

prevention strategies, and policies related to disability and health; (9) establishes collaborative partnerships with public and private organizations of national and international stature to promote the health of people with disabilities; (10) collaborates with funded non-governmental agencies to disseminate best practices, identify areas of need, facilitate development and distribution of educational materials, and provide informational resources to states and affected populations and their caregivers; and (11) provides leadership in health promotion and disease prevention across the lifespan for individuals with disabilities.

IV. *Delegations of Authority:* All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization. (Authority: 44 U.S.C. 3101)

Alex M. Azar II,  
Secretary.

[FR Doc. 2019-15691 Filed 7-23-19; 8:45 am]  
BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Assets For Independence (AFI) Performance Progress Report (PPR) (OMB #0970-0483)**

**AGENCY:** Office of Community Services; Administration for Children and Families; HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Community Services (OCS), Administration for Children and Families (ACF) is requesting approval of a three-year extension of the Assets for Independence (AFI) Performance Progress Report (PPR) Long Form and AFI PPR Short Form (OMB #0970-0483, expiration 8/31/2019). There are no changes requested to the forms.

**DATES:** *Comments due within 30 days of publication.* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA.SUBMISSION@OMB.EOP.GOV*, Attn: Desk Officer for the Administration for Children and Families.

Copies of the proposed collection may be obtained by emailing *infocollection@acf.hhs.gov*. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* The Assets for Independence (AFI) Act (Title IV of the Community Opportunities, Accountability, and Training and

Educational Services Act of 1998, Public Law 105-285, [42 U.S.C. 604]) requires that organizations operating AFI projects submit semi-annual progress reports.

OCS will continue collecting key information about projects funded through the AFI program. The AFI PPR will continue to collect data on project activities and attributes, where OCS will use the data to critically review the overall design and effectiveness of the program. OCS will use the data collected in the AFI PPR to prepare the annual AFI Report to Congress, to evaluate and monitor the performance of the AFI Program overall and of individual projects, and to inform and support technical assistance efforts. The AFI PPR will continue to fulfill AFI Act reporting requirements and program purposes.

AFI program grantees are required to submit Standard Form Performance Progress Reports (SF-PPR) semiannually: One time per year using an abbreviated short form and one time using a long form. Both data collection instruments are available for review online at:

<https://www.acf.hhs.gov/ocs/resource/afi-ppr-long-form>,

<https://www.acf.hhs.gov/ocs/resource/afi-ppr-short-form>.

**Note:** This request does not affect financial reporting requirements for AFI grantees. The SF-425 will still be required semiannually throughout the grant project period with a final report due 90 days after the grant project period ends.

*Respondents:* Assets for Independence (AFI) program grantees.

**ANNUAL BURDEN ESTIMATES**

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
AFI PPR Short Form .....	145	1	0.5	72.5
AFI PPR Long Form .....	145	1	3.8	551

Estimated Total Annual Burden Hours: 623.5.

**Authority:** Pub. L. 105-285, [42 U.S.C. 604].

Mary B. Jones,

*ACF/OPRE Certifying Officer.*

[FR Doc. 2019-15731 Filed 7-23-19; 8:45 am]  
BILLING CODE 4184-24-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Community Living**

**Intent To Award a Single-Source Supplement for the Senior Medicare Patrol National Resource Center**

**ACTION:** Notice.

The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the Northeast Iowa Area Agency on Aging, Inc. (NEI3A) for the Senior Medicare Patrol National Resource Center (SMPRC). The purpose of the SMPRC is to provide professional expertise, training, and technical

support to maximize the effectiveness of the 54 Senior Medicare Patrol (SMP) projects in Medicare fraud prevention outreach and education. The administrative supplement for FY 2019 will be for \$554,532, bringing the total award for FY 2019 to \$1,194,532. With this supplemental funding, NEI3A will develop a targeted marketing and outreach campaign. This includes development of an SMP national video, which will seek to increase awareness of health care fraud and educate the public on when to contact their SMP to report health care fraud, errors, or abuse. An advertisement campaign will be developed to utilize on a national scale and reach Top 20 Markets including Good Morning America and early evening prime time news broadcasts. In addition, NEI3A will explore the possibility of updating one of their previously developed projects, the Personal Health Care Journal, including the possibility of providing a technologically up-to-date SMP application (app). This app would provide beneficiaries with helpful health care tips, important health care contact information, and a place to log their health care appointments for later comparison with Medicare Summary Notices (MSNs) and Explanations of Benefits (EOBs). This tool would be useful in preventing, detecting, and if needed, reporting any health care fraud, errors, or abuse. Lastly, NEI3A will utilize supplemental funding to expand existing contracts with SMP Subject Matter Experts.

