Independence Act, and will contribute importantly to understanding the effects of IDA project participation on project participants. The evaluation was launched in fall 2011 in two sites, with the random assignment of AFI-eligible cases to program and control groups. OMB approved three data collection efforts related to this project in October 2012, including approval of a baseline survey, 12-month follow-up survey, and implementation study protocols.

This **Federal Register** Notice provides the opportunity to comment on a proposed new information collection activity: The AFI Evaluation second follow-up survey (at 36 months post-random assignment) of both treatment and control group members. The content of this survey is the same as the content approved for the 12-month follow-up. The purpose of the AFI Evaluation 36-month follow-up survey is to follow-up with study participants to document their intermediate savings and savings patterns, asset purchases, and other economic outcomes. The evaluation consists of both an impact study and an implementation study. Data collection activities will span a three-year period. Data collection activities to submit in a future information collection request include a third follow-up survey for AFI Evaluation study participants approximately 60 months after study enrollment.

Respondents: Individuals enrolled in AFI programs, individuals who have left AFI programs, and control group members.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Follow-Up Survey: AFI-eligible participants	814	271	1	1	271

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *OPREinfocollection@acf.hhs.gov.*

OMB Comment: 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. 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.

Robert Sargis,

ACF Reports Clearance Officer.

[FR Doc. 2015–22014 Filed 9–3–15; 8:45 am]

BILLING CODE 4184–26–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Health Resources and Services Administration

Notice of Meeting: Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation

ACTION: Notice of meeting: Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation (MIECHVPE).

Authority: Section 511(g)(1) of the Social Security Act (42 U.S.C. 711(g)) and Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463).

Name: Advisory Committee on the Maternal, Infant, and Early Childhood Home Visiting Program Evaluation.

Date and Time: Monday, September 21, 2015, 11 a.m.–6 p.m. EST.

Place: Webinar.

The Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation (Committee) will meet for its fifth session on Monday, September 21, 2015, 11 a.m.–6 p.m. ET. The purpose of the meeting is to allow the Committee to comment on the analysis plan of the MIHOPE project. The general public (''attendees'') can join the meeting via webinar by logging onto *https://attendee.gotowebinar.com/register/8910471186935462146,* and then follow the instructions for registering. Attendees should launch the webinar no later than 10:45 a.m. ET in order for the logistics to be established for participation in the call. If there are technical problems gaining access to the call or webinar, please call 888–569–3848 or press *0, and for GoToWebinar technical support call 800–263–6317.

Meeting Registration: Attendees are asked to register for the conference by going to the registration Web site at *https://attendee.gotowebinar.com/register/8910471186935462146.*

Special Accommodations: Attendees with special needs requiring accommodations such as large print materials or other accommodations may make requests when registering at the online Web site by answering the ''Special accommodations'' question on the registration page: *https://attendee.gotowebinar.com/register/8910471186935462146.*

Agenda: The meeting will include updates on the progress of the evaluation and will present the evaluation's impact, implementation, impact variation, and cost data analysis plans. Agenda items are subject to change as priorities dictate.

Public Comments: Members of the public may submit written comments that will be distributed to Committee members prior to the meeting. Written comments must be received by Monday, September 14, 2015 for consideration. Comments can be submitted to Nancy Margie at *Nancy.Margie@acf.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Any person interested in obtaining other information relevant to joining the webinar can contact Carolyn Swaney at *Carolyn.Swaney@icfi.com.*

SUPPLEMENTARY INFORMATION: The Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Evaluation

is authorized by subsection 511(g)(1) of Title V of the Social Security Act (42 U.S.C. 711(g)(1)) as added by section 2951 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148) (Affordable Care Act) and amended by Public Law 114–10 (Medicare Access and CHIP Reauthorization Act of 2015), Section 218.

