the public during the review and approval period.

DATES: Comments on this ICR should be received no later than October 11, 2016.

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 the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Maternal, Infant, and Early Childhood Home Visiting Program Cost Reporting Pilot Study

OMB No. 0906–xxxx—NEW

Abstract: The Maternal, Infant, and Early Childhood Home Visiting Program (Federal Home Visiting Program), administered by HRSA in partnership with the Administration for Children and Families, supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States, Tribal entities, and certain nonprofit organizations are eligible to receive funding from the Federal Home Visiting Program and have the flexibility to tailor the program to serve the

specific needs of their communities. Funding recipients may subaward grant funds to organizations, otherwise known as Local Implementing Agencies (LIAs), in order to provide services to eligible families in at-risk communities.

Need and Proposed Use of the Information: This information collection is requested to conduct a pilot study to test the reliability of a standardized cost reporting tool for the provision of evidence-based home visiting services. The information collected will be used to: Test the reliability and feasibility of implementing a proposed set of standardized cost metrics and organizational characteristics across various contexts; estimate preliminary total costs for implementing evidence-based home visiting services, including ranges, and; further refine cost metrics and the cost reporting tool based on feedback received through the pilot study. Proposed standard cost metrics have been developed based on a review of the existing literature for measures of home visiting costs, as well as from ongoing discussions with developers of evidence-based home visiting models.

HRSA received comments from one respondent during the public comment period which estimated the hourly burden per response to be 16 hours. The estimated burden has been revised to reflect this feedback. Further, the

commenter expressed an interest in using the tool to analyze the cost-benefit and overall value of home visiting programs. While the cost reporting tool may be useful in collecting information that will lead to additional cost-benefit analyses, those analyses are outside the scope of the current project. A full response to the comments can be accessed in Part A of the Supporting Statement.

Likely Respondents: Organizations, including LIAs providing evidence-based home visiting services through the Federal Home Visiting Program.

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 review instructions; to 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; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR 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
Cost Elements Table	90	1	90	15.5	1,395
Organizational Characteristics Table	90	1	90	0.5	45
Total	[1] 90	....	90	....	1,440

[1] The same 90 individuals complete the Cost Elements Table and the Organizational Characteristics Table.

Jason E. Bennett,
Director, Division of the Executive Secretariat.
[FR Doc. 2016–21734 Filed 9–8–16; 8:45 am]
BILLING CODE 4165–15–P

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; Small Rural Hospital Transitions Project

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

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, HRSA 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 October 11, 2016.

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 the HRSA Information Collection Clearance

Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Small Rural Hospital Transitions Project OMB No. 0906–xxxx—NEW

Abstract: Under Section 330A of the Public Health Service Act (42 U.S.C. 254c(e)), the Federal Office of Rural Health Policy (FORHP) funds grant programs supporting expanding access to, and improving the quality of essential health care services in rural and frontier communities. Small rural hospitals are facing many challenges in the new health care environment, including the concurrent need to better measure and account for quality of care in all settings; improving transitions of care as patients move from one care setting to another; adopting new payment approaches such as value-based purchasing; and tailoring operations to the new approaches to care delivery, such as accountable care organizations (ACO) and patient-centered medical homes. Success in this new environment will require bridging the gaps between the current system and the newly emerging system of healthcare delivery and payment. Because little is known about how these new models might impact rural communities, there is a need to help hospitals understand and consider those factors that would make them logical participants in health care systems that

focus on value. The Small Rural Hospital Transitions (SRHT) Project will assist small rural hospitals in making the transition. The purpose of the project is to provide on-site technical assistance to nine small rural hospitals located in persistent poverty counties. Technical assistance will be provided in the areas of: (1) Financial assessments, (2) creating a quality-focused environment, (3) aligning services to community need, and, (4) to the extent that financial and quality core areas have been stabilized, assistance to help the hospitals consider factors that would make them logical participants in health care systems that focus on value (for example ACOs, shared savings programs, primary care medical homes).

Need and Proposed Use of the Information: The information will be solicited in the form of the SRHT Project Technical Assistance Online Application form and the supporting hospital assessment, Performance Excellence for Rural Hospitals. All small rural hospitals desiring to apply for onsite technical assistance through SRHT will be required to complete the application and the survey. The applicant's information will be scored and ranked to aid in the selection of nine small rural hospitals to receive on-site technical assistance. Both the application form and the hospital assessment are designed to ensure the selection of hospital applicants

consistent with established eligibility criteria and hospitals readiness or ability to implement consultant's recommendations.

A 60-day **Federal Register** Notice was published in the **Federal Register** on June 24, 2016 (81 FR 41315). There were no public comments.

Likely Respondents: Small rural hospitals located in a rural community, as defined by FORHP, persistent poverty county, or a rural census tract of a metro persistent poverty county; have 49 staffed beds or less as reported on the hospital's most recently filed Medicare Cost Report. Hospitals; and for-profit or not-for-profit.

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 review instructions; to 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; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR 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
SRHT Project Technical Assistance Online Application	30	38	1140	.50	570
Assessment: Performance Excellence for Rural Hospitals	30	29	870	.25	217.5
Total	* 30	....	2010	....	787.5

*The same individuals complete the SRHT Online Application and the Assessment for a total of 30 respondents.

Jason E. Bennett,
Director, Division of the Executive Secretariat.
[FR Doc. 2016–21733 Filed 9–8–16; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Nominations to the National Toxicology Program for the Report on Carcinogens and Office of Health Assessment and Translation; Request for Information

SUMMARY: The National Toxicology Program (NTP) requests information on four nominations. Four substances are being considered for possible review for future editions of the Report on Carcinogens (RoC). Three of these four substances are also being considered for

evaluation of non-cancer health outcomes by the Office of Health Assessment and Translation (OHAT).

DATES: Receipt of information: Deadline is October 11, 2016.

ADDRESSES: Information on substances for possible review should be submitted electronically at *http://ntp.niehs.nih.gov/go/778417.*

FOR FURTHER INFORMATION CONTACT:

RoC Nominations: Dr. Ruth Lunn, Director, Office of RoC; telephone (919) 316–4637; *lunn@niehs.nih.gov. OHAT Nominations:* Dr. Windy Boyd, OHAT, telephone (919) 541–9810; *boydw@niehs.nih.gov.* Address for Dr. Lunn and Dr. Boyd: Division of NTP, National