eligibility for individuals who enroll in Qualified Health Plan (QHP) coverage through the Exchange and seek financial assistance. Using information available at the time of enrollment, the Exchange determines whether the individual meets the income and other requirements for advance payments and the amount of the advance payments that can be used to pay premiums. Advance payments are made periodically under section 1412 of the Affordable Care Act to the issuer of the QHP in which the individual enrolls. Section 1402 of the Affordable Care Act provides for the reduction of cost sharing for certain individuals enrolled in a QHP through an Exchange, and section 1412 of the Affordable Care Act provides for the advance payment of these reductions to issuers. The statute directs issuers to reduce cost sharing for essential health benefits for individuals with household incomes between 100 and 400 percent of the Federal poverty level (FPL) who are enrolled in a silver level QHP through an individual market Exchange and are eligible for advance payments of the premium tax credit. Health insurance issuers will manually enter enrollment and payment data into a Microsoft Excel-based spreadsheet, and submit the information to HHS.

The data collection will be used by HHS to make payments or collect charges from issuers under the following programs: Advance payments of the premium tax credit, advanced cost-sharing reductions, and Marketplace user fees. HHS will use the information collected to make payments and collect charges in January 2014 and for a number of months thereafter, as may be required based on HHS's operational progress. Form Number: CMS-10515 (OMB control number: 0938-1217); Frequency: Monthly; Affected Public: Private sector (Business or other for-profits and not-for-profit institutions); Number of Respondents: 575; Total Annual Responses: 7,475; Total Annual Hours: 94,373. (For policy questions regarding this collection contact Jaya Ghildiyal at 301-492-5149).

Dated: August 21, 2014.

Martique Jones,

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

[FR Doc. 2014-20255 Filed 8-25-14; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and **Families**

Submission for OMB Review; **Comment Request**

Title: Social Services Block Grant (SSBG) Post-expenditure Report. OMB No.: 0970-0234.

Description

Purpose: To request approval to: (1) Reinstate and extend the collection of post-expenditure data using the current OMB approved post-expenditure reporting form (OMB No. 0970-0234) past the current expiration date of July 1, 2014; and (2) to request that States continue to voluntarily submit estimated pre-expenditure and recipient data using the post-expenditure reporting form, as part of the required annual intended use plan.

The Social Services Block Grant program (SSBG) is authorized under Title XX of the Social Security Act, as amended, and is codified at 42 U.S.C. 1397 through 13097e. SSBG provides funds to assist States in delivering critical services to vulnerable older adults, persons with disabilities, at-risk adolescents and young adults, and children and families. SSBG funds are allocated to each State in proportion to their relative population.

Each State is responsible for designing and implementing its own SSBG program to meet the specialized needs of their most vulnerable populations. States may determine what services will be provided, who will be eligible, and how funds will be distributed among the various services. State or local SSBG agencies (i.e., county, city, regional offices) may provide the services or States may purchase services from qualified agencies, organizations, or individuals. States must administer their SSBG program according to their approved intended use plan, along with amendments, and in conformance with their own implementing rules and policies. The Office of Community Services (OCS), Administration for Children and Families administers the SSBG program.

Annually, States are required to submit a pre-expenditure report or intended use plan as a prerequisite to receiving SSBG funds. The preexpenditure report must include information on the types of services to be supported and the characteristics of individuals to be served. This report is to be submitted 30 days prior to the start of the fiscal year (June 1 if the State

operates on a July–June fiscal year, or September 1 if the State operates on a Federal fiscal year). No specific format is required for the intended use plan. States are required to submit a revised intended use plan if the planned use of SSBG funds changes during the year (42 U.S.C. 1397c).

In order to provide a more accurate analysis of the extent to which funds are spent "in a manner consistent" with each of the States plan for their use, as required by 42 U.S.C. 1397e(a), ACF continues to request that States voluntarily use the format of the postexpenditure reporting form to provide estimates of the amount of expenditures and the number of recipients, by service category, as part of the State's intended use plan. Most of the States are currently using the format of the postexpenditure reporting form to report estimated expenditures and recipients, by service category, as part of their

intended use plan.

