

ANNUALIZED REPORTING BURDEN ON STUDY PARTICIPANTS

Form name	Type of respondent	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Time 1 (Baseline) Interview ..	Domestic violence survivors	256	1	1	256
Follow-up Interviews	Domestic violence survivors	256	2	1	512
Online survey about advocates' work history and demographics.	Victim service advocates	20	1	15/60	5
Online survey of advocates' work with survivors.	Victim service advocates	20	13	20/60	86
Form for community agency points of contact to verify agency information (monthly).	Community agency point of contact.	4	12	15/60	12
Total	871

OS specifically requests comments on (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.

Darius Taylor,

Information Collection Clearance Officer.

[FR Doc. 2016-29362 Filed 12-6-16; 8:45 am]

BILLING CODE 4150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting Announcement for the Technical Advisory Panel on Medicare Trustee Reports

ACTION: Notice of public meeting.

SUMMARY: This notice announces the meeting dates for the Technical Advisory Panel on Medicare Trustee Reports on Monday, December 19, 2016 and Tuesday, December 20, 2016 in Washington, DC.

DATES: The meeting will be held on Monday, December 19, 2016 from 9:15 a.m. to 5:00 p.m. and Tuesday, December 20, 2016, from 9:00 a.m. to 3:30 p.m. Eastern Daylight Time (EDT) and it is open to the public.

ADDRESSES: The meeting will be held at the Hubert Humphrey Building, 200 Independence Ave. SW., Washington, DC 20201, Room 738G.3.

FOR FURTHER INFORMATION CONTACT: Dr. Donald Oellerich, Designated Federal Officer, at the Office of Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200

Independence Ave. SW., Washington, DC 20201, (202) 690-8410.

SUPPLEMENTARY INFORMATION:

I. Purpose

The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Secretary on how the Medicare Trustees might more accurately estimate health spending in the short and long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions and methods by which Trustees might more accurately measure health spending. This Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Committee is composed of nine members appointed by the Assistant Secretary for Planning and Evaluation.

II. Agenda

The Panel will likely hear presentations from two outside experts; one on prescription drugs spending and a second on spillover effects. In addition the HHS Office of the Actuary will present on issues the panel may wish to address. Additional presentations regarding long range growth, sustainability of provider payments under Affordable Care Act (ACA) and Medicare Access and Chip Reauthorization Act (MACRA), methods for transitioning from short term (10 year) to long term (75 year) projections and methods and the presentation of uncertainty in the report may follow. After any presentations, the Panel will deliberate openly on the topics. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open

public session for any attendee to address issues specific to the topic.

III. Meeting Attendance

The Monday, December 19, 2016 and Tuesday, December 20, 2016 meetings are open to the public; however, in-person attendance is limited to space available.

Meeting Registration

The public may attend the meeting in-person. Space is limited and registration is *required* in order to attend in-person. Registration may be completed by emailing or faxing all the following information to Dr. Donald Oellerich at don.oellerich@hhs.gov or fax 202-690-6562:

Name.

Company name.

Postal address.

Email address.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Dr. Oellerich, no later than December 12, 2016 by sending an email message to don.oellerich@hhs.gov or calling 202-690-8410.

A confirmation email will be sent to the registrants shortly after completing the registration process.

IV. Special Accommodations

Individuals requiring special accommodations must include the request for these services during registration.

V. Copies of the Charter

The Secretary's Charter for the Technical Advisory Panel on Medicare Trustee Reports is available upon request from Dr. Donald Oellerich at don.oellerich@hhs.gov or by calling 202-690-8410.

Dated: December 2, 2016.

Kathryn E. Martin,

Acting Assistant Secretary for Planning and Evaluation.

[FR Doc. 2016-29331 Filed 12-6-16; 8:45 am]

BILLING CODE 4150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Financial Resources, Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (HHS) is being amended at Chapter AM, Office of the Assistant Secretary for Financial Resources (ASFR), as last amended at 78 FR 52197-52199 dated August 22, 2013; 76 FR 19774-19776 dated April 8, 2011; 75 FR 369-370, dated January 5, 2010; 74 FR 57679-57682, dated November 9, 2009; and 71 FR 38884-88, dated July 10, 2006, as follows:

I. B. Under Section AM.20 Functions, make the following changes:

1. Under paragraph D, "Office of Finance (AMS)," delete in its entirety and replace with the following:

D. Chapter AMS, Office of Finance (AMS)

Section AMS.00 Mission: The Office of Finance (OF) is headed by the Deputy Assistant Secretary for Finance (DASF), who is also the Deputy Chief Financial Officer and reports to the Assistant Secretary for Financial Resources and Chief Financial Officer (CFO). The mission of the Office of Finance is to provide financial accountability and enhance program integrity through leadership, oversight, collaboration, and innovation.

