

implementation of the MSP provisions as part of its overall authority for the Medicare program. The CMS accomplishes this through a combination of direct CMS action and work by CMS' contractors. The CMS efforts include policy and operational guidelines, including regulations (as necessary), as well as oversight over contractor MSP responsibilities. As a result of litigation in the mid-1990's, certain GHP insurers were mandated to report coverage information for a number of years. Subsequent to this litigation related mandatory reporting, CMS instituted a Voluntary Data Sharing Agreement (VDSA) effort which expanded the scope of the GHP participants and added some NGHP participants. This VDSA process complemented the IRS/SSA/CMS Data Match reporting by employers, but clearly did not include the universe of primary payers and had few NGHP participants. Both GHP and NGHP entities have had and continue to have the responsibility for determining when they are primary to Medicare and to pay appropriately, even without the mandatory Section 111 process. In order to make this determination, they should already and always be collecting most of the information CMS will require in connection with Section 111 of the MMSEA. Section 111 establishes separate mandatory reporting requirements for GHP arrangements as well as for liability insurance (including self-insurance), no-fault insurance, and workers' compensation, these may collectively be referred to as "Non-GHP or NGHP." *Form Number:* CMS-10265 (OMB control number: 0938-1074); *Frequency:* Yearly, Quarterly; *Affected Public:* Private Sector (Business or other for-profits); *Number of Respondents:* 19,248; *Total Annual Responses:* 5,019,248; *Total Annual Hours:* 557,826. (For policy questions regarding this collection contact John Albert at 410-786-7457.)

2. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Add-On Payments for New Medical Services and Technologies Paid Under the Inpatient Prospective Payment System; *Use:* Sections 1886(d)(5)(K) and (L) of the Act establish a process of identifying and ensuring adequate payment for new medical services and technologies (sometimes collectively referred to in this section as "new technologies") under the IPPS. Section 1886(d)(5)(K)(vi) of the Act specifies that a medical

service or technology will be considered new if it meets criteria established by the Secretary after notice and opportunity for public comment. Section 1886(d)(5)(K)(ii)(I) of the Act specifies that a new medical service or technology may be considered for new technology add-on payment if, "based on the estimated costs incurred with respect to discharges involving such service or technology, the DRG prospective payment rate otherwise applicable to such discharges under this subsection is inadequate." The regulations at 42 CFR 412.87 implement these provisions and specify three criteria for a new medical service or technology to receive the additional payment: (1) The medical service or technology must be new; (2) the medical service or technology must be costly such that the DRG rate otherwise applicable to discharges involving the medical service or technology is determined to be inadequate; and (3) the service or technology must demonstrate a substantial clinical improvement over existing services or technologies. We use the application in order to determine if a technology meets the new technology criteria. *Form Number:* CMS-10638 (OMB Control Number: 0938—New); *Frequency:* Yearly; *Affected Public:* Individuals and households, Private sector (Business or other for-profits and Not-for-profits institutions); *Number of Respondents:* 15; *Total Annual Responses:* 15; *Total Annual Hours:* 600. (For policy questions regarding this collection contact Noel Manlove at 410-786-5161.)

Dated: June 15, 2017.

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 Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; Data Collection Materials for the Evaluation of the Administration for Community Living's American Indian, Alaska Natives and Native Hawaiian Programs (OAA Title VI)

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under section 506(c)(2)(A) of the Paperwork Reduction Act of 1995. This 30-Day notice collects comments on the information collection requirements related to a new collection (ICR New).

DATES: Submit written or electronic comments on the collection of information by July 20, 2017.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.5806 or by email to OIRA_submission@omb.eop.gov, Attn: OMB Desk Officer for ACL; or by mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Kristen Hudgins, 202-795-7732; email: kristen.hudgins@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance.

The Data Collection Materials for the Evaluation of the Administration for Community Living's American Indian, Alaska Natives and Native Hawaiian Programs (OAA Title VI) is a new data collection (ICR-New) that will include focus groups for elders and caregiver program participants, interviews with Title VI staff, and a survey for caregiver program participants. The Evaluation of the Administration for Community Living's American Indian, Alaska Natives and Native Hawaiian Programs will allow ACL/AoA to document the value of the Title VI programs for individuals, families, communities and Tribes/Tribal Organizations. ACL estimates the annual burden of this collection of information as follows:

The proposed data collection tools may be found on the ACL Web site at: <https://www.acl.gov/about-acl/policy-and-regulations>.

