support but will not be highly systematic nor intended to be statistically representative.

ACF programs promote the economic and social well-being of families, children, individuals and communities. OPRE studies ACF programs, and the populations they serve, through rigorous research and evaluation projects. These include evaluations of existing programs, evaluations of innovative approaches to helping low income children and families, research syntheses and descriptive and exploratory studies. OPRE's research serves to provide further understanding of current programs and service populations, explore options for program improvement, and assess alternative policy and program designs. OPRE anticipates undertaking a variety of new research projects related to welfare, employment and self-sufficiency, Head Start, child care, healthy marriage and responsible fatherhood, family and youth services, home visiting, and child welfare. Many ACF program offices find a need to learn more about funded program services to inform internal decision making and to provide adequate support. Some program offices conduct their own research and evaluation projects.

Under this generic clearance, ACF would engage in a variety of formative data collections with researchers, practitioners, TA providers, service providers and program participants throughout the field to fulfill the following goals: (1) Inform the development of ACF research, (2) maintain a research agenda that is rigorous and relevant, (3) ensure that research products are as current and responsive to audience needs as possible and (4) inform the provision of technical assistance. ACF envisions using a variety of techniques including semi-structured discussions, focus groups, and telephone or in-person interviews, in order to reach these goals.

Following standard OMB requirements, OPRE will submit a change request for each individual data collection activity under this generic clearance. Each request will include the individual instrument(s), a justification specific to the individual information collection, and any supplementary documents. OMB should review requests within 10 days of submission.

Under this generic IC information will not be collected with the primary purpose of publication, but findings are meant to inform ACF activities and may be incorporated into documents or presentations that are made public. The following are some examples of ways in which we may disseminate information resulting from these data collections: Research design documents or reports; research or technical assistance plans; background materials for technical workgroups; concept maps, process maps, or conceptual frameworks; contextualization of research findings from a follow-up data collection that has full PRA approval; informational reports to stakeholders such as funders, grantees, local implementing agencies, and/or TA providers. In presenting findings, we will describe the study methods and limitations with regard to generalizability and as a basis for policy recommendations.

Respondents: Key stakeholder groups involved in ACF projects and programs, state or local government officials, service providers, participants in ACF programs or similar comparison groups; experts in fields pertaining to ACF research and programs, or others involved in conducting ACF research or evaluation projects.

ANNUAL BURDEN ESTIMATES

Instrument type	Estimated total number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total burden hours
Semi-Structured Discussions, Focus Groups	1,750	1	2	3,500
Interviews	750	1	1	750
Questionnaires/Surveys	500	1	.5	250

Total Estimated Burden Hours: 4,500.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. Email address: *OPREinfocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Mary Jones,

ACF/OPRE Certifying Officer.

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BILLING CODE 4184–79–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Public Comment Request; Information Collection Request Title: 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 Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review

of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than November 13, 2017.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

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 the 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 Services Act (PHSA) Sec. 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.

HRSA received public comment to the **Federal Register** notice ''Bureau of Primary Health Care Uniform Data System'' published on May 5, 2017, at 82 FR 21253. We have taken the commenter's suggestions into consideration and have made appropriate adjustments to the data collection instruments.

The UDS data collection will be revised in six ways.

- To support continued efforts to standardize data collection and reduce the burden per respondent of reporting for health centers, HRSA is updating the clinical quality measures in table 6B and 7 to align with the Centers for Medicare & Medicaid Services (CMS) electronic clinical quality measures (e-CQMs) designated for the 2018 reporting period.
- Poor glycemic control is defined as HbA1c >9% per the CMS quality programs and e-specifications. Although clinical recommendations (*e.g.,* American Diabetes Association) suggest that people with diabetes should aim to have an HbA1c ≤7% (or HbA1c<8%), the CMS e-specification only accounts for ''poor diabetes control.'' Therefore, HRSA is removing this column to be consistent with the Healthy People 2020 national benchmark, CMS eCQMs, and to reduce reporting burden.
- Patient Centered Medical Home (PCMH) recognition assesses a health center's approach to patient-centered care. HRSA routinely receives PCMH recognition data from national quality recognition bodies. 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 hard-to-reach patients living in geographically isolated communities. Collecting information on telehealth capacity and use of telehealth is essential for delivering technical assistance to health centers and 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 questions that more precisely describe health center efforts in this area.
- Medication-Assisted Treatment (MAT) has been proven to be an effective treatment option for substance abuse disorder. With the enactment of the Comprehensive Addiction and Recovery Act of 2016, Public Law 114–198, opioid treatment prescribing privileges have been extended beyond physicians to include certain qualifying nurse practitioners (NPs) and physicians' assistants (PAs). As a result, HRSA is updating the MAT for Opioid Use Disorder question in Appendix E of the UDS to include NPs and PAs who have received an appropriate waiver to dispense narcotic drugs.
- In 2016, 98.7% of HRSA supported grantees reported adoption and use of Electronic Health Records (EHRs). The question in Appendix D regarding Meaningful Use attestation stages captures precise data regarding health center participation in the program. HRSA is updating this question to align with the CMS EHR Incentive Program Updates pertaining to attestation titles.

Likely Respondents: The respondents will be HRSA BPHC Health Center Program grantees, look-alikes, and BHW NEPQR Program recipients funded under the practice priority areas listed under PHSA Sec. 831(b).

Burden Statement: Burden in this context means 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. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Universal Report	1,471	1	1,471	168	247,128
Grant Report	504	1	504	21	10,584
Total	1,975		1,975		257,712

Amy McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier HHS–OS–0955–0003]

60-Day Notice Template for Request for Generic Clearance for the Collection of Routine Customer Feedback on HHS Communications

AGENCY: U.S. Department of Health and Human Services (HHS).

ACTION: Notice and request for comments. Office of the National Coordinator for Health Information Technology is requesting OMB approval for an extension on the Generic Clearance for the Collection of Routine Customer Feedback by OMB.

SUMMARY: Department of Health and Human Services, The Office of the Secretary (OS), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public to take this opportunity to comment on the ''Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery'' for approval under the Paperwork Reduction Act (PRA). This collection was developed as part of a Federal Government-wide effort to streamline the process for seeking feedback from the public on service delivery. This notice announces our intent to submit this collection to OMB for approval and solicits comments on specific aspects for the proposed information collection.

DATES: Consideration will be given to all comments received by December 11, 2017.

ADDRESSES: Submit comments by one of the following methods:

- *Web site: www.regulations.gov.* Direct comments to Docket ID OMB–2010–0021.
- *Email: Information.CollectionClearance@hhs.gov.*
- *Phone:* (202) 795–7714.

Comments submitted in response to this notice may be made available to the public through relevant Web sites. For this reason, please do not include in your comments information of a confidential nature, such as sensitive personal information or proprietary information. If you send an email comment, your email address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. Please note that responses to this public comment request containing any routine notice about the confidentiality of the communication will be treated as public comments that may be made available to the public notwithstanding the inclusion of the routine notice.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.funn@HHS.GOV* or (202) 795–7714.

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

Abstract: The proposed information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as: Timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the Agency's services will be unavailable.

The Agency will only submit a collection for approval under this generic clearance if it meets the following conditions:

- The collections are voluntary;
- The collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
- The collections are non-controversial and do not raise issues of concern to other Federal agencies;
- Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
- Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
- Information gathered will be used only internally for general service improvement and program management purposes and is not intended for release outside of the agency;
- Information gathered will not be used for the purpose of substantially informing influential policy decisions; and
- Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study.

Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population.