

21,926. (For policy questions regarding this collection contact Wanda Pigatt-Canty at 410-786-6177).

Dated: July 1, 2015.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Notice of Intent To Award a Single Supplement to the Eldercare Locator

ACTION: Notice of intent to award a single supplement to the National Association of Area Agencies on Aging.

SUMMARY: The Administration for Community Living (ACL) is announcing supplemental funding for the Eldercare Locator program. The Eldercare Locator program helps older adults and their families and caregivers find their way through the maze of services for older adults by linking to a trustworthy network of national, State, Tribal and community organizations and services through a nationally recognized toll-free number. The Eldercare Locator also provides older adults and caregivers who require more in depth support the opportunity to speak with highly trained eldercare consultants who can better triage the situation. The purpose of this announcement is to award supplemental funds to the National Association of Area Agencies on Aging to support additional specialized staff and enhanced technology to better serve callers, mobile and after hour callers.

Program Name: Eldercare Locator.

Award Amount: \$162,681.

Budget Period: 6/1/2015 to 5/31/2016.

Award Type: Cooperative Agreement.

Statutory Authority: The statutory authority for grants under this notice is contained in Title IV of the Older Americans Act (OAA) (42 U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006. Statutory authority specifically for the Eldercare Locator is contained in Title II of the Older Americans Act (202(a)(21).

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048 Discretionary Projects

I. Program Description

The Administration on Aging, an agency of the U.S. Administration for Community Living, has been funding the Eldercare Locator (the Locator) since 1991. The Eldercare Locator links older

persons and their caregivers to resources through a nationally recognized toll-free number, 1-800-677-1116 and Web site (www.eldercare.gov). The goal is to provide users with the information and resources they need that will help older persons live independently and safely in their homes and communities for as long as possible.

The Eldercare Locator call center utilizes live agents to help callers find their way through the maze of services for older adults by linking to a trustworthy network of national, State, Tribal and community organizations and services. In 2011, an additional feature was added to assist older adults and caregivers who require more in depth support the opportunity to speak with highly trained eldercare consultants who can better triage the situation.

II. Justification for the Supplemental Funding

Since 2011, there has been an increase in the number of callers with very complex situations, multiple issues or require assistance with long-term care planning. Because of the complexity, eldercare consultant and senior staff calls are much longer than a regular information specialist call which averages about 5 minutes. There is a need to increase the number of eldercare consultants and/or senior level staff available to handle this higher demand for intense consultation. In addition, there is a need to enhance the technical capabilities of the call center to better serve after hours and mobile callers.

III. Agency Contact

For further information or comments regarding this program expansion supplement, contact Sherri Clark, U.S. Department of Health and Human Services, Administration for Community Living, Office of External Affairs, One Massachusetts Avenue NW., Washington, DC 20001; telephone (202) 357-3506; email sherri.clark@acl.hhs.gov.

Dated: June 29, 2015.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2015-16507 Filed 7-6-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Community Living

Availability of Program Instructions for MIPPA Funds Program Title: Medicare Improvements for Patients and Providers Act: State Plans for Medicare Savings Program, Low Income Subsidy & Prescription Drug Enrollment Outreach and Assistance

Announcement Type: Initial.
Funding Opportunity Number: HHS-2015-ACL-MI-1502
Statutory Authority: The Medicare Improvements for Patients and Providers Act of 2008—Section 119, Public Law (Pub. L.) 110-275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by the American Taxpayer Relief Act of 2012 (ATRA), reauthorized by section 110 of the Protecting Access to Medicare Act of 2014 and reauthorized by the Medicare Access and CHIP Reauthorization Act of 2015.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.071.

DATES: The deadline date for the submission of MIPPA state plans is 11:59 PM EST, August 31, 2015.

I. Funding Opportunity Description

The purpose of MIPPA funding is to provide states with an opportunity to expand, extend, or enhance their outreach efforts to beneficiaries on Medicare Part D and for those with limited incomes. In 2014 ACL released a funding opportunity for states to submit a three year state plan to conduct MIPPA activities. With this announcement ACL is reopening the funding announcement for states that did not submit state plans in 2014 to now submit a two- year MIPPA state plan to conduct MIPPA activities over the remaining life of the grant.

States that are currently funded under MIPPA do not have to reapply.

In addition, in 2016 there will be a similar opportunity released for states that are not receiving MIPPA funds at that time to apply for FY 16 funds with a one year state plan.

MIPPA funds are provided to enhance efforts through statewide and local coalition building focused on intensified outreach activities to help beneficiaries likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Prescription Drug Coverage (Part D) and in assisting beneficiaries in applying for benefits. ACL will provide funding to State Health Insurance

Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Center programs (ADRCs), to inform Medicare beneficiaries about available Federal and State benefits. ACL seeks plans from states that will describe how the MIPPA funds will be used for beneficiary outreach and education over the next two years.