On annual basis, States also are required to submit a post-expenditure report that details their use of SSBG funds in each of 29 service categories. States are required to submit their postexpenditure report within six months of the end of the period covered by the report. The post-expenditure report must address: (1) The number of individuals (including number of children and number of adults) who receive services paid for, in whole or in part, with Federal funds under the SSBG; (2) The amount of SSBG funds spent in providing each service; (3) The total amount of Federal, State, and local funds spent in providing each service, including SSBG funds; and (4) The method(s) by which each service is provided, showing separately the services provided by public and private agencies (42 U.S.C. 1397e; 42 CFR 96.74).

This request seeks approval to reinstate and continue the use of the current OMB approved postexpenditure reporting form (OMB No. 0970–0234) for estimating expenditures and recipients as part of States' intended use plans and for annual postexpenditure reporting. Until recently, States reported the data on the postexpenditure reporting form in Microsoft ExcelTM and submitted it to ACF, via email. Beginning in 2013, States can complete the current reporting form on the SSBG Portal. The SSBG Portal is a secure web-based data portal. The SSBG Portal allows for more efficient data submission without increasing the overall burden on States. It provides a user-friendly means for States to submit and access their pre-expenditure and post-expenditure and recipient data.

Information collected in the postexpenditure reports submitted by States is analyzed and described in an annual report on SSBG expenditures and recipients produced by the Office of Community Services (OCS), Administration for Children and Families (ACF). The information contained in this report is used for program planning and management. The data establish how SSBG funding is used for the provision of services in each State to each of the many specific populations of vulnerable children and adults.

The data is also analyzed to determine the performance of States' in meeting the SSBG program performance measures developed to meet the requirements of the Government Performance and Results Act of 1993(GPRA), as amended by the GPRA Modernization Act of 2010.¹ GPRA requires all Federal agencies to develop measurable performance goals.

The SSBG program currently has an administrative costs efficiency measure which is intended to decrease the percentage of SSBG funds identified as administrative costs in the post-expenditure reports.² The SSBG program is also implementing a new performance measure designed to ensure that SSBG funds are spend effectively and efficiently while maintaining the program's intrinsic flexibility as a block grants. The performance measure will assess the

degree to which States spend SSBG funds in a manner consistent with their intended use, as required by Federal law.³ It will be used to determine how well States are doing overall in minimizing variance between projected and actual expenditures of SSBG funds. This program measure will be fully implemented for SSBG program data submitted for fiscal year 2013.

Respondents: The post-expenditure reporting form and intended use plan are completed once annually by a representative of the agency that administers the Social Services Block Grant at the State level in each State. Respondents include the 50 States, the District of Columbia, and Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents*	Number of responses per respondent	Average burden hours per response	Total burden hours
Post-Expenditure Reporting Form	56 56	1 1	110 2	6,160 112
Estimated Total Annual Burden Hours:				6,272

^{*} Respondents include the 50 States, the District of Columbia, Puerto Rico, Guam, American Samoa, Northern Mariana Islands, and Virgin Islands.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the

Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer. [FR Doc. 2014–20178 Filed 8–25–14; 8:45 am] BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2014-N-0001]

Circulatory System Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Circulatory System Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the Agency on FDA's regulatory issues.

Date and Time: The meeting will be held on October 8, 2014, from 8 a.m. to 6 p.m. and on October 9, 2014, from 8 a.m. to 12:30 p.m.

Location: Hilton Washington DC North/Gaithersburg, Salons A, B, C, and D, 620 Perry Pkwy., Gaithersburg, MD 20877. The hotel telephone number is 301–977–8900.

Contact Person: Jamie Waterhouse, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 1611, Silver Spring, MD 20993– 0002, 301–796–3063,

Jamie.Waterhouse@fda.hhs.gov, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area). A notice in the Federal Register about last minute modifications that impact a previously announced advisory committee meeting

February). Implementation of a new performance measure (Information Memorandum Transmittal No. 01–2012). Available from http:// www.acf.hhs.gov/programs/ocs/resource/ implementation-of-a-new-performance-measure.

¹ Pub. L. 11-352; 31 U.S.C. 1115(b)(10).

² U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services. (2007, June). Implementing a new performance measure to enhance efficiency (Information Memorandum Transmittal No. 04–

ssbg_im_04_2007.html.

3 42. U.S.C. 1397e(a); U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services. (2012,