

applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub award under the grant unless the organization has provided its DUNS number to the grantee organization.

Dated: May 18, 2017.

Terrance Perry,

Director, Office of Grants Services, Centers for Disease Control and Prevention.

[FR Doc. 2017-11941 Filed 6-8-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-10346, CMS-10036 and CMS-10437]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by August 8, 2017.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number _____, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of the following:

1. Access CMS' Web site address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-10346 Appeals of Quality Bonus Payment Determinations

CMS-10036 IRF-PAI for the Collection of Data Pertaining to the Inpatient Rehabilitation Facility Prospective Payment System and Quality Reporting Program

CMS-10437 Generic Social Marketing & Consumer Testing Research

Under the PRA (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep—records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Appeals of Quality Bonus Payment Determinations; *Use:* Section 1853(o) of the Social Security Act requires us to make Quality Bonus Payments (QBPs) to Medicare Advantage (MA) organizations that achieve performance rating scores of at least 4 stars under a five star rating system. MA organizations have 10 calendar days from the date of CMS' release of its QBP determinations to request a technical report from CMS explaining the development of their QBP status. The technical report is provided in writing by electronic mail to the MA organization. If, after reviewing the technical report, the MA organization believes that CMS was incorrect in its QBP determination, within 10 calendar days the MA

organization may request an appeal to be conducted by a hearing officer designated by CMS. The hearing officer's decision is final and binding on both the MA organization and CMS. The hearing officer is required to issue his/her decision on or before May 15 of the year preceding the year in which the contract for which the QBP to be applied will be offered. *Form Number:* CMS-10346 (OMB control number: 0938-1129); *Frequency:* Yearly; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 500; *Total Annual Responses:* 20; *Total Annual Hours:* 160. (For policy questions regarding this collection contact Sarah Gaillot at 410-786-4637).

2. *Type of Information Collection Request:* Revision of a previously approved collection; *Title of Information Collection:* IRF-PAI for the Collection of Data Pertaining to the Inpatient Rehabilitation Facility Prospective Payment System and Quality Reporting Program *Use:* This instrument with its supporting manual is needed to permit the Secretary of Health and Human Services, and CMS, to implement Section 1886(j) of the Social Security Act, 42 U.S.C. 1395ww(j), as enacted by § 4421 of the Balanced Budget Act of 1997 (BBA), Pub. L. 105-33. The statute requires the Secretary to develop a prospective payment system for inpatient rehabilitation facility services for the Medicare program. This payment system is to cover both operating and capital costs for inpatient rehabilitation facility services. It applies to inpatient rehabilitation hospitals as well as rehabilitation units of acute care hospitals, both of which are exempt from the current PPS for inpatient hospital services. CMS implemented the inpatient rehabilitation facility prospective payment system for cost reporting periods beginning on or after January 1, 2002.

Since October 1, 2012, the IRF-PAI has also been used to collect quality measure data, using data items in the Quality Indicator section, as required by Section 1886(j)(7) of the Social Security Act added by section 3004 of the Patient Protection and Affordable Care Act. The statute requires the Secretary to establish a quality reporting program for inpatient rehabilitation facilities (IRFs), which was established in the FY 2012 IRF PPS final rule (76 FR 47873 through 47883. Further, section 1886(j)(7)(A)(i) of the Act requires the Secretary to reduce the increase factor with respect to a fiscal year by 2 percentage points for any IRFs that do not submit data to the Secretary in accordance with

requirements established by the Secretary for that fiscal year, beginning in fiscal year 2014.

Section 2(a) of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) (Pub. L. 113-185, enacted on Oct. 6, 2014), requires that the Secretary specify not later than the applicable specified application date, as defined in section 1899B(a)(2)(E), quality measures on which IRF providers are required to submit standardized patient assessment data described in section 1899B(b)(1) and other necessary data specified by the Secretary. Section 1899B(c)(2)(A) requires, to the extent possible, the submission of the such quality measure data through the use of a PAC assessment instrument and the modification of such instrument as necessary to enable such use; for IRFs, this requirement refers to the Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI).

Since October 1, 2015, there have been numerous updates to the IRF-PAI. Some of the changes were subject to the Paperwork Reduction Act and some are exempt under the IMPACT Act. This information collection includes a summary of those revisions. *Form Number:* CMS-10036 (OMB control number: 0938-0842); *Frequency:* Annually; *Affected Public:* Private Sector; Business or other for-profits and Not-for-profit institutions, State, Local or Tribal Governments and Federal Government; *Number of Respondents:* 1,137; *Total Annual Responses:* 402,311; *Total Annual Hours:* 227,151. (For policy questions regarding this collection contact Charles Padgett at 410-786-2811.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Generic Social Marketing & Consumer Testing Research; *Use:* The purpose of this submission is to extend the approval of the generic clearance for a program of consumer research aimed at a broad audience of those affected by CMS programs including Medicare, Medicaid, Children's Health Insurance Program (CHIP), and health insurance exchanges. This program extends strategic efforts to reach and tailor communications to beneficiaries, caregivers, providers, stakeholders, and any other audiences that would support the Agency in improving the functioning of the health care system, improve patient care and outcomes, and reduce costs without sacrificing quality of care. The information collected will be used to create a streamlined and proactive process for collection of data

and utilizing the feedback on service delivery for continuous improvement of communication activities aimed at diverse CMS audiences.