ACL requests that states submit a two year state plan with specific project strategies to expand, extend, or enhance the outreach efforts to beneficiaries on Medicare Part D and for those with limited incomes. States should describe how the SHIP, AAA, and ADRC efforts will be coordinated to provide outreach to beneficiaries with limited incomes statewide, for general Medicare Part D outreach and assistance to beneficiaries in rural areas, and for outreach activities aimed at Medicare prevention and wellness benefits as well as the improvements in the Part D program under the Affordable Care Act as mandated by Section 3306 of the Act. States that are eligible to apply are asked to review previous MIPPA plans and update these plans to reflect successes achieved to date and direct their efforts to enhance and expand their MIPPA outreach activities. State agencies may prepare either one statewide plan or separate plans for each eligible State agency.

II. Award Information

1. Funding Instrument Type

These awards will be made in the form of grants to State Agencies for each MIPPA Priority Area.

Priority Area 1—Grants to State Agencies (the State Unit on Aging or the State Department of Insurance) that administer the State Health Insurance Assistance Programs to provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits and enhanced outreach to individuals who may be eligible for the LIS or for the MSP.

Priority Area 2—Grants to State Units on Aging for AAAs to provide enhanced outreach to eligible Medicare beneficiaries regarding their benefits and enhanced outreach to individuals who may be eligible for the LIS, MSP, Medicare Part D and Part D in rural areas.

Priority Area 3—Grants to State Units on Aging that administer the Aging and Disability Resource Centers to provide outreach to individuals regarding the benefits available under Medicare Part D and under the MSP. Funds will be allocated to ADRCs via a formula

patterned after the statutory formula used for SHIPs and AAAs.

2. Anticipated Total Priority Area Funding per Budget Period

ACL intends to make available, under this program announcement, grant awards for the three MIPPA priority areas. Funding will be distributed through a formula as identified in statute. The amounts allocated are based upon factors defined in statute and will be distributed to each priority area based on the formula. ACL will fund total project periods of up to two (2) years contingent upon availability of federal funds.

Priority Area 1—SHIP: \$7.5 million in FY 15 and potentially \$13 million in FY 16 for state agencies that administer the SHIP Program.

Priority Area 2—AAA: \$7.5 million in FY 15 and potentially \$7.5 million in FY 16 for SUAs for Area Agencies on Aging and for Native American programs. Funding for Native American Programs (\$264,000) is deducted from Priority 2 and is being allocated through a separate process.

Priority Area 3—ADRC: \$5 million in FY 2015 and potentially \$5 million in FY 16 for state agencies that administer ADRC programs that were established prior to March 2014.

III. Eligibility Criteria and Other Requirements

1. Eligible Applicants MIPPA Priority Areas 1, 2 and 3

Awards made under this announcement, by statute, will be made only to agencies of State Governments.

Priority Area 1: Only existing SHIP grant recipients are eligible to apply.

Priority Area 2: Only State Units on Aging are eligible to apply.

Priority Area 3: Only State Agencies that received an ACL and CMS Aging and Disability Resource Center (ADRC) grant where the ADRC was established by March, 2015 are eligible in FY 2015.

Eligibility may change if future funding is available.

2. Cost Sharing or Matching Is Not Required.

3. DUNS Number

All grant applicants must obtain and keep current a D-U-N-S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number can be obtained from: <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>.

4. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal

Programs, is not applicable to these grant applications.

IV. Submission Information

1. Application Kits

Application kits/Program Instructions are available at www.grantsolutions.gov. Instructions for completing the application kit will be available on the site.

2. Submission Dates and Times

To receive consideration, applications must be submitted by 11:59 p.m. Eastern time on August 31, 2015, through www.GrantSolutions.gov.

VII. Agency Contacts

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Office of Healthcare Information and Counseling, Washington, DC 20201, attention: Katherine Glendening or by calling 202-357-3859, or by email Katherine.Glendening@acl.hhs.gov.

Dated: June 29, 2015.

Kathy Greenlee,

Administrator and Administration on Aging.

[FR Doc. 2015-16509 Filed 7-6-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2015-D-2244

Qualification of Biomarker—Plasma Fibrinogen in Studies Examining Exacerbations and/or All-Cause Mortality for Patients With Chronic Obstructive Pulmonary Disease; Draft Guidance for Industry; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the availability of a draft guidance for industry entitled “Qualification of Biomarker—Plasma Fibrinogen in Studies Examining Exacerbations and/or All-Cause Mortality in Patients With Chronic Obstructive Pulmonary Disease.” This draft guidance provides a qualified context of use (COU) for plasma fibrinogen in interventional clinical trials of chronic obstructive pulmonary disease (COPD) subjects at high risk for exacerbations and/or all-cause mortality. This draft guidance also describes the experimental conditions