

section 3 of the Investment Company Act of 1940 but for section 3(c)(1) or 3(c)(7) of . . . [that] Act.” In cooperation with the Bureau of Economic Analysis (BEA), effective for TIC reports beginning as of January 1, 2017 and afterwards, reporters of investments in private funds that meet the definition of direct investment (that is, ownership by one person of 10 percent or more of the voting interest of a business enterprise) but display characteristics of portfolio investment (specifically, investors who do not intend to control or influence the management of an operating company) are required to report through the Treasury International Capital (TIC) reporting system, where other related portfolio investments are already being reported, and not to report on BEA’s direct investment surveys. Specifically, cross-border investments by or into private funds are included in TIC reports regardless of ownership share if they meet BOTH of the following criteria: (i) The private fund does not own, directly or indirectly through another business enterprise, an “operating company”—i.e., a business enterprise that is not a private fund or a holding company—in which the U.S. or foreign parent owns at least 10 percent of the voting interest, and (ii) If the private fund is owned indirectly (through one or more other business enterprises), there are no “operating companies” between the U.S. or foreign parent and the indirectly-owned private fund. Direct investment in operating companies, including investment by and through private funds, will continue to be reported to BEA. Guidance on the decision to report investments in certain private funds or between entities of certain private funds in the TIC system or in BEA surveys can be found at: <https://www.bea.gov/privatefunds>; use the tools labeled “U.S. Investments in Foreign Private Funds” and “Foreign Investments in U.S. Private Funds.” This change aligns the U.S. direct investment and portfolio investment data more closely with the intent of the investment with respect to management control. In addition, it reduces the burden for respondents, many of whom previously reported both to the TIC reporting system and to BEA’s direct investment reporting system. This change in reporting was effective January 1, 2017; this update will formalize the reporting requirements. Note: This change applies also to these other TIC forms if the reporting requirements of the form are met: BC, BL–1, BL–2, BQ–1, BQ–2, BQ–3, D, S, SHC(A) and SHL(A).

(2) The section II.A “Who Must Report” of the instructions is updated to list out separately “principal trading firms” and “fund administrators.”

(3) The section II.A “Who Must Report” and section II.B “Consolidation Rules” of the instructions are updated to list out separately Intermediate Holding Companies (IHCs), as defined by Regulation YY, 12 CFR 252, and to clarify that IHCs should follow the same consolidation rules that are applicable to Bank Holding Companies (BHCs), Financial Holding Companies (FHCs), and Savings and Loan Holding Companies. Regulation YY was effective by January 1, 2015, and IHCs are filing TIC reports; this update will formalize their reporting requirements.

(4) The section II.F.2 “What Must Be Reported” of the instructions is updated to clarify that, regarding securities involved in security lending agreements and repurchase/resale (reverse repurchase) agreements, sales of the underlying security collateral to other parties and the purchases of such securities from other parties, undertaken in order to return the security collateral to the lenders, must be reported.

(5) The section IV.C.1 columns 1 & 2 “Column by Column Instructions” of the instructions is updated to clarify that the stripped securities “teddy bears” (TBRs), “tigers” (TIGRs), “cats” (CATS) and “cougars” (COUGRs) should also be classified as U.S. Treasury securities.

(6) The section II.F.2 “What Must Be Reported” clarifies that long-term Treasury securities are

Bonds, Notes, TIPS, FRNs and Savings Bonds.

(7) Some other clarifications and format changes may be made to improve the instructions.

Type of Review: Revision of a currently approved collection.

Affected Public: Business or other for-profit organizations. Form SLT (1505–0235).

Estimated Number of Respondents: 408.

Estimated Average Time per Respondent: Average 8.8 hours per respondent per filing. The estimated average burden per respondent varies widely, from about 17 hours per filing for a U.S.-resident custodian filing Part A and Part B to about 6.5 hours for a U.S.-resident issuer or U.S.-resident end-investor filing Part B.

Estimated Total Annual Burden Hours: 42,912 hours, based on 12 reporting periods per year.

Request for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and

Budget approval. All comments will become a matter of public record. The public is invited to submit written comments concerning: (a) Whether Form SLT is necessary for the proper performance of the functions of the Office, including whether the information will have practical uses; (b) the accuracy of the above estimate of the burdens; (c) ways to enhance the quality, usefulness and clarity of the information to be collected; (d) ways to minimize the reporting and/or record keeping burdens on respondents, including the use of information technologies to automate the collection of the data; and (e) estimates of capital or start-up costs of operation, maintenance and purchase of services to provide information.

Dwight Wolkow,

Administrator, International Portfolio Investment Data Reporting Systems.

[FR Doc. 2018–00674 Filed 1–16–18; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

Health Services Research and Development Service, Scientific Merit Review Board; Notice of Meetings

The Department of Veterans Affairs (VA) gives notice under the Federal Advisory Committee Act the Health Services Research and Development Service Scientific Merit Review Board will conduct in-person and teleconference meetings of its eleven Health Services Research (HSR) subcommittees on the dates below from 8:00 a.m. to approximately 4:30 p.m. (unless otherwise listed) at the FHI 360, 1825 Connecticut Ave. NW, Washington, DC 20009 (unless otherwise listed):

- HSR 0—Community Care on March 13, 2018;
- HSR 1—Health Care and Clinical Management on March 13–14, 2018;
- HSR 2—Behavioral, Social, and Cultural Determinants of Health and Care on March 13–14, 2018;
- HSR 3—Healthcare Informatics on March 16, 2018;
- HSR 4—Mental and Behavioral Health on March 15–16, 2018;
- HSR 5—Health Care System Organization and Delivery on March 15–16, 2018;
- HSR 6—Post-acute and Long-term Care on March 14, 2018;
- MRA 0—Mentored Research on March 16, 2018;
- HSR 8—Implementation Research Project on March 13, 2018;

- HS8 A—Randomized Program Evaluations on March 13, 2018; and
- HSR 9—Learning Health Initiative on March 15, 2018.