*Program Name:* Senior Medicare Patrol National Resource Center (SMPRC).

*Recipient:* Northeast Iowa Area Agency on Aging, Inc. (NEI3A).

*Period of Performance:* The award will be issued for the current project period of September 1, 2019 through August 31, 2020.

*Total Award Amount:* \$1,194,532 in FY 2019.

*Award Type:* Cooperative Agreement Supplement.

*Statutory Authority:* Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104–191.

*Basis for Award:* NEI3A is currently funded to carry out the SMPRC Project for the period of September 1, 2017 through August 31, 2020. Much work has already been completed and further tasks are currently being accomplished. It would be unnecessarily time consuming and disruptive to the SMPRC project and the beneficiaries being served for ACL to establish a new grantee at this time when critical services are presently being provided in an efficient manner.

NEI3A is uniquely placed to complete work under the SMPRC grant. Since 2003, NEI3A has effectively operated the SMPRC. NEI3A has a proven track record for providing assistance through successful working relationships with SMP grantees, is centrally located in a geographic location that boasts low costs, and also houses the State Health Insurance Assistance Program National Technical Assistance Center (SHIP TA Center). By housing both Centers, NEI3A is able to successfully leverage existing activities to lower overall cost and therefore expand capability of serving their target audience.

NEI3A accomplishes its mission by developing and sharing tools, resources, best practices, and strategies for reducing health care fraud, waste, and abuse via its online library, electronic and print publications, webinars, and training and technical assistance.

NEI3A is successfully meeting all programmatic goals under the current SMPRC grant.

**FOR FURTHER INFORMATION CONTACT:** For further information or comments regarding this program supplement, contact Rebecca Kinney, U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Office of Healthcare Information and Counseling; telephone (202) 795–7375; email [Rebecca.Kinney@acl.hhs.gov](mailto:Rebecca.Kinney@acl.hhs.gov).

Dated: July 18, 2019.

**Mary Lazare,**

*Principal Deputy Administrator,  
Administration for Community Living.*

[FR Doc. 2019–15694 Filed 7–23–19; 8:45 am]

**BILLING CODE 4154–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2019–N–3406]

#### Food Safety Modernization Act Voluntary Qualified Importer Program User Fee Rate for Fiscal Year 2020

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the fiscal year (FY) 2020 annual fee rate for importers approved to participate in the Voluntary Qualified Importer Program (VQIP) that is authorized by the Federal Food, Drug, and Cosmetic Act (FD&C Act), as amended by the FDA Food Safety Modernization Act (FSMA). This

fee is effective August 1, 2019, and will remain in effect through December 31, 2019.

**FOR FURTHER INFORMATION CONTACT:** Donald Prater, Office of Food Policy and Response, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 1, Rm. 3202, Silver Spring, MD 20993, 301–348–3007.

#### **SUPPLEMENTARY INFORMATION:**

##### **I. Background**

Section 302 of FSMA, Voluntary Qualified Importer Program, amended the FD&C Act to create a new provision, section 806, under the same name. Section 806 of the FD&C Act (21 U.S.C. 384b) directs FDA to establish a program to provide for the expedited review and importation of food offered for importation by importers who have voluntarily agreed to participate in such program, and a process, consistent with section 808 of the FD&C Act (21 U.S.C. 384d), for the issuance of a facility certification to accompany a food offered for importation by importers participating in the VQIP.

Section 743 of the FD&C Act (21 U.S.C. 379j–31) authorizes FDA to assess and collect fees from each importer participating in VQIP to cover FDA's costs of administering the program. Each fiscal year, fees are to be established based on an estimate of 100 percent of the costs for the year. The fee rates must be published in a **Federal Register** notice not later than 60 days before the start of each fiscal year (section 743(b)(1) of the FD&C Act). After FDA approves a VQIP application, the user fee must be paid before October 1, the start of the VQIP fiscal year, to begin receiving benefits for that VQIP fiscal year.

The FSMA FY 2020 VQIP user fee rate announced in this notice is effective on August 1, 2019, and will remain in effect through December 31, 2019. The FY 2020 VQIP user fee will support benefits from October 1, 2019, through September 30, 2020.

##### **II. Estimating the Average Cost of a Supported Direct FDA Work Hour for FY 2020**

Each fiscal year, fees are to be established based on an estimate of 100 percent of the costs for the year. In each year, the costs of salary (or personnel compensation) and benefits for FDA employees account for between 50 and 60 percent of the funds available to, and used by, FDA. Almost all of the remaining funds (operating funds) available to FDA are used to support FDA employees for paying rent, travel, utility, information technology, and other operating costs.