

• *Four Site Visit Discussion Guides.* To systematically document the approaches and strategies used by the first two cohorts of CWCC grantees (FY18 and FY19 awardees), the evaluation team will conduct initial and follow-up interviews with: (1) Project Directors from Lead Grantee organizations and Leaders from partner organizations, and (2) staff from the lead and partner organizations. These interviews will take place during site visits. Each grantee will participate in four site visits.

• *Survey Invitee Template:* The evaluation team will ask the Project Director of each CWCC grant to fill out a Survey Invitee Template to gather contact information for leaders and staff from lead and partner organizations who the evaluation team will invite to complete the Collaboration Survey (see below).

• *Collaboration Survey:* This electronic survey will document perceptions that leaders and staff from the CWCC lead and partner organizations have regarding their

organizational/group processes, implementation activities, and progress towards goals. This survey will be administered to staff at all grantee and partner organizations on an annual basis during each cohort's grant period.

• *Site Visit Planning Template:* Each Project Director (or their designee) will complete a Site Visit Planning Template to schedule site visit activities prior to each annual site visit.

Respondents: Leadership and staff from CWCC lead (grantee) organizations and from partner organizations.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Cohort 1 Data Collection for FY18 Grantees					
Site Visit Discussion Guide for Project Directors and Leaders from Partner Organizations—Interview #1	12	1	2	24	8
Site Visit Discussion Guide for Staff from Lead and Partner Organizations—Interview #1	36	1	1	36	12
Site Visit Discussion Guide for Project Directors and Leaders from Partner Organizations—Follow-Up Interviews ...	12	2	1.5	36	12
Site Visit Discussion Guide for Staff from Lead and Partner Organizations—Follow-Up Interviews	36	2	1	72	24
Survey Invitee Template	4	3	1	12	4
Annual Collaboration Survey	260	3	0.5	390	130
Site Visit Planning Template	4	3	2	24	8
Cohort 2 Data Collection for FY19 grantees					
Site Visit Discussion Guide for Project Directors and Leaders from Partner Organizations—Interview #1	27	1	2	54	18
Site Visit Discussion Guide for Staff from Lead and Partner Organizations—Interview #1	81	1	1	81	27
Site Visit Discussion Guide for Project Directors and Leaders from Partner Organizations—Follow-Up Interviews ...	27	2	1.5	81	27
Site Visit Discussion Guide for Staff from Lead and Partner Organizations—Follow-Up Interviews	81	2	1	162	54
Survey Invitee Template	9	3	1	27	9
Annual Collaboration Survey	585	3	0.5	877.5	292.5
Site Visit Planning Template	9	3	2	54	18

Estimated Total Annual Burden Hours: 643.5.

Comments: The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions 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; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Section 105(b)(5) of the Child Abuse Prevention and Treatment Act (CAPTA) of 1978 (42 U.S.C. 5106(b)(5)), as amended by the CAPTA Reauthorization Act of 2010 (Pub. L. 111–320).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2019–21574 Filed 10–3–19; 8:45 am]

BILLING CODE 4184–25–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Nurse Corps Scholarship Program (NCSP), OMB No. 0915–0301—Revision

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 December 3, 2019.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 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, 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: Nurse Corps Scholarship Program (NCSP) OMB No. 0915-0301—Revision

Abstract: The NCSP, administered by the Bureau of Health Workforce in HRSA, provides scholarships to nursing students in exchange for a minimum

two-year full-time service commitment (or part-time equivalent) at an eligible health care facility with a critical shortage of nurses (*i.e.*, Critical Shortage Facility (CSF)). The scholarship consists of payment of tuition, fees, other reasonable educational costs, and a monthly support stipend. Program recipients are required to fulfill NCSP service commitments at CSFs located in the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Need and Proposed Use of the Information: The NCSP collects data to determine an applicant's eligibility for the program, monitor a participant's continued enrollment in a school of nursing, monitor the participant's compliance with the NCSP service obligation, and prepare annual reports to Congress. Generally, the following information will be collected (1) from the schools of nursing, on a quarterly basis—general applicant and nursing school data such as full name, location, tuition/fees, and enrollment status; (2) from the schools of nursing, on an annual basis—data concerning tuition/fees and overall student enrollment status; and (3) from the participants and their employing CSF, on a biannual basis—data concerning the participant's

employment status, work schedule and leave usage.

