requirements for providing support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality.

SUMMARY: HRSA announces the award of an extension in the amount of $3,000,000 for the Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality cooperative agreement. The purpose of the CoIIN is to develop and disseminate evidence-based interventions to reduce infant mortality across states in Regions I, II, III, VII, VIII, IX, and X by planning, implementing, and managing regional CoIINs; providing technical assistance to CoIIN teams to improve approaches to address infant mortality in their respective regions through the understanding of

quality improvement concepts, tools, and techniques; and assisting regional CoIIN participants and stakeholders in understanding the process for sustaining and continuing project strategies after the Federal period of support. The extension will permit the National Institute for Children's Health Quality, Inc. (NICHQ), the cooperative agreement awardee, during the budget period of 9/30/2016–9/29/2017, to complete activities.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: National Institute for Children's Health Quality, Inc.

Amount of Non-Competitive Awards: $3,000,000.

Period of Supplemental Funding: 9/30/2016–9/29/2017.

CFDA Number: 93.110.

Authority: Special Projects of Regional and National Significance (SPRANS); Social Security Act, Title V, § 501(a)(2–3); 42 U.S.C. 701 (a)(2–3).

Justification: The National Institute for Children's Health Quality, Inc. (NICHQ), as part of the cooperative agreement, oriented and trained CoIIN participants on quality improvement processes and related principles and practices; planned and conducted regularly scheduled learning sessions and monthly action period calls for each strategy team; provided technical assistance to state strategy teams on how to track progress of chosen quality improvement aims through the use of real-time data; and provided an internet-based collaborative workspace for monthly/quarterly/annual reporting of qualitative and quantitative topic-specific and common measures of progress. In project year 2, NICHQ received approval to add Regions IV, V, and VI to the scope of work. As such, NICHQ has developed a CoIIN to reduce infant mortality that includes all 59 states and jurisdictions and focuses on six common state-driven strategies (safe sleep, smoking cessation, preconception and interconception care, perinatal regionalization, prevention of pre/early term birth, and social determinants of health). NICHQ provides ongoing technical assistance to these six strategy teams dedicated to improving infant mortality by focusing on the strategy topics and to state personnel to implement CoIIN strategies. NICHQ has used the Institute for Healthcare Improvement's (IHI) Breakthrough Series Model for Improvement where strategy teams commit to working over a period of 12–18 months, alternating between learning sessions and action periods. During the entire collaborative cycle, teams are connected through a virtual, on-line community and are expected to upload and share their results (*i.e.,* data submission/reporting) as well as encouraged to conduct peer-to-peer sharing/mentoring.

The recipient continues to make significant progress. However, the project experienced significant delays due to factors beyond the grantee's control. Startup delays included developing state personnel and systems capacity to monitor and implement activities to improve infant mortality. Also, orientation to the CoIIN methodology/approach took longer than anticipated as states and jurisdictions reported competing priorities. Further, states needed additional technical assistance and capacity building related to data collection and submission as there were several state and/or local level barriers to obtaining the data needed for activity and outcome measures which required resolution at the state level. Though some states were able to begin collecting data in August 2015, some activity and/or outcome measures are unavailable until at least 6–8 weeks after the end of the data collection period due to state policies/procedures.

MCHB found similar delays in its CoIIN pilot that concluded one year after this CoIIN cooperative agreement began. An analysis of the pilot data showed that applying the IHI method to state public health systems rather than clinical settings required an additional 6–8 months to meet the quality improvement aims and show measurable improvements in infant mortality and birth outcomes. NICHQ must continue activities beyond the original project period (9/30/2013–9/29/2016) to achieve the additional months of state action and learning sessions with accompanying data submissions.

FOR FURTHER INFORMATION CONTACT: Vanessa Lee, MPH, Division of Healthy Start and Perinatal Services, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18N84, Rockville, MD 20852, Phone: (301) 443–9992, Fax: (301) 594–0878, Email: *VLee1@hrsa.gov.*

Dated: April 29, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016–10514 Filed 5–4–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Service Administration

Advisory Committee on Interdisciplinary, Community-Based Linkages: Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

NAME: Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

DATES AND TIMES:

May 25, 2016 (Day 1—8:30 a.m.–5:00 p.m., EST)

May 26, 2016 (Day 2—8:30 a.m.–3:00 p.m., EST)

PLACE: In-Person Meeting with Webinar/Conference Call Component.

STATUS: The meeting will be open to the public.

Purpose: The ACICBL provides advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary) concerning policy, program development, and other matters of significance related to interdisciplinary, community-based training grant programs authorized under sections 750–759, Title VII, Part D of the Public Health Service Act, as amended by the Affordable Care Act. The purpose of the ACICBL meeting is to continue discussions on the next report on enhancing community-based clinical training. The Advisory Committee focuses on the targeted program areas and/or disciplines for Area Health Education Centers, geriatrics, allied health, chiropractic, podiatric medicine, social work, graduate psychology, and rural health.

Agenda: The ACICBL agenda will be available 2 days prior to the meeting on the HRSA Web site at *http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/index.html*

SUPPLEMENTARY INFORMATION: Requests to make oral comments or provide written comments to the ACICBL should be sent to Dr. Joan Weiss, Designated Federal Official, using the address and phone number below. Individuals who plan to participate on the conference call and webinar should notify Dr. Weiss at least 3 days prior to the meeting, using the address and phone number below. Members of the public will have the opportunity to provide comments. Interested parties should refer to the meeting subject as the HRSA Advisory Committee on Interdisciplinary, Community-Based Linkages.