

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA numbers: 93.581, 93.587, 93.612]

Notice of Final Issuance Adopting Administration for Native Americans (ANA) Program Policies and Procedures

AGENCY: ANA, ACF, HHS.

ACTION: Issuance of Final Policies.

SUMMARY: The Administration for Native Americans (ANA) is issuing final interpretive rules, general statements of policy, and rules of agency organization, procedure, or practice relating to the following seven Funding Opportunity Announcements (FOAs): Environmental Regulatory Enhancement (HHS-2017-ACF-ANA-NR-1221); Sustainable Employment and Economic Development Strategies (HHS-2017-ACF-ANA-NE-1225); Native American Language Preservation and Maintenance—Esther Martinez Immersion (HHS-2017-ACF-ANA-NB-1226); Native American Language Preservation and Maintenance (HHS-2017-ACF-ANA-NL-1235); Social and Economic Development Strategies (HHS-2017-ACF-ANA-NA-1236); Social and Economic Development Strategies—Alaska (HHS-2015-ACF-ANA-NK-0960); and Native Youth Initiative for Leadership, Empowerment, and Development (HHS-2017-ACF-ANA-NC-1263).

DATES: The policies described in the Notice for Public Comment (NOPC) are effective immediately upon publication.

FOR FURTHER INFORMATION CONTACT: Carmelia Strickland, Director, Division of Program Operations and Administration for Native Americans, (877) 922-9262.

SUPPLEMENTARY INFORMATION: Section 814 of the Native American Programs Act of 1974 (NAPA), as amended, requires ANA to provide notice and allow for comment on its proposed interpretive rules and general statements of policy. This Notice responds to comments to ANA's January 23, 2017, NOPC, provides notice of the cancellation of the Fiscal Year (FY) 2017 Sustainable Employment and Economic Development Strategies (SEEDS) FOA, and provides information on where to find the FY 2017 FOAs.

A. Comments and Responses to the 2017 NOPC

ANA published a NOPC in the **Federal Register** on January 23, 2017

(82 FR 7834), with proposed policy and program clarifications, modifications, and activities for the FY 2017 FOAs. The NOPCs provided proposed clarifications, modifications, and new text for seven FY 2017 FOAs: Environmental Regulatory Enhancement (HHS-2017-ACF-ANA-NR-1221); Sustainable Employment and Economic Development Strategies (HHS-2017-ACF-ANA-NE-1225); Native American Language Preservation and Maintenance—Esther Martinez Immersion (HHS-2017-ACF-ANA-NB-1226); Native American Language Preservation and Maintenance (HHS-2017-ACF-ANA-NL-1235); Social and Economic Development Strategies (HHS-2017-ACF-ANA-NA-1236); Social and Economic Development Strategies—Alaska (HHS-2015-ACF-ANA-NK-0960); and Native Youth Initiative for Leadership, Empowerment, and Development (HHS-2017-ACF-ANA-NC-1263). The public comment period was open for 30 days.

ANA received feedback from the Cherokee Nation. ANA considered the comments and determined none of them required changes to any of the FOAs. Many of the comments expressed agreement with ANA's changes to the FOAs. We appreciate the comments and they require no response or changes. A few comments expressed concerns or made suggestions about some of the changes. We respond to those below:

Comment: Regarding access in all FOAs to ANA's Application Toolkit, commenter commended the addition of the Toolkit and recommended introductory webinars to roll out the Toolkit.

Response: ANA will make no changes to the FOAs in response to this comment. ANA will be providing information about the new Application Toolkit in a variety of ways, including webinars and ANA's pre-application trainings.

Comment: With respect to the modification of application due dates under the Native Youth Initiative for Leadership, Empowerment, and Development FOA to align with ANA's other FOAs, the commenter noted this change would help streamline ANA's grant processes and that such change was not unexpected. The commenter did express concern about lower quality proposals being submitted if tribes submitted multiple ANA applications in the same application period.

Response: ANA will make no changes to the FOAs in response to this comment. In response to the concern about multiple ANA applications being due at the same time, ANA is considering how to alleviate some of

that burden by looking at ways to make the application process less burdensome for applicants interested in submitting applications under more than one FOA.

Comment: The commenter suggested that ANA broaden the scope of pre-application training to include examples of successful applications and separate webinars for each of ANA's FOAs rather than pre-application trainings that address all of ANA's FOAs.

Response: ANA will make no changes to the FOAs in response to this comment. With respect to provision of successful applications, as stated in the NOPC, ACF policy requires that no additional information that is not already provided in the FOA can be disseminated after FOAs have been published. In addition, ANA's pre-application trainings will continue to address all six of ANA's FOAs to allow potential applicants to benefit from being able to travel to one place to learn, in detail, about all of ANA's FOAs and how they may address community needs.

