

includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 21, 2016.

A. *Federal Reserve Bank of Philadelphia* (William Spaniel, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105–1521. Comments can also be sent electronically to [Comments.applications@phil.frb.org](mailto:Comments.applications@phil.frb.org):

1. *Hamilton Bancorp, Inc.*, Ephrata, Pennsylvania; to become a bank holding company by acquiring Stonebridge Bank, West Chester, Pennsylvania.

B. *Federal Reserve Bank of Chicago* (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. *BankFinancial Corporation*, Burr Ridge, Illinois; to become a bank holding company through the conversion of its federal savings bank subsidiary, BankFinancial, F.S.B., Olympia Fields, Illinois, into a national bank to be known as BankFinancial, National Association.

Board of Governors of the Federal Reserve System, October 21, 2016.

**Margaret McCloskey Shanks**,  
Deputy Secretary of the Board.

[FR Doc. 2016–25891 Filed 10–25–16; 8:45 am]

BILLING CODE 6210–01–P

## FEDERAL RESERVE SYSTEM

### Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than November 4, 2016.

A. *Federal Reserve Bank of Dallas* (Robert L. Triplett III, Senior Vice President) 2200 North Pearl Street, Dallas, Texas 75201–2272:

1. *Edward B. Tomlinson, II, Rowlett, Texas, individually and as a Voting Person under a Voting Agreement dated November 1, 2013 (the "Voting Agreement")*, *Charles S. Leis, Eagle, Idaho, individually and as a Voting Person under the Voting Agreement, and the following parties to the Voting Agreement, which constitutes a group of persons acting in concert: Sherry Wortham, Wills Point, Texas, Linda Tomlinson Mitchell, Gun Barrel City, Texas, Jeffrey S. Moore, Lisle, Illinois, Jeffrey Soulier, Kihei, Hawaii, Edward B. Tomlinson, II, Rowlett, Texas, Brad Wagenaar, Honolulu, Hawaii, Charles S. Leis, Eagle, Idaho, Stanley B. Leis, Eagle, Idaho, Stephen T. Leis, Kihei, Hawaii, James F. Bowen, Rowlett, Texas, H. Grady Chandler, Garland, Texas, Daniel R. Goodfellow, Wenatchee, Washington, J. Stephen Goodfellow, Wenatchee, Washington, The Revocable Trust of Dorvin D. Leis, Kahului, Hawaii (Edward B. Tomlinson, II, Charles S. Leis, and Stephen T. Leis as co-trustees), Samuel S. Aguirre Revocable Living Trust, Alen, Hawaii (Samuel S. Aguirre as trustee), Paul R. Botts Revocable Living Trust, Kailua, Hawaii (Paul R. Botts and Cheryl A. Botts as co-trustees), the Goodfellow Main Trust fbo Chad S. Goodfellow, Wenatchee, Washington (Chad S. Goodfellow as trustee), the Goodfellow Main Trust fbo Chelsea D. Goodfellow, Wenatchee, Washington (Chad S. Goodfellow as trustee), the Harvey C. King 1992 Revocable Living Trust, Kailua, Hawaii (Harvey C. King as trustee), the Roger MacArthur Revocable Living Trust, Wailuku, Hawaii (Roger MacArthur and Helen MacArthur as co-trustees), the William W. Wilmore Revocable Living Trust, Kahului, Hawaii (William W. Wilmore and Barbara K. Wilmore as co-trustees); to collectively control and retain 25 percent or more of the shares of Texas Brand Bancshares, Inc., and therefore indirectly, Texas Brand Bank, both of Garland, Texas.*

Board of Governors of the Federal Reserve System, October 21, 2016.

**Margaret McCloskey Shanks**,  
Deputy Secretary of the Board.

[FR Doc. 2016–25892 Filed 10–25–16; 8:45 am]

BILLING CODE 6210–01–P

## FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

### Sunshine Act; Notice of ETAC Member Meeting

**TIME AND DATE:** November 14, 2016, 1 p.m.–3 p.m.

**PLACE:** 77 K Street NE., Washington, DC 20002.

**STATUS:** Open.

**MATTERS TO BE CONSIDERED:**

#### Agenda

#### Employee Thrift Advisory Council

November 14, 2016, 1:00 p.m.–3:00 p.m. (In-Person), 77 K Street, NE., Washington, DC 20002.

1. Approval of the minutes of the May 23, 2016 Joint Board/ETAC meeting
2. Thrift Savings Plan Statistics
3. Target Architecture Plan
4. Blended Retirement System
5. 2017–2021 Strategic Plan
6. Post Separation Retention Rate
7. New Business

#### CONTACT PERSON FOR MORE INFORMATION:

Kimberly Weaver, Director, Office of External Affairs, (202) 942–1640.

Dated: October 24, 2016.

**Megan Grumbine**,

General Counsel, Federal Retirement Thrift Investment Board.

[FR Doc. 2016–25979 Filed 10–24–16; 4:15 pm]

BILLING CODE 6760–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–2401–N]

RIN 0938–ZB30

### Medicaid Program; Final FY 2014 and Preliminary FY 2016 Disproportionate Share Hospital Allotments, and Final FY 2014 and Preliminary FY 2016 Institutions for Mental Diseases Disproportionate Share Hospital Limits

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the final federal share disproportionate share hospital (DSH) allotments for federal fiscal year (FY) 2014 and the preliminary federal share DSH allotments for FY 2016, and corresponding limitations on aggregate state DSH payments to institutions for mental disease and other mental health facilities. In addition, this notice includes background information

describing the methodology for determining the amounts of states' FY DSH allotments.

**DATES:** Effective November 25, 2016. The final allotments and limitations set forth in this notice are effective for the fiscal years specified.

