will also provide each state with sufficient information to take local action to improve service within budgetary constraints.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The average annual burden associated with these activities is summarized below:

Respondent type	Number of respondents	Responses per respondent	Average burden hours per response (hours)	Total average annual burden (hours)
Stratified Random Sample	1,350	1	*8	180

*Minutes.

Dated: June 21, 2016.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2016–15307 Filed 6–27–16; 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; OAA Title III–E Evaluation

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written or electronic comments on the collection of information by August 29, 2016.

ADDRESSES: Submit written comments on the collection of information to Susan Jenkins at *Susan.Jenkins@ACL.HHS.Gov*.

FOR FURTHER INFORMATION CONTACT: Susan Jenkins, 202–795–7369.

SUPPLEMENTARY INFORMATION: In compliance with PRA (44 U.S.C. 3501–3520), the Administration for Community Living (ACL, formerly the Administration for Aging) has submitted the following proposed collection of information to the Office of Management and Budget (OMB) for review and clearance.

The Administration for Community Living/Administration on Aging (ACL/AoA) is requesting approval from the Office of Management and Budget (OMB) for data collection associated with the *Process Evaluation and Special Studies Related to the Long-Term Care Ombudsman Program (LTCOP)* (Contract #HHSP233201500048I). The goal of the LTCOP is to protect and promote the health, safety, welfare, and rights of long-term care facility residents. Administered by ACL/AoA, LTCOPs operate in all 50 states, the District of Columbia, Puerto Rico, and Guam. The purpose of the process evaluation is to obtain a thorough understanding of the LTCOP's structure and operations at the national, state and local levels; use of resources to carry out legislative mandates; the nature of program partnerships; and processes for sharing information on promising program practices and areas for improvement.

The contractor will interview 12 Federal staff (60 minutes estimated burden) and national stakeholders (45–60 minutes estimated burden) and 53 State ombudsmen (75 minutes estimated burden). All 53 State ombudsmen also will be asked to complete a survey which is estimated to take 20 minutes to complete. ACL/AoA estimates contacting approximately 600 local directors/regional representatives and local representatives to complete the web-based survey. Of this number, we anticipate obtaining responses from 50 percent of the sample (300 respondents). ACL/AoA estimates contacting approximately 2,000 volunteers to complete the web-based survey. Of this number, we anticipate obtaining responses from 20 percent of the sample (400 respondents). The total burden estimate is 19779 minutes, which is 329.25 burden hours.

The proposed data collection tools may be found on the ACL Web site at: *http://www.aoa.acl.gov/Program_Results/Program_survey.aspx*.

Dated: June 21, 2016.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2016–15309 Filed 6–27–16; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of class deviations from the requirements for competition and budget amount for the Health Center Program.

SUMMARY: The Bureau of Primary Health Care has been granted class deviations.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Approximately 1,380 Health Center Program award recipients.

Amount of Competitive Awards: Approximately $100 million will be awarded in FY 2016 through a one-time supplement.

Period of Supplemental Funding: Anticipated 12 month project period is September 1, 2016 through August 31, 2017.

CFDA Number: 93.224.

Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended).

Justification

Targeting the Nation's neediest populations and geographic areas, the Health Center Program supports nearly 1,400 health centers that operate approximately 9,800 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. Nearly 23 million patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program award recipients in 2014.

The Fiscal Year 2016 Quality Improvement Award funding will aim to improve the overall quality, efficiency, and value of health care service delivery programs. These awards recognize the highest clinically performing health centers nationwide as

well as those health centers that have made significant quality improvement gains in the past year to build systems and processes that support ongoing quality improvement and practice redesign; increase access to comprehensive primary health care services; and recognize high value health centers that have improved quality, access, and cost. By making these investments, Health Centers will use these funds to expand current quality improvement systems and infrastructure, and improve care delivery systems to bring the highest quality primary care services to the communities they serve. HRSA-funded health centers are expected to have ongoing quality assurance and improvement programs that improve patient care and outcomes.

FOR FURTHER INFORMATION CONTACT: Matt Kozar, Strategic Initiatives and Planning Division, Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration at (301) 443–1034 or *mkozar@hrsa.gov.*

Dated: June 22, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016–15208 Filed 6–27–16; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place NW., Washington, DC 20005, (202) 357–6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 08N146B, Rockville, MD 20857; (301) 443–6593, or visit our Web site at: *http://www.hrsa.gov/vaccinecompensation/index.html.*

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.,* provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that ''[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**.'' Set forth below is a list of petitions received by HRSA on May 1, 2016, through May 31, 2016. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master ''shall afford all interested persons an opportunity to submit relevant, written information'' relating to the following:

1. The existence of evidence ''that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,'' and

2. Any allegation in a petition that the petitioner either:

a. ''[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table but which was caused by'' one of the vaccines referred to in the Table, or

b. ''[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine'' referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Healthcare Systems Bureau, 5600 Fishers Lane, 08N146B, Rockville, MD 20857. The Court's caption (*Petitioner's Name* v. *Secretary of Health and Human Services*) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Dated: June 22, 2016.

James Macrae,

Acting Administrator.

List of Petitions Filed

1. Joseph Moran, Phoenix, Arizona, Court of Federal Claims No: 16–0538V
2. Carlene Schultz, East Aurora, New York, Court of Federal Claims No: 16–0539V
3. James G. McLachlan, Bellingham, Washington, Court of Federal Claims No: 16–0542V
4. Melissa Roglitz-Walker on behalf of S. W., Fort Atkinson, Wisconsin, Court of Federal Claims No: 16–0543V
5. Sandra R. Hughes, Tuscaloosa, Alabama, Court of Federal Claims No: 16–0546V