The purpose of the Committee is to review, and make recommendations on, the design and plan for the evaluation required under paragraph 511(g)(2); maintain and advise the Secretary regarding the progress of the evaluation; and comment, if the Committee so desires, on the report submitted to Congress under subsection 511(g)(3).

The Department of Health and Human Services has contracted with MDRC (formerly known as Manpower Demonstration Research Corporation), a nonprofit, nonpartisan education and social policy research organization, to conduct the evaluation of the MIECHV program.

As specified in the legislation, the evaluation provided a state-by-state analysis of the needs assessments and the States' actions in response to the assessments. Additionally, as specified in the legislation, the evaluation will provide an assessment of: (a) The effect of early childhood home visiting programs on outcomes for parents, children, and communities with respect to domains specified in the authorizing legislation (such as maternal and child health status, school readiness, and domestic violence, among others); (b) the effectiveness of such programs on different populations, including the extent to which the ability to improve participant outcomes varies across programs and populations; and (c) the potential for the activities conducted under such programs, if scaled broadly, to enhance health care practices, eliminate health disparities, improve health care system quality, and reduce costs.

Naomi Goldstein,

Director, Office of Planning, Research, and Evaluation, ACF.

Michael Lu,

Associate Administrator, Maternal and Child Health Bureau, HRSA.

[FR Doc. 2015–21332 Filed 9–3–15; 8:45 am]

BILLING CODE 4184–74–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (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 October 5, 2015.

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 the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Providing Primary Care and Preventive Medical Services in Ryan White-Funded Medical Care Settings, OMB No. 0915–xxxx—New

Abstract: Since 1990, the Ryan White HIV/AIDS Program (Ryan White Program) has funded the provision of HIV care to eligible persons living with HIV (PLWH). With the advent of effective antiretroviral treatment, PLWH are living longer and normal lives. With this shift, PLWH are beginning to experience typical health issues that come with aging. Ryan White Program-funded clinics are seeing their patients develop other common preventable chronic diseases such as diabetes, heart disease, and hypertension. In addition, clinicians need to address non-primary care issues such mental health and substance abuse issues that are prevalent to PLWH and interferes with managing and treating HIV and other conditions. By shifting HIV care into a broader system of primary care, including preventative care, clinics can offer a more holistic approach to further improving the lives of PLWH.

However, with limited resources, these Ryan White-funded clinics may struggle to provide primary and preventative care services in-house or have insufficient referral systems. This study will examine how Ryan White-funded clinics are integrating the provision of primary and preventative care services to the overall HIV care model. Specifically, it will look at the protocols and strategies used by clinics to manage care for PLWH, specifically care coordination, referral systems, and patient-centered strategies to keep PLWH in care.

Need and Proposed Use of the Information: The proposed study will provide the HRSA HIV/AIDS Bureau and policymakers with a better understanding of how the Ryan White Program currently provides primary and preventative care to PLWH. The first online survey will be targeted to clinic directors from a sample of about 160 Ryan White-funded clinics and will collect data on care models used; primary care services, including preventive services; and coordination of care. Data collected from this survey will provide the HIV/AIDS Bureau with a general overview of the various HIV care models used as well as insight to possible facilitators and barriers to providing primary and preventative care services. More in-depth data collection will be conducted with a smaller number of 30 clinics representing clinic type (publicly funded community health organization, other community-based organization, health department, and hospital or university-based) and size. There will be three data collection instruments used: (1) an online survey completed by three clinicians at each of the clinics, (2) a data extraction of select primary and preventative care services, and (3) a telephone interview with the medical director. The clinician survey will provide a more in-depth look at the clinic protocols and strategies and how they are being used and implemented by the clinicians. The data extraction will provide quantitative information on the provision of select primary and preventative care services within a certain time period. With these data, the study team can assess the accuracy of information provided in the online surveys on the provision of care. Lastly, the interviews with the medical director will allow the study team to follow-up on the results of the survey and data extraction and collect qualitative data and more in-depth details on the provision of primary and preventative