enhance/improve existing functions, share data across federal agencies and more efficiently utilize existing applications.

Use of Data To Provide Effective Outcomes/Weight 20%

The solution displays in a way that is easy to understand, visually appealing, and will help drive understanding of current trends as well as recommendations.

Creativity/Innovation/Weight 10%

The solution exceeds any internal capability that GSA has for analysis of data through its incorporation of creative design elements and innovative capabilities.

Valuable Information & Insights Regarding Data/Weight 20%

The solver provides recommendations for additional data elements to be collected by the Federal Government. The solver identifies gaps in the data and utilizes external data sources and research to aid the government in setting future data collection policies.

Challenge Objectives:

- Utilize data to create an application, API, and/or data mashup.
- Provide a better understanding of use and needs of current and future data assets.
- Post all open source solutions on the GSA open source code site for future use by the Federal Government developer community and GSA.

All participants are required to check in with Security upon arriving at the GSA Central Office Building. Follow the posted signs to the Conference Center, Rooms 1459, 1460, and 1461.

All participants must sign the document titled: Gratuitous Service Agreement.

Dated: March 23, 2016.

Kris Rowley,

Director, Enterprise Information & Data Mgmt. Ofc.

[FR Doc. 2016–07032 Filed 3–28–16; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10615]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

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 an information collection concerning CMS' Healthy Indiana Program (HIP) 2.0 Beneficiaries Survey. We are also announcing that the proposed information collection had been submitted to OMB and was approved under control number 0938–1300 through September 30, 2016. In accordance with the implementing regulations of the Paperwork Reduction Act of 1995 (PRA) at 5 CFR 1320.13, our information collection request (ICR) was submitted to OMB for emergency processing. We requested emergency review under 5 CFR 1320.13(a)(2)(i) because public harm is reasonably likely to result if the normal clearance procedures were followed.

Following the regular PRA clearance process would jeopardize the timely completion of CMS' evaluation of the State's upcoming non-emergency medical transportation (NEMT) waiver and other important waivers. Most importantly, it would potentially cause significant harm by depriving Medicaid beneficiaries—especially those affected by the NEMT waiver—of appropriate medical services and needed care.

Although we have already received OMB approval to test and develop the survey instruments, we are soliciting public comment during the testing and development phase to meet the conditions of OMB's Terms of Clearance. Importantly, CMS will provide the public with another opportunity to comment, via a 30-day public comment period, prior to the implementation phase of this effort.

Under the PRA, federal agencies are required to publish notice in the **Federal Register** concerning each proposed ICR. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this ICR, including any of the following subjects: (1) The necessity and utility of the proposed ICR 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.

DATES: Comments must be received by April 8, 2016.

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: CMS–10615/OMB Control Number 0938–1300, 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 following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

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:

Contents

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

CMS–10615 Healthy Indiana Program (HIP) 2.0 Beneficiaries Survey

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. In compliance with the requirement of section 3506(c)(2)(A) of the PRA, we submitted to OMB the following requirements for emergency approval. OMB approved the emergency ICR on March 21, 2016, with an expiration date of September 30, 2016.

Information Collection

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Healthy Indiana Program (HIP) 2.0 Beneficiaries Survey; *Use:* Approval for testing and developing the survey is vital to adequately inform CMS decision making regarding Section 1115 Waivers, in particular the State's upcoming NEMT waiver due for renewal by December 1, 2016. The NEMT benefit provides transportation for Medicaid beneficiaries who otherwise have no means of transportation to get to and from medical services. The Healthy Indiana Program (HIP) 2.0 demonstration provides authority for the State to not offer NEMT for the new adult group during the first year of the demonstration (except for pregnant women and individuals determined to be medically frail). CMS may extend the State's authority, subject to evaluation of the impact of this policy on access to care. *Form Number:* CMS–10615 (OMB control number: 0938–1300); *Frequency:* Once; *Affected Public:* Individuals and households; *Number of Respondents:* 36; *Total Annual Responses:* 36; *Total Annual Hours:* 36. (For policy questions regarding this collection contact Teresa DeCaro at 202–384–6309).

Written comments and recommendations will be considered from the public if received by the date and address noted above.

Dated: March 22, 2016.

William N. Parham, III,

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

[FR Doc. 2016–06828 Filed 3–28–16; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Community Living

Proposed Information Collection Activity; Comment Request; State Developmental Disabilities Council 5-Year State Plan

AGENCY: Administration on Intellectual and Developmental Disabilities, Administration on Community Living, HHS.

ACTION: Notice.

SUMMARY: A plan developed by the State Council on Developmental Disabilities is required by federal statute. Each State Council on Developmental Disabilities must develop the plan, provide for public comments in the State, provide for approval by the State's Governor, and finally submit the plan on a five-year basis. On an annual basis, the Council must review the plan and make any amendments. The State Plan will be used (1) by any amendments. The State Plan will be used (2) by the Council as a planning document; (3) by the citizenry of the State as a mechanism for commenting on the plans of the Council; (4) by the Department as a stewardship tool, for ensuring compliance with the Developmental Disabilities Assistance and Bill of Rights Act, as one basis for providing technical assistance (*e.g.,* during site visits), and as a support for management decision making.

DATES: Submit written comments on the collection of information by May 31, 2016.

ADDRESSES: Submit written comments on the collection of information by email to: *Valerie.Bond@acl.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Valerie Bond, Administration on Community Living, Administration on Intellectual and Developmental Disabilities, Office of Program Support, 330 C Street SW., Room 1139–C, Washington, DC 20201, (202) 795–7311.

SUPPLEMENTARY INFORMATION: In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration on Community Living is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to: Valerie Bond, Administration on Community Living, Administration on Intellectual and Developmental Disabilities, Office of Program Support, 330 C Street NW., Room 1139–C, Washington, DC 20201.

The Department specifically requests comments on: (a) Whether the proposed Collection of information is necessary for the proper performance of the function of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden information to be collected; and (e) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection technique comments and or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Respondents: 56 State Developmental Disabilities Councils.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Developmental Disabilities Council 5-Year State Plan	56	1	367	20,552

Estimated Total Annual Burden Hours: 20,552.

Dated: March 22, 2016.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2016–07065 Filed 3–28–16; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2015–N–3037]

Pediatric Studies of Lorazepam; Establishment of Public Docket

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; establishment of docket.

SUMMARY: The Food and Drug Administration (FDA) is establishing a public docket to make available to the public a report of the pediatric studies of Lorazepam that were conducted in accordance with the Public Health Service Act (PHS Act) and submitted to the Director of the National Institutes of Health (NIH) and the Commissioner of Food and Drugs.

DATES: Submit either electronic or written comments by April 28, 2016.