

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (hours)	Total burden hours
Program and Administrative Staff Interview Guide (High)*	50	1	50	1	50
Program and Administrative Staff Interview Guide (Low)**	80	1	80	1	80
Youth Focus Group .....	156	1	156	1	156
Youth Interview .....	26	1	26	0.5	13
Panel/advisory board of young people living with HIV (Low)** .....	80	1	80	1.5	120
<b>Total .....</b>	<b>496</b>	<b>.....</b>	<b>496</b>	<b>.....</b>	<b>523</b>

\* High indicates high performing sites.  
 \*\* Low indicates low performing sites.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Jackie Painter,**  
 Director, Division of Executive Secretariat.  
 [FR Doc. 2016-09772 Filed 4-26-16; 8:45 a.m.]  
 BILLING CODE 4165-15-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 must be received no later than May 27, 2016.

**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: HRSA AIDS Education and Training Centers Evaluation Activities**

(OMB No. 0915-0281)—Revision

*Abstract:* The AIDS Education and Training Centers (AETC) Program, under the Title XXVI of the Public Health Service Act, as amended, supports a network of regional and national centers that conduct targeted, multi-disciplinary education and training programs for health care providers treating persons with HIV. The AETCs' purpose is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage individuals with HIV infection, and to help prevent high risk behaviors that lead to HIV transmission.

*Need and Proposed Use of the Information:* As part of an ongoing effort to evaluate AETC activities, information is needed on AETC training sessions, consultations, and technical assistance activities. Each regional center collects information on AETC training events, and is required to report aggregate data on their activities to HRSA. The data provides information on the number of training events, including clinical trainings and consultations, as well as technical assistance activities conducted

by each regional center, the number of health care providers receiving professional training or consultation, and the time and effort expended on different levels of training and consultation activities. In addition, information is obtained on the populations served by AETC trainees, and the increase in capacity achieved through training events. Collection of this information allows HRSA to provide information on training activities and types of education and training provided to Ryan White HIV/AIDS Program recipients, resource allocation, and capacity expansion.

*Likely Respondents:* Trainees are asked to complete the Participant Information Form once a year and trainers are asked to complete an Event Record for each training event they conduct during the year. In addition, each regional AETC (8 total) will compile these data into a data set and submit to HRSA once a year.

*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 Information Collection Request 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
Participant Information .....	114,423	1	114,423	0.07	8,009.61
Event Record .....	14,445	1	14,445	0.14	2,022.30
Total .....					10,031.91

The Estimated Annual Burden to AETCs is as follows:

	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Aggregate Data Set .....	8	1	8	29	232

The total burden hours are 10,263.91 hours.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Jackie Painter,**

*Director, Division of the Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting Announcement for the Physician-Focused Payment Model Technical Advisory Committee Required by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

**ACTION:** Notice of public meeting.

**SUMMARY:** This notice announces the meeting date for the Physician-Focused Payment Model Technical Advisory Committee (hereafter referred to as “the Committee”) on Wednesday, May 4, 2016 in Washington, DC.

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**DATES:** The meeting will be held on Wednesday, May 4, 2016, from 12:00 p.m. to 3:00 p.m. Eastern Daylight Time (EDT) and it is open to the public.

**ADDRESSES:** The meeting will be held in Room 800 of the Hubert H. Humphrey Building, 200 Independence Ave. SW., Washington, DC, 20201.

#### Meeting Registration

The public may attend the meeting in-person or listen by phone via audio teleconference. Space is limited and registration is *required* in order to attend in-person or by phone. Registration may be completed online at <https://www.regonline.com/PTACMeetingsRegistration>. All the following information must be submitted when registering:

- Name.
- Company name.
- Postal address.
- Email address.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Scott R. Smith, no later than April 25, 2016 at the contact information listed below.

**FOR FURTHER INFORMATION CONTACT:** Scott R. Smith, Ph.D., Designated Federal Officer, at the Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, (202) 690-6870.

#### SUPPLEMENTARY INFORMATION:

#### I. Purpose

The Physician-Focused Payment Model Technical Advisory Committee (“the Committee”) is required by the Medicare Access and CHIP Reauthorization Act of 2015, 42 U.S.C 1395ee. This Committee is also governed by provisions of the Federal Advisory Committee Act, as amended (5 U.S.C App.), which sets forth standards for the formation and use of federal advisory committees. In accordance with its statutory mandate, the Committee is to review physician-focused payment model proposals and prepare recommendations regarding whether such models meet criteria that will be established through rulemaking by the Secretary of Health and Human Services (the Secretary). The Committee is composed of 11 members appointed by the Comptroller General with staggered terms of 1, 2, and 3 years.

#### II. Agenda

The Committee will have initial discussions about how physician-focused payment models proposals will be submitted and reviewed by the Committee after the Secretary establishes criteria for physician-focused payment models through rulemaking. There will be time allocated for public comment on a draft proposal review document. This document will be posted on the Committee Web site and distributed on the Committee listserv prior to the public meeting. The Committee will also discuss its activities in preparation for submission of proposals once the Secretarial criteria are finalized.