

System, (PDS) web-based portal. The overall reduction in questions will reduce the number of burden hours on grantees. The movement from a customized web-based portal to reporting using commercial, off-the-shelf software (*i.e.*, a spreadsheet) significantly reduces the cost of performance data collection and reporting. To collect program management and performance data for all OMH-funded projects, grantee data collection via the Uniform Data Set,

UDS (original data collection system) was first approved by OMB on June 7, 2004 (OMB No. 0990–275).
Need and Proposed Use of the Information: The clearance is needed to continue performance data collection to enable OMH to comply with Federal reporting requirements and monitor and evaluate performance by enabling the efficient collection of performance-oriented data tied to OMH-wide performance reporting needs. The ability to monitor and evaluate performance in this manner, and to

work towards continuous program improvement are basic functions that OMH must be able to accomplish in order to carry out its mandate with the most effective and appropriate use of resources.

Likely Respondents: Respondents for this data collection include the project directors for OMH-funded projects and/or the data entry persons for each OMH-funded project. Affected public includes non-profit institutions, State, Local, or Tribal Governments.

ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Performance Reporting Template	Non-profit institutions, State, Local, or Tribal Governments.	130	4	45/60	390
Total .....	.....	130	4	45/60	390

Terry Clark,
Asst Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.
 [FR Doc. 2019–03907 Filed 3–4–19; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0458 Revision]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a revision to an existing Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the revision of the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.
DATES: Comments on the ICR must be received on or before May 6, 2019.

ADDRESSES: Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795–7714.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier OS–0990–0458

Revision, and project title for reference, to Sherrette Funn, the Reports Clearance Officer, *Sherrette.funn@hhs.gov*, or call 202–795–7714.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: Domestic Violence Housing First Demonstration Evaluation.

Type of Collection: Revision.
 OMB No.: 0990–0458.

Abstract: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the U.S. Department of Health and Human Services, in partnership with the Office for Victims of Crimes within the U.S. Department of Justice, is seeking approval by OMB for a revision to add a 24-month follow-up data collection to an existing information collection request entitled, “Domestic Violence Housing First (DVHF) Demonstration Evaluation” (OMB Control Number: HHS–OS–0990–0458). The Washington State Coalition Against Domestic Violence (WSCADV) is overseeing and coordinating an

evaluation of the DVHF Demonstration project through a contract with ASPE. This quasi-experimental research study involves longitudinally examining the program effects of DVHF on domestic violence survivors’ safety and housing stability. The findings will be of interest to the general public, to policy-makers, and to organizations working with domestic violence survivors.

Current data collection that has been approved by OMB includes in-depth, private interviews with 320 domestic violence survivors conducted by trained professional staff. The data are currently approved for collection at study enrollment (Time 1), and at follow-up interviews every six months after the Time 1 Interview (*i.e.*, 6, 12, and 18 months) to examine the match between needs and services, as well as their safety and housing stability. The proposed revision to the collection would add a fourth follow-up data collection to be administered 24 months after study enrollment (Time 1) to examine longer-term impacts of the Domestic Violence Housing First Demonstration program. The follow-up survey is identical to the one used at the 6, 12, and 18 month follow-up. The respondents are domestic violence survivors who are enrolled in the Domestic Violence Housing First Demonstration Evaluation (OMB Control Number HHS–OS–0990–0458). Study enrollment is taking place over 15 months, so the annualized burden for the 24-month follow-up survey is based on 12/15 (256) of the expected sample (320).

ANNUALIZED BURDEN HOUR TABLE

Form name	Type of respondent	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Follow-up Interview	Domestic violence survivors	256	1	1.25	320
Total .....	.....	.....	.....	.....	320

Dated: February 7, 2019.

Terry Clark,

Asst Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2019-03960 Filed 3-4-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice To Propose the Re-Designation of the Delivery Area for the Havasupai Tribe

AGENCY: Indian Health Service.

ACTION: Notice.

SUMMARY: This notice is to advise the public that the Indian Health Service (IHS) proposes to expand the geographic boundaries of the Purchased/Referred Care (PRC) Delivery Area (DA) for the Havasupai Tribe in Arizona. The Havasupai Tribe's PRCDA is currently Coconino County in the State of Arizona. The IHS proposes to expand the Tribe's PRCDA to include Mojave County, which is adjacent to the Tribe's existing PRCDA in the State of Arizona.

DATES: Comments due April 4, 2019.

ADDRESSES: In commenting, please refer to file code [Federal Register insert file code number]. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit comments electronically to <http://www.regulations.gov>. Follow the "Submit a Comment" instructions.

2. *By postal mail.* You may mail written comments to the following address ONLY: Ms. Emmalani Longenecker, Indian Health Service, 5600 Fishers Lane, Mailstop: 09E70, Rockville, Maryland 20857. Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the above address.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier)

your written comments before the close of the comment period to the following address. Ms. Emmalani Longenecker, Indian Health Service, 5600 Fishers Lane, Mailstop: 09E70, Rockville, Maryland 20857.

If you intend to deliver your comments to the Rockville address, please call telephone number (301) 443-1116 in advance to schedule your arrival with a staff member.

Comments will be made available for public inspection at the Rockville address from 8:30 a.m. to 5:00 p.m., Monday-Friday, two weeks after publication of this notice.

FOR FURTHER INFORMATION CONTACT:

CMDR John Rael, Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mailstop: 10E85C, Rockville, Maryland 20852. Telephone 301/443-2694 (This is not a toll free number).

SUPPLEMENTARY INFORMATION: *Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

Background: The IHS currently provides services under regulations in effect on September 15, 1987 and IHS republished at 42 CFR part 136, subparts A-C. Subpart C defines a PRCDA as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the area. Residence in a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC. Services needed but not available at an IHS/Tribal facility are provided under the PRC program depending on the availability of funds, the person's relative medical priority, and the actual availability and accessibility of alternate resources in accordance with the regulations.

As applicable to the tribes, these regulations provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties that have a common

boundary with the reservation [42 CFR 136.22(a)(6)]. The regulations also provide that after consultation with the tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may periodically re-designate areas within the United States (U.S.) for inclusion in or exclusion from a PRCDA. The regulations require that certain criteria must be considered before any re-designation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the tribes;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any re-designation of a PRCDA must be made in accordance with the Administrative Procedures Act (5 U.S.C. 553). In compliance with this requirement, we are publishing this proposal and requesting public comments. The Havasupai Tribe's home is in Coconino County, Arizona, at the bottom of an extremely rugged section of the Grand Canyon. The reservation lies 3,000 feet below the canyon rim, surrounded by U.S. Forest Service and National Park Service lands. The reservation was initially established by an Executive Order on June 8, 1880. The Grand Canyon National Park Enlargement Act on March 4, 1944, set aside certain public domain lands and provided for an exchange of State-owned lands to be added to the reservation, bringing it to its present size.

The IHS operates a health station in the Havasupai Tribe's Village of Supai, Arizona, within Coconino County. When the health care needs of Havasupai Tribal members' are greater than the available services at the IHS health station, tribal members often move from Supai, Arizona, to the City of Kingman, Arizona. The City of