The purpose of the Board is to review health services research and development applications involving: The measurement and evaluation of health care services; the testing of new methods of health care delivery and management; and mentored research. Applications are reviewed for scientific and technical merit, mission relevance, and the protection of human and animal subjects. Recommendations regarding funding are submitted to the Chief Research and Development Officer.

Each subcommittee meeting of the Board will be open to the public the first day for approximately one half-hour from 8:00 a.m. to 8:30 a.m. at the start of the meeting on March 13 (HSR 0, 1, 2, 8, and HS8A), March 14 (HSR 1, 2, 6), March 15 (HSR 4, 5, 9), and March 16 (HSR 3, 4, 5, and MRA 0) to cover administrative matters and to discuss the general status of the program. Members of the public who wish to attend the open portion of the subcommittee meetings may dial 1 (800) 767-1750, participant code 10443#.

The remaining portion of each subcommittee meeting will be closed for the discussion, examination, reference to, and oral review of the intramural research proposals and critiques. During the closed portion of each subcommittee meeting, discussion and recommendations will include qualifications of the personnel conducting the studies (the disclosure of which would constitute a clearly unwarranted invasion of personal privacy), as well as research information (the premature disclosure of which would likely compromise significantly the implementation of proposed agency action regarding such research projects). As provided by subsection 10(d) of Public Law 92-463, as amended by Public Law 94-409, closing the meeting is in accordance with 5 U.S.C. 552b(c)(6) and (9)(B).

No oral or written comments will be accepted from the public for either portion of the meetings. Those who plan to participate during the open portion of a subcommittee meeting should contact Ms. Liza Catucci, Administrative Officer, Department of Veterans Affairs, Health Services Research and Development Service (10P9H), 810 Vermont Avenue NW, Washington, DC 20420, or by email at Liza.Catucci@va.gov. For further information, please call Ms. Catucci at (202) 443-5797.

Dated: January 11, 2018.

LaTonya L. Small,

Federal Advisory Committee Management Officer.

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0712]

Agency Information Collection Activity: Survey of Healthcare Experiences of Patients (SHEP)

AGENCY: Veterans Health Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Health Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

DATES: Comments must be submitted on or before February 16, 2018.

ADDRESSES: Submit written comments on the collection of information through www.Regulations.gov, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW, Washington, DC 20503 or sent through electronic mail to oira_submission@omb.eop.gov. Please refer to “OMB Control No. 2900-0712” in any correspondence.

FOR FURTHER INFORMATION CONTACT:

Cynthia Harvey-Pryor, Office of Quality, Privacy and Risk (OQPR), Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 461-5870 or email cynthia.harvey-pryor@va.gov. Please refer to “OMB Control No. 2900-0712” in any correspondence.

SUPPLEMENTARY INFORMATION:

Authority: E.O. 12862—Setting Customer Service Standards.

Title: Survey of Healthcare Experiences of Patients (SHEP).

SHEP Inpatient Long Form: 10-1465-1

SHEP Inpatient Short Form: 10-1465-2

Ambulatory Care Long Form:

10-1465-3

Ambulatory Care Short Form:

10-1465-4

Clinician and Group CAHPS 3.0 Patient Centered Medical Home Short Form:

10-1465-5

Clinician and Group CAHPS 3.0 Patient Centered Medical Home Long Form:

10-1465-6

Home Healthcare CAHPS Long Form:

10-1465-7

In-Center Hemodialysis CAHPS Long Form: 10-1465-8

Clinician & Group CAHPS 3.0: 10-1465-9

SHEP Community Care survey: 10-1465-10

OMB Control Number: 2900-0712.

Type of Review: Reinstatement of a currently approved collection.

Abstract: The Survey of Health Experience of Patients (SHEP) has been developed to measure patient satisfaction in the Veterans Health Administration, and has been in use in its present form since 2008. The mission of the Veterans Health Administration (VHA) is to provide high quality medical care to eligible veterans. Executive Order 12862, dated September 11, 1993, calls for the establishment and implementation of customer service standards, and for agencies to “survey customers to determine the kind and quality of services they want and their level of satisfaction with current services”. Further emphasized by the Executive Order 13571, on “Streamlining Service Delivery and Improving Customer Service,” issued on April 27, 2011, VA must work continuously to ensure that their programs are effective and meet their customers’ needs. To this end, VA is always seeking new and innovative ways to ensure the highest levels of customer satisfaction.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 82 FR 50488 on October 31, 2017, pages 50488.

Affected Public: Individuals or Households.

Estimated Annual Burden:

10-1465-1—160 hours.

10-1465-2—18,000 hours.

10-1465-3—160 hours.

10-1465-4—120 hours.

10-1465-5—48,000 hours.

10-1465-6—8,000 hours.

10-1465-7—80 hours.

10-1465-8—120 hours.

10-1465-9—30,000 hours.

10-1465-10—72,000 hours.

Estimated Average Burden per Respondent: