

This project aligns with National HIV/AIDS Strategy 2020 and Health People 2020 objectives. This structural intervention aligns with the OMB's emphasis on application of behavioral insights in that it restructures the context (*i.e.*, after HIV testing) in which health-related decision-making (*i.e.*, health insurance enrollment) occurs in order to promote the selection of beneficial options. The proposed health insurance enrollment assistance project has the potential for widespread health improvements for Black and Hispanic MSM and Transgender persons regardless of their HIV status.

The study will enroll 1,000 participants over 12 months to reach adequate power calculations (500 into the intervention arm, and 500 into the control arm).

After an HIV testing session at an outreach event or clinic visit, a partner-agency staff person will invite an individual to participate in the study. If interested, participants will complete a consent form. Staff will screen individuals using the Eligibility Form, which will take approximately five minutes to complete. Researchers would need to screen approximately 1,500 individuals in order to identify and enroll 1,000 eligible study participants.

If eligible and interested in participating, individuals will complete the Participant Enrollment Form, which will take approximately 35 minutes to complete. Researchers then will offer in-person health insurance enrollment to randomized intervention arm participants. This enrollment will take a maximum of 60 minutes to complete. The study's in-person health insurance enrollment assistance will take the same amount of time as standard practice health insurance enrollment assistance.

The total estimated annualized hourly burden anticipated for this study is 1,458 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Study participant	Consent Form	1,500	1	10/60	250
Study participant	Eligibility Form	1,500	1	5/60	125
Study participant	Participant Enrollment Form	1,000	1	35/60	583
Study participant (Intervention arm ONLY).	ACTIVITY: In-person health insurance enrollment assistance.	500	1	1	500
Total	1,458

Leroy A. Richardson,
 Chief, Information Collection Review Office,
 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-R-48 and CMS-10421]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing

collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by January 12, 2018.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs,

Division of Regulations Development, Attention: Document Identifier/OMB Control Number __, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.
3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

- CMS-R-48 Hospital Conditions of Participation and Supporting Regulations
- CMS-10421 Fee-for-Service Recovery Audit Prepayment Review

Demonstration and Prior Authorization Demonstration

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. Type of Information Collection Request: Reinstatement without change of a previously approved collection; **Title of Information Collection:** Hospital Conditions of Participation and Supporting Regulations; **Use:** The information collection requirements described in this information collection request are needed to implement the Medicare and Medicaid conditions of participation (CoP) for 4,890 accredited and non-accredited hospitals and an additional 101 critical access hospitals (CAHs) that have distinct part psychiatric or rehabilitation units (DPUs). CAHs that have DPUs must comply with all of the hospital CoPs on these units. Thus, this package reflects the burden for a total of 4,991 hospitals (that is, 4,890 accredited/non-accredited hospitals and 101 CAHs which include 81 CAHs that have psychiatric DPUs and 20 CAHs that have rehabilitation DPUs). The information collection requirements for the remaining 1,183 CAHs have been approved in a separate package under CMS–10239 (OMB control number: 0938–1043).

The CoPs and accompanying regulatory requirements are used by our surveyors as a basis for determining whether a hospital qualifies for a provider agreement under Medicare and Medicaid. CMS and the health care industry believe that the availability to the facility of the type of records and general content of records is standard medical practice and is necessary to ensure the well-being and safety of patients and professional treatment accountability. **Form Number:** CMS–R–48 (OMB control number: 0938–0328);

Frequency: Yearly; **Affected Public:** Private sector (Business or other for-profit); **Number of Respondents:** 4,991; **Total Annual Responses:** 1,342,424; **Total Annual Hours:** 18,840,617. (For policy questions regarding this collection contact Scott Cooper at 410–786–9465.)

2. Type of Information Collection Request: Extension of a currently approved collection; **Title of Information Collection:** Fee-for-Service Recovery Audit Prepayment Review Demonstration and Prior Authorization Demonstration; **Use:** OMB approved the collections required for two demonstrations of prepayment review and prior authorization. The first demonstration allows Medicare Recovery Auditors to review claims on a pre-payment basis in certain States. The second demonstration established a prior authorization program for Power Mobility Device claims in certain States. The first demonstration has ended, so we are only extending the collection of information for the second demonstration, prior authorization of power mobility devices.

For the Prior Authorization of Power Mobility Devices (PMDs) Demonstration, we are piloting prior authorization for PMDs. Prior authorization will allow the applicable documentation that supports a claim to be submitted before the item is delivered. For prior authorization, relevant documentation for review is submitted before the item is delivered or the service is rendered. CMS will conduct this demonstration in California, Florida, Illinois, Michigan, New York, North Carolina, Texas, Pennsylvania, Ohio, Louisiana, Missouri, Maryland, New Jersey, Indiana, Kentucky, Georgia, Tennessee, Washington, and Arizona based on beneficiary address as reported to the Social Security Administration and recorded in the Common Working File (CWF). For the demonstration, a prior authorization request can be completed by the (ordering) physician or treating practitioner and submitted to the appropriate Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for an initial decision. The supplier may also submit the request on behalf of the physician or treating practitioner. The physician, treating practitioner or supplier who submits the request on behalf of the physician or treating practitioner, is referred to as the “submitter.” Under this demonstration, the submitter will submit to the DME MAC a request for prior authorization and all relevant documentation to support Medicare coverage of the PMD item.

Form Number: CMS–10421 (OMB control number: 0938–1169); **Frequency:** Occasionally; **Affected Public:** State, Local or Tribal Governments; **Number of Respondents:** 50,500; **Total Annual Responses:** 50,500; **Total Annual Hours:** 25,125. (For policy questions regarding this collection contact Daniel Schwartz at 410–786–4197.)

Dated: November 7, 2017.

Martique Jones,

Director, Regulations Development Group,
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; Public Comment Request; Semiannual Performance Measures for the ACL Traumatic Brain Injury State Partnership Program (ICR New)

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice.

This notice solicits comments on proposed semiannual performance measures for the ACL Traumatic Brain Injury State Partnership program as reauthorized under the Traumatic Brain Injury Reauthorization Act of 2014.

DATES: Submit written or electronic comments on the collection of information by January 12, 2018.

ADDRESSES: Submit electronic comments on the collection of information to: TBI@acl.gov. Submit written comments to: U.S. Department of Health and Human Services, Administration for Community Living, Washington, DC 20201, Attention: Thom Campbell.

FOR FURTHER INFORMATION CONTACT: Thom Campbell by telephone: (202) 795–7263 or by email: TBI@acl.gov.