B. Cancellation of 2017 Sustainable Employment and Economic Development Strategies (SEEDS) FOA

ANA forecasted the issuance of SEEDS FOA (HHS-ACF-ANA-NE-1225) for FY 2017 and included it in the NOPC in the **Federal Register** (82 FR 7834) on January 23, 2017. Since the forecast and publication of the NOPC, ANA has determined that it will not publish the SEEDS FOA in 2017 due to limited funding for new awards. Currently funded SEEDS projects will continue to receive funding. Applicants interested in economic development projects in FY 2017 should consider the SEEDS program, HHS-ACF-ANA-NA-1236.

ANA is not seeking comments on this cancellation of the SEEDS FOA. Section 814(b) of NAPA requires that ANA follow the notice and comment procedures in the Administrative Procedure Act at 5 U.S.C. 553 for interpretive rules and statements of policy but, like in 5 U.S.C. 553, creates an exception when the agency for good cause finds that notice and public procedure are "impracticable, unnecessary, or contrary to the public interest." Seeking comments on the cancellation is impracticable because ANA has made this decision due to a lack of funding and any comments cannot change ANA's funding for FY 2017.

C. Funding Opportunity Announcements

For information on the types of projects funded by ANA, please refer to

ANA's Web site for information on our program areas and funding opportunity announcements: <http://www.acf.hhs.gov/programs/ana>. Pre-publication information on ANA's FOAs is available at <https://www.grants.gov/web/grants/search-grants.html> by clicking on 'Forecasted' under Opportunity Status and 'Administration for Children and Families—ANA [HHS—ACF—ANA]' on the left side of the page. ANA's 2017 FOAs can be accessed at: <http://www.acf.hhs.gov/grants/open/foa/office/ana> or <http://www.acf.hhs.gov/grants/open/foa/>. Synopses and application forms will be available on www.Grants.gov.

Dated: April 28, 2017.

Stacey Ecoffey,

Acting Commissioner, Administration for Native American.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Bureau of Primary Health Care Uniform Data System, OMB No. 0915-0193—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR must be received no later than July 5, 2017.

ADDRESSES: Submit statements and comments to paperwork@hrsa.gov or by mail to the HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 10-29, 14N39 Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Bureau of Primary Health Care Uniform Data System, OMB No. 0915-0193—Revision.

Abstract: The Uniform Data System (UDS) is the Bureau of Primary Health Care's (BPHC) annual reporting system for HRSA-supported health centers. UDS includes reporting requirements for Health Center Program look-alikes and grantees of the following: Community Health Center program, Migrant Health Center program, Health Care for the Homeless program, and Public Housing Primary Care program. A subset of recipients of the Bureau of Health Workforce's (BHW) Nurse Education, Practice, Quality and Retention (NEPQR) program, specifically those recipients that are funded under the practice priority areas listed under Public Health Service Act (PHSA) Section 831(b), are also required to complete UDS annual reporting.

Need and Proposed Use of the Information: HRSA collects UDS data annually to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of medically underserved communities and vulnerable populations. UDS data are compared with national health-related data, including the National Health Interview Survey and National Health and Nutrition Examination Survey, to explore potential differences between health center patient populations and the U.S. population at large, and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center Program partners and communities regarding the patients served by health centers. BHW uses the patient and provider-level data to determine the impact of health care services on patient outcomes. The data also enables BHW to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. In addition, the UDS data are useful to a subset of BHW recipients of the NEPQR program for performance and operations improvement, patient forecasts, identification of trends/patterns, implication of access barriers, and cost

analysis to support long-term sustainability.

The UDS data collection for 2018 will be revised in three ways. To support continued efforts to standardize data collection and reduce the burden per respondent of reporting for health centers, the measures stated below will be updated, where necessary, to align with Centers for Medicare & Medicaid Services electronic clinical quality measures (CMS e-CQMs) designated for the 2018 reporting period. Specifically:

- Poor glycemic control is defined as HbA1c > 9% per the CMS Meaningful Use and e-specifications." Therefore, HRSA is removing this column to be consistent with the Healthy People 2020 national benchmark and CMS and to reduce reporting burden.

- Patient Centered Medical Home (PCMH) recognition assesses a health center's approach to patient-centered care. HRSA collects PCMH data on a quarterly basis outside of UDS. Therefore, HRSA is removing this question to reduce reporting burden.

- Telehealth is increasingly used as a method of health care delivery for the health center patient population, especially those hard-to-reach patients living in geographically isolated communities. Collecting information on telehealth capacity and use of telehealth is essential for (1) the delivery of technical assistance for health centers and (2) improving the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. Based on the uniqueness of telehealth data and its introduction into the UDS system, HRSA is proposing more robust questions to better capture this data.

Likely Respondents: Respondents are HRSA BPHC Health Center Program grantees, look-alikes, and BHW NEPQR Program recipients.

Burden Statement: Burden includes the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. While the overall burden estimate is increasing due to an increase in the number of respondents, the