Diseases included in this surveillance program are Influenza Virus, Caliciviruses, Respiratory and Enteric Viruses, Foodborne Outbreaks, Waterborne Outbreaks and Enteroviruses.

Proposed revisions include form consolidation, minor revised language and rewording to improve clarity and readability of the data collection forms and the discontinuation of multiple previously approved influenza collection instruments, and the National Respiratory & Enteric Virus Surveillance System (NREVSS) Laboratory Assessment (CDC 55.83). CDC also requests the use of a new form, Suspect Respiratory Virus Patient Form, to assist health departments and clinical sites when they submit specimens to the CDC lab for viral pathogen identification. The data will enable rapid detection and characterization of outbreaks of known pathogens, as well as potential newly emerging viral pathogens.

The frequency of response for each form will depend on the disease and surveillance need. This represents a 7,116 burden hour reduction since last approval. This reduction in burden hours is attributed primarily to the discontinuation of previously approved forms and formatting changes to existing forms. The total time burden estimate for all collection instruments in this revision request is 24,805.

There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Epidemiologist	NORS Foodborne Disease Transmission_Person to Person Disease Transmission_Animal Contact_Environmental Contamination_Unknown Transmission Mode_52.13.	54	37	20/60
Epidemiologist	WHO COLLABORATING CENTER FOR INFLUENZA Influenza Virus Surveillance.	53	52	10/60
Epidemiologist	U.S. WHO Collaborating Laboratories Influenza Testing Methods Assessment.	113	1	10/60
Epidemiologist	US Outpatient Influenza-like Illness Surveillance Network (ILINet) Weekly_CDC 55.20.	1,800	52	10/60
Epidemiologist	US Outpatient Influenza-like Illness Surveillance Network (ILINet) Workfolder 55.20E.	1800	1	5/60
Epidemiologist	Influenza-Associated Pediatric Mortality Case Report Form	57	2	30/60
Epidemiologist	Human Infection with Novel Influenza A Virus Case Report Form	57	2	30/60
Epidemiologist	Human Infection with Novel Influenza A Virus Severe Outcomes	57	1	90/60
Epidemiologist	Novel Influenza A Virus Case Screening Form	57	1	15/60
Epidemiologist	Antiviral Resistant Influenza Infection Case Report Form	57	3	30/60
Epidemiologist	National Respiratory & Enteric Virus Surveillance System (NREVSS) (55.83A, B, D) (electronic).	550	52	15/60
Epidemiologist	National Enterovirus Surveillance Report: (CDC 55.9) (electronic)	20	12	15/60
Epidemiologist	National Adenovirus Type Reporting System (NATRS)	13	4	15/60
Epidemiologist	Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Short Form.	57	3	25/60
Epidemiologist	Viral Gastroenteritis Outbreak Submission Form	20	5	5/60
Epidemiologist	NORS Waterborne Disease Transmission Form_52.12	59	1	20/60
Epidemiologist	Influenza Virus (Electronic, Year Round), PHLIP_HL7 messaging Data Elements.	57	52	5/60
Epidemiologist	Influenza virus (electronic, year round) (PHIN–MS)	3	52	5/60
Epidemiologist	Suspect Respiratory Virus Patient Form	10	5	30/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2017–18407 Filed 8–29–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10239]

Agency Information Collection Activities: Submission for OMB Review; 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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate 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 on the collection(s) of information must be received by the OMB desk officer by September 29, 2017.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–5806 *OR*, email: *OIRA_submission@omb.eop.gov*.

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 following:

1. Access CMS' Web site address at 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: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* Conditions of Participation for Critical Access Hospitals (CAH) and Supporting Regulations; *Use:* At the outset of the critical access hospital (CAH) program, the information collection requirements for all CAHs were addressed together under the following information collection request: CMS–R–48 (OCN: 0938–0328). As the CAH program has grown in both scope of services and the number of providers, the burden associated with CAHs with distinct part units (DPUs) was separated from the CAHs without DPUs. Section 1820(c)(2)(E)(i) of the Social Security Act provides that a CAH may establish and operate a psychiatric or rehabilitation DPU. Each DPU may maintain up to10 beds and must comply with the hospital requirements specified in 42 CFR Subparts A, B, C, and D of part 482. Presently, 105 CAHs have rehabilitation or psychiatric DPUs. The burden associated with CAHs that have DPUs continues to be reported under CMS–R–48, along with the burden for all 4,890 accredited and non-accredited hospitals.

The CAH conditions of participation and accompanying information collection requirements specified in the regulations are used by surveyors as a basis for determining whether a CAH meets the requirements to participate in the Medicare program. We, along with the healthcare industry, believe that the availability to the facility of the type of records and general content of records, which this regulation specifies, is standard medical practice and is necessary in order to ensure the well-being and safety of patients and professional treatment accountability. *Form Number:* CMS–10239 (OMB Control number: 0938–1043); *Frequency:* Yearly; *Affected Public:* Private sector—Business or other for-profit; *Number of Respondents:* 1,215; *Total Annual Responses:* 144,585; *Total Annual Hours:* 24,183. (For policy questions regarding this collection contact Mary Collins at 410–786–3189.)

Dated: August 24, 2017.

Martique Jones,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2017–18275 Filed 8–29–17; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants.

OMB No.: 0970–0462.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing data collection activities as part of the Health Profession Opportunity Grants (HPOG) to Serve TANF and Other Low Income Individuals. ACF has developed a multi-pronged research and evaluation approach for the HPOG program to better understand and assess the activities conducted and their results. Two rounds of HPOG grants have been awarded—the first in 2010 (HPOG 1.0) and the second in 2015 (HPOG 2.0). There are federal evaluations associated with each round of grants. HPOG grants provide funding to government agencies, community-based organizations, post-secondary educational institutions, and tribal-affiliated organizations to provide education and training services to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals, including tribal members. Under HPOG 2.0, ACF provided grants to five tribal-affiliated organizations and 27 non-tribal entities.

OMB previously approved data collection under OMB Control Number 0970–0462 for: The HPOG 2.0 National and Tribal Evaluation (Approved August 2015); and the National Evaluation impact study, the National Evaluation descriptive study, and the Tribal Evaluation (All approved June 2017). The proposed data collection activities described in this **Federal Register** Notice will provide data for the impact and cost benefit studies of the 27 non-tribal grantees participating in the National Evaluation of HPOG 2.0.

National Evaluation: The National Evaluation pertains only to the 27 non-tribal grantees that received HPOG 2.0 funding. The design for the National Evaluation features an implementation study, a systems change analysis, and cost benefit analysis. In addition, the National Evaluation is using an experimental design to measure and analyze key participant outcomes including completion of education and training, receipt of certificates and/or degrees, earnings, and employment in a