**FOR FURTHER INFORMATION CONTACT:** Stuart Goldstein, (410) 786-0694 and Richard Cuno, (410) 786-1111.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

*A. Fiscal Year DSH Allotments*

A state's federal fiscal year (FY) disproportionate share hospital (DSH) allotment represents the aggregate limit on the federal share amount of the state's payments to DSH hospitals in the state for the FY. The amount of such allotment is determined in accordance with the provisions of section 1923(f)(3) of the Social Security Act (the Act). Under such provisions, in general a state's FY DSH allotment is calculated by increasing the amount of its DSH allotment for the preceding FY by the percentage change in the Consumer Price Index for all Urban Consumers (CPI-U) for the previous FY.

The Affordable Care Act amended Medicaid DSH provisions, adding section 1923(f)(7) of the Act which would have required reductions to states' FY DSH allotments beginning with FY 2014, the calculation of which was described in the Disproportionate Share Hospital Payment Reduction final rule published in the September 18, 2013 **Federal Register** (78 FR 57293). Under the DSH reduction methodology, first, each state's unreduced FY DSH allotment would have been calculated in accordance with the provisions of section 1923(f) of the Act, excluding section 1923(f)(7) of the Act; then, the reduction amount for each state would have been determined under the provisions of section 1923(f)(7) of the Act and implementing regulations at 42 CFR 447.294; and, finally, the net FY DSH allotment for each state would have been determined by subtracting the DSH reduction amount for the state from its unreduced FY 2014 DSH allotment.

The reductions under section 1923(f)(7) of the Act were delayed and modified by section 1204 of Division B (Medicare and Other Health Provisions) of the Pathway for SGR Reform Act of 2013 (Pub. L. 113-67 enacted on December 26, 2013). The reductions of states' fiscal year DSH allotments under section 1923(f)(7) of the Act that were applicable to FY 2014 and 2015 were repealed, and the FY 2016 reductions were increased. Subsequently, the

reductions were delayed and modified by the Medicare Access and CHIP Reauthorization Act of 2015 (Pub. L. 114-10 enacted on April 16, 2015) (MACRA). The reductions of states' fiscal year DSH allotments under section 1923(f)(7) of the Act that were applicable to FY 2017 were repealed and are instead scheduled to begin in FY 2018.

Because there are no reductions to DSH allotments for FY 2014 and FY 2016 under section 1923(f)(7) of the Act, this notice contains only the state-specific final FY 2014 DSH allotments and preliminary FY 2016 DSH allotments, as calculated under the statute without application of the reductions that would have been imposed under the Affordable Care Act provisions beginning with FY 2014. This notice also provides information on the calculation of such FY DSH allotments, the calculation of the states' institutions for mental disease (IMD) DSH limits, and the amounts of states' final FY 2014 IMD DSH limits and preliminary FY 2016 IMD DSH limits.

*B. Determination of Fiscal Year DSH Allotments*

Generally, in accordance with the methodology specified under section 1923(f)(3) of the Act, a state's FY DSH allotment is calculated by increasing the amount of its DSH allotment for the preceding FY by the percentage change in the CPI-U for the previous FY. Also in accordance with section 1923(f)(3) of the Act, a state's DSH allotment for a FY is subject to the limitation that an increase to a state's DSH allotment for a FY cannot result in the DSH allotment exceeding the greater of the state's DSH allotment for the previous FY or 12 percent of the state's total medical assistance expenditures for the allotment year (this is referred to as the 12 percent limit).

Furthermore, under section 1923(h) of the Act, federal financial participation (FFP) for DSH payments to IMDs and other mental health facilities is limited to state-specific aggregate amounts. Under this provision, the aggregate limit for DSH payments to IMDs and other mental health facilities is the lesser of a state's FY 1995 total computable (state and federal share) IMD and other mental health facility DSH expenditures applicable to the state's FY 1995 DSH allotment (as reported on the Form CMS-64 as of January 1, 1997), or the amount equal to the product of the state's current year total computable DSH allotment and the applicable percentage specified in section 1902(h) of the Act (the applicable percentage is

the IMD share of DSH total computable expenditures as of FY 1995).

In general, we determine states' DSH allotments for a FY and the IMD DSH limits for the same FY using the most recent available estimates of or actual medical assistance expenditures, including DSH expenditures in their Medicaid programs and the most recent available change in the CPI-U used for the FY in accordance with the methodology prescribed in the statute. The indicated estimated or actual expenditures are obtained from states for each relevant FY from the most recent available quarterly Medicaid budget reports (Form CMS-37) or quarterly Medicaid expenditure reports (Form CMS-64), respectively, submitted by the states. For example, as part of the initial determination of a state's FY DSH allotment (referred to as the preliminary DSH allotments) that is determined before the beginning of the FY for which the DSH allotments and IMD DSH limits are being determined, we use estimated expenditures for the FY obtained from the August submission of the CMS-37 submitted by states prior to the beginning of the FY; such estimated expenditures are subject to update and revision during the FY before such actual expenditure data become available. We also use the most recent available estimated CPI-U percentage change that is available before the beginning of the FY for determining the states' preliminary FY DSH allotments; such estimated CPI-U percentage change is subject to update and revision during the FY before the actual CPI-U percentage change becomes available. In determining the final DSH allotments and IMD DSH limits for a FY we use the actual expenditures for the FY and actual CPI-U percentage change for the previous FY.

**II. Provisions of the Notice**

*A. Calculation of the Final FY 2014 Federal Share State DSH Allotments, and the Preliminary FY 2016 Federal Share State DSH Allotments*

1. Final FY 2014 Federal Share State DSH Allotments

Addendum 1 to this notice provides the states' final FY 2014 DSH allotments determined in accordance with section 1923(f)(3) of the Act. As described in the background section, in general, the DSH allotment for a FY is calculated by increasing the FY DSH allotment for the preceding FY by the CPI-U increase for the previous fiscal year. For purposes of calculating the states' final FY 2014 DSH allotments, the preceding final fiscal year DSH allotments (for FY 2013) were published in the February 2, 2016

**Federal Register** (81 FR 5448). For purposes of calculating the states' final FY 2014 DSH allotments we are using the actual Medicaid expenditures for FY 2014. Finally, for purposes of calculating the states' final FY 2014 DSH allotments, the applicable historical percentage change in the CPI-U for the previous FY (FY 2013) was 1.6 percent; we note that this is an increase from the estimated 1.5 percentage change in the CPI-U for FY 2013 that was available and used in the calculation of the preliminary FY 2014 DSH allotments which were published in the February 28, 2014 **Federal Register** (79 FR 11436).

