

collection tool may be found on the ACL Web site: [http://www.aoa.acl.gov/Program\\_Results/Program\\_survey.aspx](http://www.aoa.acl.gov/Program_Results/Program_survey.aspx).

The total burden estimate for the remaining data collection is: 482.67 hours.

Dated: October 12, 2016.

**Edwin L. Walker,**

*Acting Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; Evaluation of the Elderly Nutritional Services Program

**AGENCY:** Administration for Community Living, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration for Community Living (formerly the Administration on Aging (AoA)) is announcing that the continuation of collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by November 21, 2016.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for ACL, Office of Information and Regulatory Affairs, OMB.

**FOR FURTHER INFORMATION CONTACT:** Susan Jenkins, 202.795.7369.

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, the Administration for Community Living (Formerly the Administration for Aging) has submitted the following proposed collection of information to OMB for review and clearance. The data collection associated with the Evaluation of the Elderly Nutrition Services Program (ENSP) is necessary to meet three broad objectives of ACL: (1) To provide information to support program planning, including an analysis of program processes, (2) to develop information about program efficiency and cost issues, and (3) to assess program effectiveness, as measured by the program's effects on a variety of important outcomes, including nutrient adequacy, socialization opportunities, health outcomes, and, ultimately,

helping elderly people avoid institutionalization. The renewal is to complete the data collection related to objective 3.

In response to the 60-day **Federal Register** notice related to this proposed data collection and published on July 19, 2016, no relevant comments were received. The proposed data collection tool may be found on the ACL Web site: [http://www.aoa.acl.gov/Program\\_Results/Program\\_survey.aspx](http://www.aoa.acl.gov/Program_Results/Program_survey.aspx).

The total burden estimate for the remaining data collection is: 192 hours.

Dated: October 14, 2016.

**Edwin L. Walker,**

*Acting Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living/ Administration on Aging

#### Agency Information Collection Activities; Public Comment Request; State Annual Long-Term Care Ombudsman Report and Instructions

**AGENCY:** Administration for Community Living/Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by November 21, 2016.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.5806 or by email to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov), Attn: OMB Desk Officer for ACL.

**FOR FURTHER INFORMATION CONTACT:** Louise Ryan, telephone: (206) 615-2514; email: [louise.ryan@acl.hhs.gov](mailto:louise.ryan@acl.hhs.gov)

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

States provide the following data and narrative information in the report:

1. Numbers and descriptions of cases filed and complaints made on behalf of long-term care facility residents to the statewide ombudsman program;

2. Major issues identified that impact the quality of care and life of long-term care facility residents;

3. Statewide program operations; and  
4. Ombudsman activities in addition to complaint investigation.

5. A new requirement to include organizational conflict of interest reporting as required by the reauthorized Older Americans Act and the LTC Ombudsman program rule CFR 1324.21.

The report form and instructions have been in continuous use, with minor modifications, since they were first approved by OMB for the FY 1995 reporting period. This current request is for a Revision of a Currently Approved Collection (ICR Rev), which will provide approval for FFY 2016-2018 with modifications to include organizational conflict of interest reporting as required by the reauthorized Older Americans Act, Section 712(f) and the LTC Ombudsman program rule CFR 1324.21.

The data collected on complaints filed with ombudsman programs and narrative on long-term care issues provide information to Centers for Medicare and Medicaid Services and others on patterns of concerns and major long-term care issues affecting residents of long-term care facilities. Both the complaint and program data collected assist the states and local ombudsman programs in planning strategies and activities, providing training and technical assistance and developing performance measures.

#### Comments in Response to the 60 Day Federal Register Notice

A notice was published in the **Federal Register**/Vol. 81, No. 126/Thursday, June 30, 2016 Notices, Pages 42712-42713, announcing that AoA was requesting modification of the current form and instructions to incorporate conflict of interest reporting requirements, directing readers to the AoA Web site where these documents are posted and providing an opportunity for public comment. One comment was received from the National Association of Ombudsman Programs (NASOP).

NASOP members disagreed with the burden estimate developed by AoA, stating:

*Because an overwhelming majority of state long-term care ombudsman programs designate local ombudsman entities, those circumstances lead to a greater likelihood of organizational conflicts of interest. The burden is compounded by the number of local ombudsman entities within a state and will have multiple sources of reporting organizational conflicts at local or regional levels up to the states before states can report via NORS. Further, because approximately half of state*