The generic clearance will allow rapid response to inform CMS initiatives using a mixture of qualitative and quantitative consumer research strategies (including formative research studies and methodological tests) to improve communication with key CMS audiences. As new information resources and persuasive technologies are developed, they can be tested and evaluated for beneficiary response to the materials and delivery channels. Results will inform communication development and information architecture as well as allow for continuous quality improvement. The overall goal is to maximize the extent to which consumers have access to useful sources of CMS program information in a form that can help them make the most of their benefits and options

The activities under this clearance involve social marketing and consumer research using samples of self-selected customers, as well as convenience samples, and quota samples, with respondents selected either to cover a broad range of customers or to include specific characteristics related to certain products or services. All collection of information under this clearance will utilize a subset of items drawn from a core collection of customizable items referred to as the Social Marketing and Consumer Testing Item Bank. This item bank is designed to establish a set of pre-approved generic question that can be drawn upon to allow for the rapid turn-around consumer testing required for us to communicate more effectively with our audiences. The questions in the item bank are divided into two major categories. One set focuses on characteristics of individuals and is intended primarily for participant screening and for use in structured quantitative on-line or telephone surveys. The other set is less structured and is designed for use in qualitative one-on-one and small group discussions or collecting information related to subjective impressions of test materials. Results will be compiled and disseminated so that future communication can be informed by the testing results. We will use the findings to create the greatest possible public benefit. *Form Number:* CMS-10437 (OMB control number: 0938-1247); *Frequency:* Yearly; *Affected Public:* Individuals; *Number of Respondents:* 41,592; *Number of Responses:* 28,800; *Total Annual Hours:* 21,488. (For policy questions regarding this collection

contact Allyssa Allen at 410-786-8436126.)

Dated: June 6, 2017.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2017-12005 Filed 6-8-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.676]

Announcement of the Award of 48 Single-Source Low-Cost Extension Supplement Grants Within the Office of Refugee Resettlement's Unaccompanied Alien Children's (UAC) Program

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and

Families (ACF), U.S. Department of Health and Human Services (HHS).

ACTION: Notice of Award of 48 single-source low-cost extension supplement grants under the Unaccompanied Alien Children's (UAC) Program.

SUMMARY: ACF, ORR, announces the award of 48 single source low-cost extension supplement grants for a total of \$110,480,457 under the Unaccompanied Alien Children's (UAC) Program.

DATES: Low-cost extension supplement grants will support activities from October 1, 2016, through December 31, 2016, for 46 grantees and October 1, 2016, through March 31, 2017, for two grantees.

FOR FURTHER INFORMATION CONTACT:

Jalyn Sualog, Director, Division of Unaccompanied Children's Operations, Office of Refugee Resettlement, 330 C Street SW., Washington, DC 20201.

Email: DCSProgram@acf.hhs.gov.
Phone: 202-401-4997.

SUPPLEMENTARY INFORMATION: The following supplement grants will support the immediate need for additional capacity of shelter services to accommodate the prior increase in number of UACs referred by DHS into ORR care. This increase in the UAC population necessitated the need for expansion of services to expedite the release of UAC. In order to be prepared for an increase in referrals for shelter services, ORR solicited proposals from grantees to accommodate the extensive amount of referrals from DHS.

Location	Grantee	Amount
U.S. Multi-City	BCFS Health and Human Services	\$3,413,200
U.S. Multi-City	Southwest Key, Inc	1,036,081
U.S. Multi-City	United States Conference of Catholic Bishops	706,881
U.S. Multi-City	Crittenton	298,324
	Children's Village	286,202
U.S. Multi-City	MercyFirst	122,186
U.S. Multi-City	United States Committee for Refugee and Immigrants	1,575,161
U.S. Multi-City	His House, Inc	69,214
U.S. Multi-City	Heartland	330,046
U.S. Multi-City	Lutheran Immigration and Refugee Service	804,135
Staunton, VA	Shenandoah	980,112
Lincolndale, NY	Lincoln Hall	3,800,000
San Antonio, TX	St. Peter-St. Joseph Children's Home	1,704,925
Corpus Christi, TX	Upbring	643,276
Chicago, IL	Heartland Human Care, Inc	7,764,682
Chicago, IL	Heartland Human Care, Inc	693,934
National	United States Conference of Catholic Bishops	1,505,823
Mesa, AZ	A New Leaf	736,736
La Verne, CA	David & Margaret	1,539,365
Fullerton, CA	Florence Crittenton	3,018,997
Manvel, TX	Shiloh	1,273,395
Houston, TX	Catholic Charities Houston-Galveston	1,670,956
Miami, FL	His House	2,202,796
Corpus Christi, TX	Upbring	3,134,996
U.S. Multi-City	BCFS Health and Human Services (102)	24,469,448
National	Lutheran Immigration and Refugee Service	4,303,231
Alexandria, VA	Juvenile Detention Commission for Northern Virginia	631,569
Seattle, WA	Youth Care	384,560
Portland, OR	Morrison Child and Family Services	2,622,674
Phoenix, AZ	Tumbleweed Child and Family Services	525,600
Philadelphia, PA	KidsPeace	2,471,157
San Antonio, TX	BCFS Health and Human Services (110)	479,610
San Antonio, TX	Seton Home	804,614
Fairfield, CA	BCFS Health and Human Services (112)	937,867
Bristow, VA	Youth for Tomorrow	2,327,600
Bristow, VA	Youth for Tomorrow	657,800
Woodland, CA	Yolo County	699,306
Miami, FL	Catholic Charities Boystown	1,312,947
San Antonio, TX	BCFS Health and Human Services (116)	2,190,001
San Antonio, TX	BCFS Health and Human Services (116)	864,000
Bronx, NY	Cardinal McCloskey	439,392
Syosset, NY	Mercy First	1,528,461
Kingston, NY	Children's Home of Kingston	435,312
New York, NY	Lutheran Social Services of Metropolitan New York	1,095,782