#### 2. Calculation of the Preliminary FY 2016 Federal Share State DSH Allotments

Addendum 2 to this notice provides the preliminary FY 2016 DSH allotments determined in accordance with section 1923(f)(3) of the Act. The preliminary FY 2016 DSH allotments contained in this notice were determined based on the most recent available estimates from states of their FY 2016 total computable Medicaid expenditures. Also, the preliminary FY 2016 allotments contained in this notice were determined by increasing the preliminary FY 2015 DSH allotments as contained in the notice published in the February 2, 2016 **Federal Register** (81 FR 5448) by 0.3 percent, representing the most recent available estimate of the percentage increase in the CPI-U for FY 2015 (the previous FY to FY 2016).

We will publish states' final FY 2016 DSH allotments in future notices based on the states' four quarterly Medicaid expenditure reports (Form CMS-64) for FY 2016 available following the end of FY 2016 and the actual change in the CPI-U for FY 2015.

#### B. Calculation of the Final FY 2014 and Preliminary FY 2016 IMD DSH Limits

Section 1923(h) of the Act specifies the methodology to be used to establish the limits on the amount of DSH payments that a state can make to IMDs and other mental health facilities. FFP is not available for IMD or DSH payments that exceed the IMD limits. In this notice, we are publishing the final FY 2014 and the preliminary FY 2016 IMD DSH limits determined in accordance with the provisions discussed above.

Addendums 3 and 4 to this notice detail each state's final FY 2014 and preliminary FY 2016 IMD DSH limit, respectively, determined in accordance with section 1923(h) of the Act.

### III. Collection of Information Requirements

This notice does not impose any new or revised information collection or recordkeeping requirements or burden. While discussed in section I.B. of this preamble and in Addendums 3 and 4, the requirements and burden associated with Form CMS-37 (OMB control number 0938-0101) and Form CMS-64 (OMB control number 0938-0067) are unaffected by this notice. Consequently, this notice, CMS-37, and CMS-64 are not subject to Office of Management and Budget review under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

### IV. Regulatory Impact Analysis

We have examined the impact of this notice as required by Executive Order 12866 on Regulatory Planning and Review (September 1993), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96-354), section 1102(b) of the Act, section 202 of the Unfunded Mandates Reform Act of 1995 (March 22, 1995; Pub. L. 104-4), Executive Order 13132 on Federalism (August 4, 1999) and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). This notice reaches the \$100 million economic threshold and thus is considered a major rule under the Congressional Review Act.

The final FY 2014 DSH allotments being published in this notice are approximately \$11 million more than the preliminary FY 2014 DSH allotments published in the February 28, 2014 **Federal Register** (79 FR 11436). The increase in the final FY 2014 DSH allotments is due to the difference between the actual percentage change in the CPI-U for FY 2013 used in the calculation of the final FY 2014 allotments (1.6 percent) as compared to the estimated percentage change in the CPI-U for FY 2013 used in the calculation of the preliminary FY 2014 allotments (1.5 percent). The final FY 2014 IMD DSH limits being published in this notice are approximately \$563 thousand more than the preliminary FY 2014 IMD DSH

limits published in the February 28, 2014 **Federal Register** (79 FR 11436). The increases in the IMD DSH limits are because the DSH allotment for a FY is a factor in the determination of the IMD DSH limit for the FY. Since the final FY 2014 DSH allotments were increased as compared to the preliminary FY 2014 DSH allotments, the associated FY 2014 IMD DSH limits for some states were also increased.

The preliminary FY 2016 DSH allotments being published in this notice are about \$36 million more than the preliminary FY 2015 DSH allotments published in the February 2, 2016 **Federal Register** (81 FR 5448). The increase in the DSH allotments is due to the application of the statutory formula for calculating DSH allotments under which the prior fiscal year allotments are increased by the percentage increase in the CPI-U for the prior fiscal year. The preliminary FY 2016 IMD DSH limits being published in this notice are about \$260 thousand less than the final FY 2014 IMD DSH limits published in the February 28, 2014 **Federal Register** (79 FR 11436). Although the DSH allotment for a FY is a factor in the determination of the IMD DSH limit for the FY and the preliminary FY 2016 DSH allotments are greater than the preliminary FY 2015 DSH allotments, the associated preliminary FY 2016 IMD DSH limits for some states decreased. This is attributable to a decrease in the FMAP rates for certain states.

The RFA requires agencies to analyze options for regulatory relief of small businesses, if a rule has a significant impact on a substantial number of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small governmental jurisdictions. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of less than \$7.0 million to \$34.5 million in any one year. Individuals and states are not included in the definition of a small entity. We are not preparing an analysis for the RFA because the Secretary has determined that this notice will not have significant economic impact on a substantial number of small entities. Specifically, any impact on providers is due to the effect of the various controlling statutes; providers are not impacted as a result of the independent regulatory action in publishing this notice. The purpose of the notice is to announce the latest distributions as required by the statute.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of

a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Core-Based Statistical Area for Medicaid payment regulations and has fewer than 100 beds. We are not preparing analysis for section 1102(b) of the Act because the Secretary has determined that this notice will not have a significant impact on the operations of a substantial number of small rural hospitals.

The Medicaid statute specifies the methodology for determining the amounts of states' DSH allotments and IMD DSH limits; and as described previously, the application of the methodology specified in statute results in the decreases or increases in states' DSH allotments and IMD DSH limits for the applicable FYs. The statute applicable to these allotments and limits does not apply to the determination of the amounts of DSH payments made to specific DSH hospitals; rather, these allotments and limits represent an

overall limit on the total of such DSH payments. In this regard, we do not believe that this notice will have a significant economic impact on a substantial number of small entities.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of \$100 million in 1995 dollars, updated annually for inflation. In 2016, that threshold is approximately \$146 million. This notice will have no consequential effect on state, local, or tribal governments, in the aggregate, or on the private sector.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on state and local governments, preempts state law, or otherwise has Federalism implications. Since this notice does not impose any costs on state or local governments, the requirements of E.O. 13132 are not applicable.