The Employment Verification Form has been updated to include two questions about participants who work at multiple sites. The In-Service Verification form has been updated to include questions on telehealth and mental health services provided by NCSP participants. Additionally, the application will include a question about participation in other federal pipeline programs.

Likely Respondents: NCSP participants, educational institutions, and critical shortage facilities.

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
Eligible Applications/Application Program Guidance	2,600	1	2,600	2.00	5,200
School Enrollment Verification Form	500	4	2,000	.33	660
Confirmation of Interest Form	250	1	250	.20	50
Data Collection Worksheet Form	500	1	500	1.00	500
Graduation Close Out Form	200	1	200	.17	34
Initial Employment Verification Form	500	1	500	.42	210
Employer—Participant Service Verification Form	1,000	2	2,000	.12	240
CSF Verification Form	200	1	200	.20	40
Total	5,750		8,250		6,934

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.

Maria G. Button,

Director, Division of the Executive Secretariat.

[FR Doc. 2019-21684 Filed 10-3-19; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Children's Hospitals Graduate Medical Education Payment Program, OMB No. 0915-0247, Revision

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

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than November 4, 2019.

ADDRESSES: Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to (202) 395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting

information, please include the ICR title for reference.

Information Collection Request Title: Children's Hospitals Graduate Medical Education Payment Program
OMB No. 0915-0247 Revision

Abstract: In 1999, the Children's Hospitals Graduate Medical Education (CHGME) Payment Program was established by section 4 of the Healthcare Research and Quality Act of 1999 (Pub. L. 106-129) and most recently amended by the Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018 (Pub. L. 115-241). The purpose of this program is to fund freestanding children's hospitals to support the training of pediatric and other residents in GME programs. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

A 60-day notice was published in the **Federal Register** on July 11, 2019, vol. 84, No. 133; pp. 33079-80. There were no public comments.

Need and Proposed Use of the Information: Data are collected on the number of full-time equivalent (FTE) residents in applicant children's hospitals' training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals.

Hospitals will also be requested to submit data on the number of resident FTEs trained during the federal fiscal year to participate in the reconciliation payment process. Auditors will be requested to submit data on the number of resident FTEs trained by the hospitals in a resident FTE assessment summary. An assessment of the hospital data ensures that appropriate Medicare regulations and CHGME Payment Program guidelines are followed in determining which residents are eligible to be claimed for funding. The audit

results impact final payments made by the CHGME Payment Program to all eligible children's hospitals.

The previously approved information collection included 25 separate forms. Based on feedback from current CHGME Payment Program grantees and a current CHGME resident FTE assessment contractor, this request now includes 30 separate forms. Previously these five additional forms were combined. Specifically:

- HRSA 99-2 is now HRSA 99-2 (Initial) and HRSA 99-2 (Reconciliation);
- Application Cover Letter (Initial and Reconciliation) is now Application Cover Letter (Initial) and Application Cover Letter (Reconciliation)
- Exhibit 2 (Initial, Resident FTE Assessment, Reconciliation) is now Exhibit 2 (Initial and Reconciliation) and Exhibit 2 (FTE Resident Assessment);
- Exhibit 3 (Initial, Resident FTE Assessment, Reconciliation) is now Exhibit 3 (Initial and Reconciliation) and Exhibit 3 (FTE Resident Assessment); and
- Exhibit 4 (Initial, Resident FTE Assessment, Reconciliation) is now Exhibit 4 (Initial and Reconciliation) and Exhibit 4 (FTE Resident Assessment).

Based on this same feedback, the burden hours for a number of forms was revised which resulted in an increase in burden hours from 8,018.40 hours as published in the 60-day **Federal Register** notice to 8,197.80 hours.

Likely Respondents: Hospitals applying for and receiving CHGME funds and fiscal intermediaries auditing data submitted by the hospitals receiving CHGME funds.

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.