

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Medicare Rural Hospital Flexibility Program Performance, OMB No. 0915-0363—Extension

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than April 8, 2019.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail to Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the

proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Medicare Rural Hospital Flexibility Program Performance Measures, OMB No. 0915-0363—Extension

Abstract: This information collection comment request is for continued approval of the Medicare Rural Hospital Flexibility Program Performance Measures. HRSA is proposing to continue this data collection with no changes. The current performance measures are collected electronically in the Performance Improvement and Measurement System, which awardees access securely through the HRSA Electronic Handbooks.

The Medicare Rural Hospital Flexibility Program (Flex Program) is authorized by Section 1820 of the Social Security Act (42 U.S.C. 1395i-4), as amended. The purpose of the Flex Program is to enable state designated entities to support critical access hospitals in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as critical access hospitals; and to create a program to establish or expand the provision of rural emergency medical services.

Need and Proposed Use of the Information: For this program, performance measures were developed to provide data useful to the Flex program and to enable HRSA to provide

aggregate program data required by Congress under the Government Performance and Results Modernization Act of 2010 (GPRA). These measures cover principal topic areas of interest to the Federal Office of Rural Health Policy, including: (a) Quality reporting, (b) quality improvement interventions, (c) financial and operational improvement initiatives, (d) population health management, and (e) innovative care models. In addition to informing the Office's progress toward meeting the goals set in GPRA, the information is important in identifying and understanding programmatic improvement across program areas, as well as guiding future iterations of the Flex Program and prioritizing areas of need and support.

Likely Respondents: Respondents are the Flex Program coordinators for the states participating in the Flex Program. There are currently 45 states participating in the Flex Program.

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 ICR 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
Medicare Rural Hospital Flexibility Program	45	1	45	70	3,150
Total	45	45	3,150

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.

Amy P. McNulty,

Acting Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Center for Faith and Opportunity Initiatives (The Partnership Center); Statement of Organization, Functions, and Delegations of Authority

37814 Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (HHS), as last amended at 75 FR 20364-5, dated April 19, 2010, and Chapter AA, Immediate Office of the Secretary, as last amended at 75 FR 20364-5, dated April 19, 2010, is being amended to update Chapter AW, "Center for Faith and Opportunity Initiatives (The Partnership Center)," in the Office of the Secretary. The changes are as follows:

A. Under Part A, Chapter AA, Section AA.10 Organization, insert the following: "Center for Faith and Opportunity Initiatives (The Partnership Center) (AW)."

B. Under Part A, update Chapter AW, "Center for Faith and Opportunity Initiatives (The Partnership Center)" to read as follows:

Chapter AW, Center for Faith and Opportunity Initiatives (The Partnership Center).

AW.00 Mission

AW.10 Organization

AW.20 Functions

AW.00 Mission. The Center for Faith and Opportunity Initiatives (The Partnership Center) coordinates the Department of Health and Human Services' (HHS') efforts to support partnerships between HHS and faith and community-based nonprofit organizations in the health care and human services sectors in order to better serve people and communities.

AW.10 Organization. The Partnership Center is headed by a Director, appointed by the Secretary in consultation with the White House Faith and Opportunity Initiative, who reports to the Secretary and serves as the Secretary's principal advisor on HHS' activities relating to faith-based and community partnerships.

AW.20 Functions. The Partnership Center engages and communicates with national, regional, and local faith and community-based organizations and service providers, ensuring that local institutions that hold community trust and deliver essential services have up-to-date information regarding health and human service activities and resources in their area. The Partnership Center also works to enable community and faith-based organizations to collaborate with the government, through both non-fiduciary and fiduciary partnerships, to achieve the strategic priorities of HHS and the President.

Scott W. Rowell,

Assistant Secretary for Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Function, and Delegation of Authority for the U.S. Department of Health and Human Services is being amended at Chapter AC, Office of the Assistant Secretary for Health (OASH), as amended at 72 FR 58095-96, dated October 12, 2007; 69 FR 660-661, dated January 6, 2004; 68 FR 70507-10, dated December 18, 2003; 67 FR 71568, dated December 2, 2002; 75 FR 53304-05, dated August 31, 2010; and most recently at 77 FR 30005-07 dated May 21, 2012 and 77 FR 60996, dated October 5, 2012. This amendment reflects the realignment of personnel oversight, administration and management functions for the Office of the Surgeon General and the U.S. Public Health Service (PHS) Commissioned Corps in the OASH. Specifically, this notice establishes the Office of Commissioned Corps Headquarters (CCHQ) within the Office of the Surgeon General (OSG) and deletes the Division of Systems Integration and the Division of Science and Communications.

The changes are as follows:

I. Under Part A, Chapter AC, under the Office of the Assistant Secretary for Health, make the following changes:

A. Under Section ACM.00 Mission, delete "(7) Maintaining and overseeing activities of the Volunteer Medical Reserve Corps program (42 U.S.C. 300hh)."

B. Under Section ACM.10, Organization, delete the following components "Division of Science and Communications, Division of Commissioned Corps Personnel and Readiness, and Division of Systems Integration".

C. Under Section ACM.10, Organization, add "Commissioned Corps Headquarters".

D. Under Section ACM.20 Functions replace the entire section with:

Section ACM .20 Functions: (a) Office of the Surgeon General (ACM): (1) Advises the Assistant Secretary for Health (ASH) on matters relating to protecting and advancing the public health of the Nation; (2) Manages special deployments that address Presidential and Secretarial initiatives directed toward resolving critical public health problems; (3) Serves, as requested, as the spokesperson on behalf of the Secretary and the ASH, addressing the quality of public health practice on the Nation; (4) Provides administrative and management support to Public Health Reports; (5) Provides supervision of activities relating to the day-to-day management of operations, training, force readiness, and deployment of officers of the PHS Commissioned Corps; (6) Provides advice to the ASH on the policies and implementation related to the appointment, promotion, recognition, professional development, retirement, and other matters required for the efficient management of the Commissioned Corps; (7) Provides liaison with governmental and non-governmental organizations on matters pertaining to military and veterans affairs; (8) Supports the Surgeon General's mandate to bring focused attention and up-to-date scientific and evidence-based data and information concerning matters of health and science to federal and non-federal stakeholders in the general public; (9) Directs and oversees internal office management (including programmatic assessments and evaluations) and administrative operations (including proposing office budgets); and (10) Convenes periodic meetings of the Assistant Surgeon Generals (flag officers) to obtain senior level advice concerning the management of Corps' operations.

(b) Commissioned Corps Headquarters (ACM 2), under the leadership of the Office Director, who reports to the Office of the Surgeon General, provides