*A. Alternatives Considered*

The methodologies for determining the states' fiscal year DSH allotments and IMD DSH Limits, as reflected in this notice, were established in accordance with the methodologies and formula for determining states' allotments as specified in statute. This notice does not put forward any further discretionary administrative policies for determining such allotments.

*B. Accounting Statement*

As required by OMB Circular A-4 (available at <http://www.whitehouse.gov/omb/circulars/a004/a-4.pdf>), in the Table 1, we have prepared an accounting statement showing the classification of the estimated expenditures associated with the provisions of this notice. Table 1 provides our best estimate of the change (decrease) in the federal share of states' Medicaid DSH payments resulting from the application of the provisions of the Medicaid statute relating to the calculation of states' FY DSH allotments and the increase in the FY DSH allotments from FY 2015 to FY 2016.

TABLE 1—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES, FROM THE FY 2015 TO FY 2016  
[In millions]

Category	Transfers
Annualized Monetized Transfers	\$36.
From Whom To Whom?	Federal Government to States.

*C. Congressional Review Act*

This proposed regulation is subject to the Congressional Review Act provisions of the Small Business Regulatory Enforcement Fairness Act of 1996 (5 U.S.C. 801 *et seq.*) and has been transmitted to the Congress and the Comptroller General for review.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Dated: September 8, 2016.

**Andrew M. Slavitt,**  
*Acting Administrator, Centers for Medicare & Medicaid Services.*

Dated: October 13, 2016.

**Sylvia Burwell,**  
*Secretary, Department of Health and Human Services.*

KEY TO ADDENDUM 1—FINAL DSH ALLOTMENTS FOR FY 2014

[The Final FY 2014 DSH Allotments for the NON-Low DSH States are presented in the top section of this addendum, and the Final FY 2014 DSH Allotments for the Low-DSH States are presented in the bottom section of this addendum]

Column	Description
Column A	State.
Column B	FY 2014 FMAPs. This column contains the States' FY 2014 Federal Medical Assistance Percentages.
Column C	Prior FY (2013) DSH Allotments. This column contains the States' prior FY 2013 DSH Allotments.
Column D	Prior FY (2013) DSH Allotments (Col C) x (100 percent + Percentage Increase in CPIU): 101.6 percent. This column contains the amount in Column C increased by 1 plus the percentage increase in the CPI-U for the prior FY (101.6 percent).
Column E	FY 2014 TC MAP Exp. Including DSH. This column contains the amount of the States' FY 2014 total computable (TC) medical assistance expenditures including DSH expenditures.
Column F	FY 2014 TC DSH Expenditures. This column contains the amount of the States' FY 2014 total computable DSH expenditures.
Column G	FY 2014 TC MAP Exp. Net of DSH. This column contains the amount of the States' FY 2014 total computable medical assistance expenditures net of DSH expenditures, calculated as the amount in Column E minus the amount in Column F.
Column H	12 percent Amount. This column contains the amount of the "12 percent limit" in Federal share, determined in accordance with the provisions of section 1923(f)(3) of the Act.
Column I	Greater of FY 2013 Allotment or 12 percent Limit. This column contains the greater of the State's prior FY (FY 2013) DSH allotment or the amount of the 12 percent Limit, determined as the maximum of the amount in Column C or Column H.
Column J	FY 2014 DSH Allotment. This column contains the States' final FY 2014 DSH allotments, determined as the minimum of the amount in Column I or Column D. For states with "na" in Columns I or D, refer to the footnotes in the addendum.

ADDENDUM 1—FINAL DSH ALLOTMENTS FOR FISCAL YEAR: 2014

Table with columns: State, FY 2014 FMAPs (%), Prior FY (2013) DSH Allotments, Prior FY (2013) DSH allotment (Col.C) x 100% + pct increase in CPU, FY 2014 TC MAP Exp. including DSH, FY 2014 TC DSH expenditures, FY 2014 TC MAP EXP. net of DSH Col E-F, "12% Amount" = Col G x 12/ (1-.12/Col B)\* (in FS), Greater of Col H, Or Col I (12% Limit, FY 2012 allotment), FY 2014 DSH allotment MIN Col I, Col D

LOW DSH STATES

Table with columns: State, FY 2014 FMAPs (%), Prior FY (2013) DSH Allotments, Prior FY (2013) DSH allotment (Col.C) x 100% + pct increase in CPU, FY 2014 TC MAP Exp. including DSH, FY 2014 TC DSH expenditures, FY 2014 TC MAP EXP. net of DSH Col E-F, "12% Amount" = Col G x 12/ (1-.12/Col B)\* (in FS), Greater of Col H, Or Col I (12% Limit, FY 2012 allotment), FY 2014 DSH allotment MIN Col I, Col D

WYOMING .....	50.00	237,807	241,612	539,403,281	466,255	538,937,026	85,095,320	85,095,320	241,612
TOTAL LOW DSH STATES .....	0.00	514,096,763	522,322,311	55,472,595,837	410,290,985	55,062,304,852	8,304,838,060	8,304,838,060	522,322,313
TOTAL .....	0.00	10,758,733,966	10,930,873,709	451,956,973,427	16,970,288,042	434,986,685,385	66,598,602,843	66,598,602,843	11,662,833,710

<sup>1</sup> FY 2014 DSH allotment for Louisiana determined under the provisions of section 1903(f)(3)(C) and (D) of the Act.

<sup>2</sup> Tennessee's DSH allotment for FY 2014, determined under section 1923(f)(6)(A) of the Social Security Act, is 0.

<sup>3</sup> Per 1905(2)(1)(A) of Act, Vermont's regular FMAP is increased by 2.2 percentage points for the period 1/1/2014—12/31/2015.

## KEY TO ADDENDUM 2—PRELIMINARY DSH ALLOTMENTS FOR FY 2016

[The Preliminary FY 2016 DSH Allotments for the NON-Low DSH States are presented in the top section of this addendum, and the Preliminary FY 2016 DSH Allotments for the Low-DSH States are presented in the bottom section of this addendum]

Column	Description
Column A .....	State.
Column B .....	FY 2016 FMAPs. This column contains the States' FY 2016 Federal Medical Assistance Percentages.
Column C .....	Prior FY (2015) DSH Allotments. This column contains the States' prior FY 2015 DSH Allotments.
Column D .....	Prior FY (2015) DSH Allotments (Col C) x (100percent + Percentage Increase in CPIU): 100.3percent. This column contains the amount in Column C increased by 1 plus the estimated percentage increase in the CPI-U for the prior FY (100.3 percent).
Column E .....	FY 2016 TC MAP Exp. Including DSH. This column contains the amount of the States' projected FY 2016 total computable (TC) medical assistance expenditures including DSH expenditures.
Column F .....	FY 2016 TC DSH Expenditures. This column contains the amount of the States' projected FY 2016 total computable DSH expenditures.
Column G .....	FY 2016 TC MAP Exp. Net of DSH. This column contains the amount of the States' projected FY 2016 total computable medical assistance expenditures net of DSH expenditures, calculated as the amount in Column E minus the amount in Column F.
Column H .....	12 percent Amount. This column contains the amount of the "12 percent limit" in Federal share, determined in accordance with the provisions of section 1923(f)(3) of the Act.
Column I .....	Greater of FY 2015 Allotment or 12 percent Limit. This column contains the greater of the State's prior FY (FY 2015) DSH allotment or the amount of the 12 percent Limit, determined as the maximum of the amount in Column C or Column H.
Column J .....	FY 2016 DSH Allotment. This column contains the States' preliminary FY 2016 DSH allotments, determined as the minimum of the amount in Column I or Column D. For states with "na" in Columns I or D, refer to the footnotes in the addendum.

APPENDUM 2—PRELIMINARY DSH ALLOTMENTS FOR FISCAL YEAR: 2016

State	A	B	C	D	E	F	G	H	I	J
	Prior FY (2015) DSH Allotments	FY 2016 FMAPs (%)	Prior FY (2015) DSH Allotments	Prior FY (2015) DSH allotment (Col.C) × 100% + pct increase in CPIU: 100.3%	FY 2016 TC MAP Exp. including DSH	FY 2016 TC DSH expenditures	FY 2016 TC MAP EXP. net of DSH Col E-F	"12% Amount" = Col G × 12/(1-.12/Col B) (in FS)	Greater of Col H or Col C (12% Limit, FY 2015 Allotment)	FY 2016 DSH Allotment MIN Col I, Col D
ALABAMA	69.87	\$333,186,701	\$334,186,261	\$5,930,834,000	\$479,878,000	\$5,450,956,000				
ARIZONA	68.92	109,707,817	110,036,940	12,053,707,000	170,695,000	11,883,012,000				
CALIFORNIA	50.00	1,187,824,131	1,191,387,603	111,044,623,000	615,463,000	110,429,160,000				
COLORADO	50.72	100,226,893	100,527,574	8,094,087,000	221,156,000	7,872,921,000				
CONNECTICUT	50.00	216,706,796	217,356,916	7,523,550,000	121,554,000	7,401,996,000				
DISTRICT OF COLUMBIA	70.00	66,366,456	66,565,555	2,768,440,000	36,674,000	2,731,766,000				
FLORIDA	60.67	216,706,796	217,356,916	21,269,943,000	360,904,000	20,909,039,000				
GEORGIA	67.55	291,199,759	292,073,358	9,111,625,000	435,016,000	8,676,609,000				
ILLINOIS	50.89	232,959,806	233,658,685	16,127,216,000	394,376,000	15,732,840,000				
INDIANA	66.60	231,605,390	232,300,206	12,434,804,000	128,475,000	12,306,329,000				
KANSAS	55.96	44,695,778	44,829,865	3,237,360,000	78,926,000	3,158,434,000				
KENTUCKY	70.32	157,112,428	157,583,765	10,502,654,000	498,275,000	10,004,379,000				
LOUISIANA	62.21	743,671,360	745,902,374	8,188,536,000	881,390,000	7,307,146,000				
MAINE	62.67	113,771,068	114,112,381	2,595,932,000	42,279,000	2,553,653,000				
MARYLAND	50.00	82,619,466	82,867,324	10,300,033,000	102,916,000	10,197,117,000				
MASSACHUSETTS	50.00	330,477,865	331,469,299	17,688,569,000	0	17,688,569,000				
MICHIGAN	65.60	287,136,507	287,997,917	18,245,307,000	399,957,000	17,845,350,000				
MISSISSIPPI	74.17	165,238,933	165,734,650	5,593,780,000	225,000,000	5,368,780,000				
MISSOURI	63.28	513,324,226	514,864,199	3,977,517,000	741,320,000	3,236,197,000				
NEVADA	64.93	50,113,446	50,263,786	3,487,301,000	79,052,000	3,408,249,000				
NEW HAMPSHIRE	50.00	173,472,190	173,992,607	1,982,620,000	215,300,000	1,767,320,000				
NEW JERSEY	50.00	697,525,004	699,617,579	15,818,782,000	1,055,083,000	14,763,699,000				
NEW YORK	50.00	1,740,426,463	1,745,647,742	67,708,685,000	5,212,860,000	62,495,825,000				
NORTH CAROLINA	66.24	319,642,526	320,601,454	14,344,107,000	584,963,000	13,759,144,000				
OHIO	62.47	440,185,682	441,506,239	23,409,769,000	0	23,409,769,000				
PENNSYLVANIA	52.01	608,133,449	609,957,849	25,118,027,000	970,040,000	24,147,987,000				
RHODE ISLAND	50.42	70,429,709	70,640,998	2,798,911,000	140,859,000	2,658,052,000				
SOUTH CAROLINA	71.08	354,857,380	355,921,952	6,627,245,000	514,209,000	6,113,036,000				
TENNESSEE <sup>1</sup>	65.05	na	na	na	na	na				
TEXAS	57.13	1,036,129,374	1,039,237,762	40,938,942,000	2,913,588,000	38,025,354,000				
VERMONT <sup>2</sup>	54.45	24,379,515	24,452,654	1,950,326,000	37,449,000	1,912,877,000				
VIRGINIA	50.00	94,925,784	95,210,561	8,682,506,000	202,125,000	8,480,381,000				
WASHINGTON	50.00	200,453,788	201,055,149	13,268,547,000	412,552,000	12,855,995,000				
WEST VIRGINIA	71.42	73,138,544	73,357,960	4,023,484,000	73,139,000	3,950,345,000				
TOTAL		11,308,351,030	11,342,276,083	522,847,769,000	18,345,503,000	504,502,266,000	77,526,317,353	77,526,317,353	11,395,376,080	