The office includes the following:

- Immediate Office (AMS)
- Office of Financial Policy and Reporting (AMS1)
- Office of Financial Systems Policy and Oversight (AMS2)
- Office of Program Audit Coordination (AMS3)

1. *Immediate Office (AMS).* The Immediate Office (IO) is responsible for support and coordination to execute the mission of OF including implementation of HHS's Enterprise Risk Management (ERM) program. The Immediate Office includes:

- Division of Business Operations
- Division of Enterprise Risk Management

a. *Division of Business Operations.*

The Division:

- (1) Provides leadership for the HHS CFO community;
- (2) Leads strategic planning for the HHS CFO community and the Office of Finance;
- (3) Serves as the liaison with internal and external stakeholders regarding financial management matters;
- (4) Provides operational support for the OF;
- (5) Leads workforce development initiatives for the OF;
- (6) Advises the ASFR/CFO regarding financial management matters affecting the Department; and
- (7) Leads other activities that enhance OF's management and operations.

b. *Division of Enterprise Risk Management.* The Division:

- (1) Coordinates across HHS to establish and communicate HHS's ERM vision, culture, strategy, and framework;
- (2) Designs and implements an ERM infrastructure across HHS, including governance;
- (3) Develops and shares tools, guidance, and best practices regarding ERM;
- (4) Provides technical assistance and direction to HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs) on implementing ERM;
- (5) Facilitates enterprise-wide, integrated and comprehensive assessments across HHS's risk portfolio including leading the development of the agency's risk profile and guiding management's prioritization of risks across the agency;
- (6) Leads the Department's efforts to meet the ERM requirement in OMB Circular A-123, "Management's Responsibility for Enterprise Risk Management and Internal Control";
- (7) Prepares reports, briefings, and makes recommendations to senior HHS leadership, OPDIVs, STAFFDIVs and other stakeholders on ERM related activities; and
- (8) Leads other activities that enhance HHS implementation and integration of ERM into business operations.

2. *Office of Financial Policy and Reporting (AMS1).* The Office of Financial Policy and Reporting (OFPR) is responsible for financial management policy and standards, internal controls over reporting, statutory financial reports and audits, and other managerial reports. OFPR includes:

- Division of Financial Management Policy
- Division of Financial Statements and Audit
- Division of Financial Reporting and Analysis

○ Division of Accounting Standardization and Oversight (AMS14)

a. *Division of Financial Management Policy.* The Division:

(1) Leads the Department's efforts to establish and maintain proper internal control over reporting and ensures that requirements are met under Appendix A, OMB Circular A-123, "Management's Responsibility for Enterprise Risk Management and Internal Control";

(2) Coordinates with the OPDIVs in the preparation of the corrective action plan (CAP), which is submitted annually to OMB and reflects the material weaknesses, significant deficiencies, and other reportable conditions from the annual CFO Act audit;

(3) Recommends, develops, and promulgates Department-wide policies, procedures, and standards for financial management areas including OMB, GAO, Treasury, Federal Accounting Standards Advisory Board (FASAB), and other agency guidance related to government-wide accounting policies and standards, cash management, credit management, debt management, payment and disbursement activities and functions, and budget execution accounting;

(4) Provides support to the OPDIV CFOs for financial planning and improvement initiatives;

(5) Serves as principal staff advisor on financial management policy matters to the DASF;

(6) Manages the Departmental process for the development of the required annual report on HHS's audited financial statements; and

(7) Maintains a system for tracking and improving cash and credit management and debt collection performance throughout the Department.

b. *Division of Financial Statements and Audit.* The Division:

(1) Oversees the preparation and submission of consolidated financial statements for the Department in accordance with OMB and Treasury requirements;

(2) Serves as the principal liaison with the Office of the Inspector General (OIG) in planning the annual financial statement audit strategy under the CFO Act, as amended. Coordinates with OPDIVs and STAFFDIVs to ensure timely audit deliverables;

(3) Reviews and interprets OMB, GAO, Treasury, and FASAB guidance and requirements related to government-wide accounting policies and standards;