Respondent type	Form name	Number of annual respondents	Number of responses per respondent	Average burden (in hours) per response	Annual burden hours ¹
Program director	Program staff interview	10	1	1	10
Program director	Program staff focus group moderator guide.	10	1	2	20
Other Program Staff	Tribal program staff focus group moderator guide.	10	1	1	10
Other Program Staff	Tribal program staff focus group moderator guide.	10	1	2	20
Tribal elder	Tribal elder focus group moderator guide.	100	1	2	200
Tribal elder	Tribal elder interview	20	1	1	20
Caregiver	Tribal caregiver focus group moderator guide.	87	1	2	174
Caregiver	Tribal caregiver survey	98	1	0.42	41
Total	335	495

¹ Rounded to the nearest whole number.

Comments in Response to the 60-Day Federal Register Notice

In response to the 60-day **Federal Register** notice related to this proposed data collection and published on February 23, 2017, vol. 82, No. 35; pp. 11472–11473. No public comments to the evaluation materials were received, however; in an effort to maintain consistency between evaluation instruments, ACL has decided to change some of the wording and response options to Question 37 in the Tribal caregiver survey. This is in keeping with ACL's National Family Caregiver Support Program Evaluation Caregiver Survey as well as the National Evaluation of the Title III–C Services Client Outcomes Survey CAPI Questionnaire and does not substantively change the information being collected.

Dated: June 13, 2017.

Daniel P. Berger,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2017–12748 Filed 6–19–17; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Notice of Intent To Award a Single Source Non-Competing Supplement to the Native American Elder Justice Initiative (NAEJI)

SUMMARY: In 2014, ACL announced a funding opportunity known as “the Native American Elder Justice Initiative” that awarded funds to the University of North Dakota (UND) National Indigenous Elder Justice Initiative (NIEJI), to address the need for

more culturally appropriate information and community education materials on elder abuse, neglect, and exploitation in Indian Country. The one year extension will enable NIEJI to (1) continue to develop culturally appropriate paraprofessional training to tribal aging networks, including work with community health representatives, Senior Companions and Foster Grandparents; (2) develop additional training modules around aspects of elder neglect, exploitation and abuse; (3) continue to work with individual tribes and tribal organizations seeking direction on developing prevention and awareness programs, and to (4) provide on-going training to tribal aging and health programs.

DATES: Estimated Project Period—August 1, 2017–July 31, 2018.

SUPPLEMENTARY INFORMATION:

Program Name: Native American Elder Justice Initiative Program—University of North Dakota/National Indigenous Elder Justice Initiative.

Award Amount: \$200,000.

Award Type: Cooperative Agreement.

Statutory Authority: This program is authorized under Title II, Section 201(c)(3)(H) (42 U.S.C.3011).

Catalog of Federal Domestic Assistance (CFDA) Number: 95.047.

Program Description: The Administration on Aging, an agency of the U.S. Department of Health and Human Service's Administration for Community Living, has funded the University of North Dakota's (UND) National Indigenous Elder Justice Initiative (NIEJI) under the Native American Elder Justice Initiative (NAEJI) Program since August 1, 2014. The purpose of the initiative is to address the lack of culturally appropriate information and community education materials on elder abuse,

neglect, and exploitation in Indian Country. Some of the undertakings of the initiative that are included will be (1) to maintain a resource center on elder abuse to assist tribes in addressing indigenous elder abuse, neglect and exploitation; (2) to identify and make available existing literature; (3) to develop resources and tribal codes that address indigenous elder abuse; and (4) to develop and disseminate culturally appropriate and responsive resources for use by tribes, care providers, law enforcement and other stakeholders. UND/NIEJI has experience working with elder justice issues throughout Indian country and is recognized as the prevention specialist in this area. Changing recipients at this time would necessitate a break in the established workflow and additional time to familiarize a new grantee with the project and working with Indian Country. The research specialist who directs the project has grown with NIEJI and is recognized for that work throughout Indian Country. UND/NIEJI currently educates and collaborates with law enforcement, caregivers and social services providers throughout Indian Country on elder justice issues through the “Native American Elder Abuse Online Educational Training Modules” designed by NIEJI. Additionally UND/NIEJI is currently working to complete three additional trainings and will be utilized by individuals and groups working in Indian Country on elder justice priorities and other elder abuse issues. This initiative was developed to address the unique cultural aspects of abuse, neglect and exploitation and to assist tribes in developing an appropriate response to fit the needs of their particular communities in protecting tribal elders.