LOW DSH STATES

ALASKA	50.00	22,071,255	22,137,469	1,845,425,000	28,763,000	1,816,662,000				
ARKANSAS	70.00	46,741,254	46,881,478	6,474,078,000	50,820,000	6,423,258,000				
DELAWARE	54.83	9,809,445	9,838,873	2,024,107,000	23,869,000	2,000,238,000				
HAWAII <sup>3</sup>	53.98	10,559,898	10,591,578	2,280,099,000	0	2,280,099,000				
IDAHO	71.24	17,810,592	17,864,024	1,954,296,000	25,668,000	1,928,628,000				
IOWA	54.91	42,670,802	42,798,814	4,977,980,000	46,668,000	4,931,312,000				
MINNESOTA	50.00	80,927,935	81,170,719	12,331,901,000	154,640,000	12,177,261,000				
MONTANA	65.24	12,298,951	12,335,848	1,114,619,000	1,656,000	1,112,963,000				
NEBRASKA	51.16	30,662,084	30,754,070	2,123,413,000	45,557,000	2,077,856,000				
NEW MEXICO	70.37	22,071,255	22,137,469	6,102,795,000	32,020,000	6,070,775,000				
NORTH DAKOTA	50.00	10,394,895	10,380,945	1,291,738,000	1,765,000	1,289,973,000				
OKLAHOMA	60.99	39,237,784	39,355,497	5,461,374,000	52,314,000	5,409,060,000				
OREGON	64.38	49,047,232	49,194,374	9,507,193,000	82,564,000	9,424,629,000				
SOUTH DAKOTA	51.61	11,967,251	12,003,153	901,031,000	1,617,000	899,414,000				
UTAH	70.24	21,256,752	21,320,522	2,546,400,000	30,842,000	2,515,558,000				
WISCONSIN	58.23	102,429,524	102,736,813	8,533,715,000	170,702,000	8,363,013,000				
TOTAL		11,308,351,030	11,342,276,083	522,847,769,000	18,345,503,000	504,502,266,000	77,526,317,353	77,526,317,353	11,395,376,080	



ADDENDUM 2—PRELIMINARY DSH ALLOTMENTS FOR FISCAL YEAR: 2016—Continued

State	FY 2016 FMAPs (%)	Prior FY (2015) DSH Allotments	Prior FY (2015) DSH allotment (Col O) × 100% + pct increase in CPIU: 100.3%	FY 2016 TC MAP Exp. including DSH	FY 2016 TC DSH expenditures	FY 2016 TC MAP EXP. net of DSH Col E-F	"12% Amount" = Col G × .12 / (1-.12/Col B) (in FS)	Greater of Col H or Col C (12% Limit, FY 2015 Allotment)	FY 2016 DSH Allotment MIN Col I, Col D
A	B	C	D	E	F	G	H	I	J
WYOMING .....	50.00	245,236	245,972	608,180,000	482,000	607,698,000	95,952,316	95,952,316	245,972
TOTAL LOW DSH STATES .....	.....	530,157,145	531,747,616	70,078,344,000	749,947,000	69,328,397,000	10,468,678,931	10,468,678,931	531,747,618
TOTAL .....	.....	11,838,508,175	11,874,023,700	592,926,113,000	19,095,450,000	573,830,663,000	87,994,996,285	87,994,996,285	11,927,123,698

<sup>1</sup> Tennessee's DSH allotment for FY 2016 determined under section 1923(f)(6)(A) of the Act

<sup>2</sup> FMAP for Vermont for FY 2016 determined in accordance with section 1905(z)(1)(A) of the Act.

## KEY TO ADDENDUM 3—FINAL IMD DSH LIMITS FOR FY 2014

[The final FY 2014 IMD DSH Limits for the Non-Low DSH States are presented in the top section of this addendum and the preliminary FY 2014 IMD DSH Limits for the Low-DSH States are presented in the bottom section of the addendum]

Column	Description
Column A .....	State.
Column B .....	Inpatient Hospital Services FY 95 DSH Total Computable. This column contains the States' total computable FY 1995 inpatient hospital DSH expenditures as reported on the Form CMS-64.
Column C .....	IMD and Mental Health Services FY 95 DSH Total Computable. This column contains the total computable FY 1995 mental health facility DSH expenditures as reported on the Form CMS-64 as of January 1, 1997.
Column D .....	Total Inpatient Hospital & IMD & Mental Health FY 95 DSH Total Computable, Col. B + C. This column contains the total computation of all inpatient hospital DSH expenditures and mental health facility DSH expenditures for FY 1995 as reported on the Form CMS-64 as of January 1, 1997 (representing the sum of Column B and Column C).
Column E .....	Applicable Percentage, Col. C/D. This column contains the "applicable percentage" representing the total Computable FY 1995 mental health facility DSH expenditures divided by total computable all inpatient hospital and mental health facility DSH expenditures for FY 1995 (the amount in Column C divided by the amount in Column D) Per section 1923(h)(2)(A)(ii)(III) of the Act, for FYs after FY 2002, the applicable percentage can be no greater than 33 percent.
Column F .....	FY 2014 Federal Share DSH Allotment. This column contains the states' FY 2014 DSH allotments from Column J Addendum 1.
Column G .....	FY 2014 FMAP.
Column H .....	FY 2014 DSH Allotments in Total Computable, Col. F/G. This column contains states' FY 2013 total computable DSH allotment (determined as Column F/Column G).
Column I .....	Applicable Percentage Applied to FY 2014 Allotments in TC, Col E x Col H. This column contains the applicable percentage of FY 2013 total computable DSH allotment (calculated as the percentage in Column E multiplied by the amount in Column H).
Column J .....	FY 2014 TC IMD DSH Limit. Lesser of Col. I or C. This column contains the total computable FY 2014 TC IMD DSH Limit equal to the lesser of the amount in Column I or Column C.
Column K .....	FY 2014 IMD DSH Limit in Federal Share, Col. G x J. This column contains the FY 2014 Federal Share IMD DSH limit determined by converting the total computable FY 2014 IMD DSH Limit from Column J into a federal share amount by multiplying it by the FY 2014 FMAP in Column G.

