

and to provide timely, facility-level feedback to participants with benchmarking and analyses capabilities.

OHSN collects two types of data from participating facilities. Facilities collect these data to meet specific regulatory or administrative requirements. Thus, no new data collection is required.

Participating facilities provides OHSN—(1) a onetime enrollment form, requests information of the participating facility and is publically available information from American Hospital Association database; and (2) a monthly submission of occupational injury data collected in the previous month. These data are sent to OHSN via a web portal in a format using standardized data elements and value sets. No personal identifiable information is transmitted to OHSN. Data elements include: Injury time, location and surrounding circumstances of each injury event.

Healthcare facilities download data through an OHSN-provided data

conversion and mapping tools to upload the monthly occupational injury data.

Each participating facilities has access to OHSN web portal, facilities are able to analyze workers current and historical worker injury data to benchmark their internal injury rates and trends against aggregate data from similar workplaces. In addition they are able to assess the impact of prevention efforts on occupational health and safety over time using integrated data analysis and visualization tools (charts and graphs).

OHSN currently tracks three common, serious, and preventable categories of traumatic injury to healthcare personnel: Slips, trips and falls; musculoskeletal disorders resulting from patient handling and movement events; and workplace violence. OHSN will add new modules about exposure to sharps injury and blood and body fluids exposures.

NIOSH analyzes the data submitted to OHSN to conduct surveillance and to produce periodic aggregate reports on the occurrence of and risk factors for occupational injuries among all OHSN facilities.

OHSN has been operating continuously and receiving voluntary monthly reports from 116 participating facilities since 2012 and is projected to enroll total of 900 facilities in the next three years. Current burden estimates were derived using the estimated number of facilities participating in OHSN for each facility type and form. OSHA reporting mandates were taken into account when estimating the number of facilities (participants) and the annual number of responses per facility. Total burden hours for this request is 185.

NIOSH seeks approval for an OMB control number to continue this important work. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
U.S. healthcare facilities	Occupational Health Safety Network (OHSN)	300	12	3/60
U.S. healthcare facilities	Enrollment form	300	1	1/60
Total				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10434]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register**

concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by April 27, 2016.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by

the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-5806 OR Email: OIRA_submission@omb.eop.gov.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.
3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786-1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of

information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection*

Request: Revision of a currently approved collection; *Title of Information Collection:* Medicaid and CHIP Program (MACPro); *Use:* The MACPro system is being transitioned to become the system of record that will be used by both state and CMS officials to: Improve the state application and federal review processes, improve federal program management of Medicaid programs and CHIP, and standardize Medicaid program data. Specifically, it will be used by state agencies to: Submit and amend Medicaid state plans, CHIP state plans and ADPs (Information System Advanced Planning Documents); submit applications and amendments for state waivers, demonstrations, and benchmark and grant programs; and submit reporting data.

Among the collections submitted for approval under MACPro will be relevant collections that are currently approved under our generic umbrella information collection request (CMS–10398; OMB control number 0938–1148), certain collections approved as a regular stand-alone information collections, and upcoming collections. A list of those collections is included in our PRA package.

While currently approved by OMB under the regular PRA process which requires 60- and 30-day comment periods, CMS is proposing to have the umbrella of MACPro collections approved under OMB’s generic process which would—in most cases—eliminate the need for the 60- and 30-day comment periods. Although the formal 60- and 30-day public comment periods would be eliminated, the public may continue to comment on any of the MACPro collections at any time.

Form Number: CMS–10434 (OMB control number: 0938–1188); *Frequency:* Monthly, yearly, quarterly, semi-annually, once, or occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 3,360; *Total Annual Hours:* 96,844. (For policy questions regarding this collection contact Annette Pearson at 410–786–6858).

Dated: March 23, 2016.

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 Children and Families

Submission for OMB Review; Comment Request

Title: Low Income Home Energy Assistance Program 2015 RECS LIHEAP Administrative Data Matching.

OMB No.: New Collection.

Description: The Low Income Home Energy Assistance Program (LIHEAP) block grant (42 U.S.C. 8621 *et seq.*) was established under Title XXVI of the Omnibus Budget Reconciliation Act of 1981, 97. The Office of Community Services (OCS) within the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) administers LIHEAP at the federal level.

The LIHEAP statute requires HHS to report to Congress annually on program impacts on recipient and eligible households. The primary program goals, as articulated in the statute, are to ensure that benefits are targeted to those households where the greatest program impacts are expected, and to assure that timely resources are available to households experiencing home energy crises.

OCS is seeking authorization to collect data from all State LIHEAP grantees and the District of Columbia that will allow OCS to identify LIHEAP recipients that responded to the Residential Energy Consumption Survey (RECS). The U.S. Energy Information Administration (EIA) conducts this survey to provide periodic national and regional data on residential energy use

in the United States. OCS uses RECS data to furnish Congress and the Administration with important national and regional descriptive data on the energy needs of low-income households. Specific data elements OCS is seeking to collect are detailed below.

State LIHEAP grantees will be asked to furnish data for LIHEAP recipient households that reside in areas included in the RECS sample.

For each household, report the following:

- Name
- Address (including ZIP code)
- Household or Client ID
- Telephone Number
- Household Size
- Gross Income
- Heating assistance awarded?
- Amount of heating assistance
- Date of heating assistance
- Cooling assistance awarded?
- Amount of cooling assistance
- Date of cooling assistance
- Crisis Assistance awarded?
- Amount of crisis assistance
- Date of crisis assistance
- Other Assistance awarded?
- Amount of other assistance
- Date of other assistance
- Presence of children 5 or younger
- Presence of adult 60 or older
- Presence of disabled

The following are additional optional data items that grantees can provide if the data are available in your database:

- Tenancy (*i.e.*, own or rent)
- Type(s) of fuel used
- Heat included in rent

This data will help ACF to analyze specific information for the LIHEAP recipient population, including information related to benefits targeting, energy usage, and energy insecurity, and it will support analysis of LIHEAP data for the annual Report to Congress and the annual LIHEAP Home Energy Notebook.

Respondents: ACF published a **Federal Register** notice on December 23, 2015 soliciting 60 days of public comment on requiring State grantees to provide household-level data for this effort. ACF didn’t receive comments on this notice.

Annual Burden Estimates

The table below shows the estimated reporting burden for the RECS LIHEAP administrative data matching effort. These estimates are based on a small number of interviews with grantees.