ADDENDUM 3—FINAL IMD DSH LIMIT FOR FY: 2014

Table with columns: STATE (A), Inpatient services (B), IMD and mental health services (C), Total inpatient and IMD & mental health services (D), Applicable percent (E), FY 2014 allotment in FS (F), FY 2014 FMA Pts (%) (G), FY 2014 allotments in col F/G (H), Applicable percentage applied to FY 2013 allotments (I), FY 2014 TC IMD limit (J), FY 2014 IMD limit in FS (K), MMA low DSH Status (L)

LOW DSH STATES

Table listing states with DSH status and corresponding values under columns B through L, including ALASKA, ARKANSAS, DELAWARE, HAWAII, IDAHO, IOWA, MINNESOTA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, SOUTH DAKOTA, and UTAH.

WISCONSIN .....	6,609,524	4,492,011	11,101,535	33.00	100,915,788	59.06	170,869,942	56,387,081	4,492,011	2,652,982	LOW DSH
WYOMING .....	0	0	0	0.00	241,612	50.00	483,224	0	0	0	LOW DSH
TOTAL LOW DSH STATES .....	98,662,480	63,238,167	161,900,647	.....	522,322,313	.....	888,585,914	188,662,592	58,675,341	33,650,624	.....
TOTAL .....	13,501,123,326	4,181,997,071	17,683,120,397	.....	11,662,833,710	.....	20,735,610,077	3,968,265,459	3,498,413,578	1,964,750,712	.....

## KEY TO ADDENDUM 4—PRELIMINARY IMD DSH LIMITS FOR FY 2016

[The preliminary FY 2016 IMD DSH Limits for the Non-Low DSH States are presented in the top section of this addendum and the preliminary FY 2016 IMD DSH Limits for the Low-DSH States are presented in the bottom section of the addendum]

Column	Description
Column A .....	State.
Column B .....	Inpatient Hospital Services FY 95 DSH Total Computable. This column contains the States' total computable FY 1995 inpatient hospital DSH expenditures as reported on the Form CMS-64.
Column C .....	IMD and Mental Health Services FY 95 DSH Total. Computable. This column contains the total computable FY 1995 mental health facility DSH expenditures as reported on the Form CMS-64 as of January 1, 1997.
Column D .....	Total Inpatient Hospital & IMD & Mental Health FY 95 DSH Total. Computable, Col. B + C. This column contains the total computation of all inpatient hospital DSH expenditures and mental health facility DSH expenditures for FY 1995 as reported on the Form CMS-64 as of January 1, 1997 (representing the sum of Column B and Column C).
Column E .....	Applicable Percentage, Col. C/D. This column contains the "applicable percentage" representing the total Computable FY 1995 mental health facility DSH expenditures divided by total computable all inpatient hospital and mental health facility DSH expenditures for FY 1995 (the amount in Column C divided by the amount in Column D) Per section 1923(h)(2)(A)(ii)(III) of the Act, for FYs after FY 2002, the applicable percentage can be no greater than 33 percent.
Column F .....	FY 2016 Federal Share DSH Allotment. This column contains the states' preliminary FY 2016 DSH allotments from Column J Addendum 1.
Column G .....	FY 2016 FMAP.
Column H .....	FY 2016 DSH Allotments in Total Computable, Col. F/G. This column contains states' FY 2016 total computable DSH allotment (determined as Column F/Column G).
Column I .....	Applicable Percentage Applied to FY 2016 Allotments in TC, Col E × Col H. This column contains the applicable percentage of FY 2015 total computable DSH allotment (calculated as the percentage in Column E multiplied by the amount in Column H).
Column J .....	FY 2016 TC IMD DSH Limit. Lesser of Col. I or C. This column contains the total computable FY 2016 TC IMD DSH Limit equal to the lesser of the amount in Column I or Column C.
Column K .....	FY 2016 IMD DSH Limit in Federal Share, Col. G × J. This column contains the FY 2016 Federal Share IMD DSH limit determined by converting the total computable FY 2016 IMD DSH Limit from Column J into a federal share amount by multiplying it by the FY 2016 FMAP in Column G.

APPENDUM 4—PRELIMINARY IMD DSH LIMIT FOR FISCAL YEAR: 2016

Table with columns A through L: State, Inpatient services, IMD and mental health services, Total inpatient & IMD, Applicable percent, FY 2016 allotment in FS, FY 2016 FMAPs, FY 2016 allotments, Applicable percentage, FY 2016 TC IMD limit, FY 2016 IMD limit, and MMA low DSH status.

LOW DSH STATES

Summary table for Low DSH States with columns A through L, showing state names and corresponding values for all metrics listed in the main table.

ADDENDUM 4—PRELIMINARY IMD DSH LIMIT FOR FISCAL YEAR: 2016—Continued

State	A	B	C	D	E	F	G	H	I	J	K	L
	Inpatient hospital services FY 95 DSH total computable	IMD and mental health services FY 95 DSH total computable	Total inpatient & IMD & mental health FY 95 DSH total computable Col B + C	Applicable percent Col C/D	FY 2016 allotment in FS	FY 2016 FMAPs (%)	FY 2016 allotments in TC Col F/G	Applicable percentage applied to FY 2016 allotments in TC Col E x Col H	FY 2016 TC IMD limit (lesser of Col I or Col C)	FY 2016 IMD limit in FS Col G x J	MMA low DSH status	
WISCONSIN	6,609,524	4,492,011	11,101,535	33.00	102,736,813	58.23	176,432,789	58,222,820	4,492,011	2,615,698	LOW DSH	
WYOMING	0	0	0	0.00	245,972	50.00	491,944	0	0	0	LOW DSH	
TOTAL LOW DSH STATES	98,662,480	63,238,167	161,900,647		531,747,618		916,893,692	194,022,228	59,089,759	33,870,772		
TOTAL	13,501,123,326	4,181,997,071	17,683,120,397		11,927,123,698		21,215,437,356	4,051,517,746	3,529,688,919	1,978,132,703		

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Administration for Children and Families****Submission for OMB Review; Comment Request**

*Title:* National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants.

*OMB No.:* 0970-0462.

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing data collection activities as part of the Health Profession Opportunity Grants (HPOG) Program. ACF has developed a multi-pronged research and evaluation approach for the HPOG program to better understand and assess the activities conducted and their results. Two rounds of HPOG grants have been awarded—the first in 2010 (HPOG 1.0) and the second in 2015 (HPOG 2.0). There are federal evaluations associated with each round of grants. HPOG grants provide funding to government agencies, community-based organizations, post-secondary educational institutions, and tribal-affiliated organizations to provide education and training services to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Under HPOG 2.0, ACF awarded grants to five tribal-affiliated organizations and 27 non-tribal entities. The proposed data collection activities described in this notice will provide data for the implementation studies of the National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (*i.e.*, the HPOG 2.0 National Evaluation and the HPOG 2.0 Tribal Evaluation) as well as the impact study for the HPOG 2.0 National Evaluation. OMB previously approved baseline data collection and informed consent forms for the HPOG 2.0 Evaluations under OMB Control Number 0970-0462. The design for the HPOG 2.0 National Evaluation features an implementation study, cost benefit study, and impact study. This information collection clearance request pertains to the implementation study and impact study.

The goal of the HPOG 2.0 National Evaluation Implementation Study is to describe and assess the implementation, systems change, outcomes and other important information about the operations of the 27 non-tribal HPOG grantees, which are operating 38 distinct programs. To achieve these goals, it is necessary to collect data about the non-tribal HPOG program designs and implementation, HPOG partner and program networks, the composition and intensity of HPOG services received, participant characteristics and HPOG experiences, and participant outputs and outcomes.

The goal of the HPOG 2.0 National Evaluation Impact Study is to measure and analyze key participant outcomes and impacts including completion of education and training, receipt of certificates and/or degrees, earnings, and employment in a healthcare career.

The goal of the HPOG 2.0 Tribal Evaluation is to conduct a comprehensive implementation and outcome evaluation of the five Tribal HPOG 2.0 grantee programs. The evaluation will identify and assess how programmatic health profession training operations are working; determine differences in approaches being used when programs are serving different sub-populations, including participants with different characteristics and skill levels; and identify programs and practices that are successful in supporting the target population to achieve portable industry-recognized certificates or degrees as well as employment-related outcomes.

The information collection activities to be submitted in the request package include: (1) *Screening Interview to identify respondents for the HPOG 2.0 National Evaluation first-round telephone interviews.* (2) *HPOG 2.0 National Evaluation first-round telephone interviews with management and staff.* These interviews will collect information about the HPOG program context and about program administration, activities and services, partner and stakeholder roles and networks, and respondent perceptions of the program's strengths. (3) *HPOG 2.0 National Evaluation in-person implementation interviews with HPOG personnel* will collect information from six HPOG 2.0 programs with promising approaches to the topic areas of specific interest to ACF. (4) *HPOG 2.0 National Evaluation participant contact update forms* will collect updated participant contact information for impact study

participants (treatment and control) every 3 months, during the three year follow-up period. (5) *HPOG 2.0 Tribal Evaluation grantee and partner administrative staff interviews* will collect information on high-level program strategies, partnerships in place to implement the Tribal HPOG 2.0 program, program development and lessons learned. (6) *HPOG 2.0 Tribal Evaluation program implementation staff interviews* will collect information from instructors, trainers, recruitment and orientation staff, and providers of program or supportive services on Tribal HPOG 2.0 program processes including recruitment, screening, orientation, provision of supportive services, and program implementation. (7) *HPOG 2.0 Tribal Evaluation employer interviews* will collect information from local or regional employers that are partnering with Tribal HPOG 2.0 programs or have employed participants, and collect information on employers' impressions of the Tribal HPOG 2.0 program and program graduates. (8) *HPOG 2.0 Tribal Evaluation program participant focus groups* will collect information on participants' perceptions, experience, outcomes and satisfaction with the Tribal HPOG 2.0 program. (9) *HPOG 2.0 Tribal Evaluation program participant completer interviews* will collect information on the current employment status of the participants who completed a training program and their perceptions of and satisfaction with the Tribal HPOG 2.0 program. (10) *HPOG 2.0 Tribal Evaluation program participant non-completer interviews* will collect information on reasons participants left the program, short-term outcomes, how they feel the program could be improved, and any plans for future academic training.

*Respondents:* For the HPOG 2.0 National Evaluation: HPOG program managers; HPOG program staff; and representatives of partner agencies and stakeholders, including support service providers, education and vocational training providers, Workforce Investment Boards, TANF agencies, and participants at the 27 non-tribal HPOG 2.0 grantees. For the HPOG 2.0 Tribal Evaluation: Tribal HPOG 2.0 program staff; administrative staff at grantee institutions; representatives from partner agencies and stakeholders, including local employers; and Tribal HPOG program participants at the five Tribal HPOG 2.0 grantees.