

**1. Training Programs**

- Leadership Education in Neurodevelopmental Disabilities (LEND) training programs with forty-three grantees;
- Developmental Behavioral Pediatrics (DBP) training programs with ten grantees; and
- A National Combating Autism Interdisciplinary Training Resource Center grantee.

**2. Research Networks Program**

- Two Autism Intervention Research Networks that focus on intervention research, guideline development, and information dissemination; and
- 20 R40 Maternal and Child Health (MCH) Autism Intervention Research Program grantees that support research on evidence-based practices for interventions to improve the health and well-being of children and adolescents with ASD and other DD.

**3. State Implementation Program Grants for Improving Services for Children and Youth With Autism Spectrum Disorder (ASD) and Other Developmental Disabilities (DD)**

- 18 grantees will implement state autism plans and develop models for improving the system of care for children and youth with ASD and other DD;
- 4 grantees will design state plans for improving the system for children and youth with ASD and other DDs; and
- A State Public Health Coordinating Resource Center grantee.

The data gathered through this evaluation will be used to:

1. Evaluate the grantees' performance in achieving the objectives of the CAAI during the three year grant period;
2. Assess the short- and intermediate-term impacts of the grant programs on children and families affected by ASD and other DD; and
3. Measure the CAAI outputs and outcomes for the report to Congress.

**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. The Principal Investigator or Project Director from each grant program will be interviewed. The questionnaires for the Research Programs and the State Implementation grant programs will be completed by each Principal Investigator/Project Director.

**TOTAL ESTIMATED ANNUALIZED BURDEN HOURS**

Grant program/form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
LEND Interview Protocol .....	43	1	43	1	43
DBP Interview Protocol .....	10	1	10	1	10
State Implementation Program Interview Protocol .....	22	1	22	1	22
State Implementation Program Questionnaire .....	22	1	22	.75	16.5
Research Program Interview Protocol (Networks only) .....	2	1	2	1	2
Research Program Questionnaire .....	20	1	20	.75	15
Resource Centers Interview Protocol .....	2	1	2	1	2
<b>Total .....</b>	<b>121</b>		<b>121</b>		<b>110.50</b>

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.

Dated: August 16, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

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**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Resources and Services Administration****Council on Graduate Medical Education; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

**Name:** Council on Graduate Medical Education (COGME).

**Date and Time:** September 9, 2013 (8:30 a.m.–5:00 p.m.), September 10, 2013 (8:30 a.m.–5:00 p.m.).

**Place:** Combined In-Person and Webinar Format, Health Resources and Services Administration, U.S. Department of Health and Human Services, 5600 Fishers Lane, Rockville, Maryland 20852, Rooms 18-63.

**Status:** The meeting will be open to the public.

**Purpose:** The COGME provides advice and recommendations to the Secretary of the Department of Health and Human Services and to Congress on a range of issues including the supply and distribution of physicians in the United States, current and future physician shortages or excesses, issues relating to foreign medical school graduates, the nature and financing of medical education training, and the development of performance measures and longitudinal evaluation of medical education programs.

**Agenda:** The meeting will begin with opening comments from the Health Resources and Services Administration (HRSA) senior officials and updates on HRSA-specific programs related to the physician workforce. The Council is expected to hear from subject matter experts on new health care delivery

models and their effects on graduate medical education in the future. Subject matter experts will include prominent members of select national physician organizations. In addition, over the course of this two-day meeting, several members of the Council will be providing 15 minute presentations on their personal past experiences pertaining to the topic of medical education and training at service delivery sites.

**Public Comment:** An opportunity will be provided for public comment at the end of each day of the meeting. The time allotted for the public comment portions of this meeting will be extended in the hope that members of the public with specific knowledge and experiences on the topic of new health care delivery models and their potential effect(s) on graduate medical education in the future will contribute to the discussion. General public comments to the Council will be accepted.

The official agenda will be available two days prior to the meeting on the HRSA Web site (<http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/index.html>). Agenda items are subject to change as priorities dictate.

**SUPPLEMENTARY INFORMATION:** As this meeting will be a combined format of both in-person and webinar, members of the public and interested parties who wish to participate in-person should make a request by emailing their first name, last name, and full email address to [BHPrAdvisoryCommittee@hrsa.gov](mailto:BHPrAdvisoryCommittee@hrsa.gov) or by contacting the Designated Federal Official for the Council, Mr. Shane Rogers, at 301-443-5260 or [srogers@hrsa.gov](mailto:srogers@hrsa.gov) by Thursday, September 5, 2013. Due to the fact that this meeting will be held within a federal government building and public entrance to such facilities require prior planning, access will be granted upon request only and will be on a first-come, first-served basis. Space is limited. Members of the public who wish to participate via webinar should view the Council's Web site for the specific webinar access information at least two days prior to the date of the meeting: <http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/index.html>.

**FOR FURTHER INFORMATION CONTACT:** Anyone requesting information regarding the COGME should contact Mr. Shane Rogers, Designated Federal Official within the Bureau of Health Professions, Health Resources and Services Administration, in one of following three ways: (1) Send a request to the following address: Shane Rogers, Designated Federal Official, Bureau of

Health Professions, Health Resources and Services Administration, Parklawn Building, Room 9A-27, 5600 Fishers Lane, Rockville, Maryland 20857; (2) call (301) 443-5260; or (3) send an email to [srogers@hrsa.gov](mailto:srogers@hrsa.gov).

Dated: August 16, 2013.

**Bahar Niakan,**

*Director, Division of Policy and Information Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Office of Direct Service and Contracting Tribes; National Indian Health Outreach and Education Funding Opportunity

*Announcement Type:* New Limited Competition.

*Funding Announcement Number:* HHS-2013-IHS-NIHOE-0003.

*Catalog of Federal Domestic Assistance Number:* 93.933.

#### Key Dates

*Application Deadline Date:* September 21, 2013.

*Review Date:* September 23, 2013.

*Earliest Anticipated Start Date:* September 30, 2013.

*Proof of Non-Profit Status Due Date:* September 23, 2013.

#### I. Funding Opportunity Description

##### Statutory Authority

The Indian Health Service (IHS) is accepting competitive applications for the Office of Direct Service and Contracting Tribes (ODSCT) cooperative agreement for the National Indian Health Outreach and Education (NIHOE) III funding opportunity that includes outreach and education activities on the following: the Patient Protection and Affordable Care Act, Public Law 111-148 (PPACA), as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, collectively known as the Affordable Care Act, and the Indian Health Care Improvement Act (IHCIA), as amended. This program is authorized under: the Snyder Act, codified at 25 U.S.C. 13, and the Transfer Act, codified at 42 U.S.C. 2001(a). This program is described in the Catalog of Federal Domestic Assistance under 93.933.

##### Background

The NIHOE—III programs carry out health program objectives in the

American Indian/Alaska Native (AI/AN) community in the interest of improving the quality of and access to health care for all 566 Federally-recognized Tribes including Tribal governments operating their own health care delivery systems through self-determination contracts and compacts with the IHS and Tribes that continue to receive health care directly from the IHS. This program addresses health policy and health programs issues and disseminates educational information to all AI/AN Tribes and villages. These awards require that public forums be held at Tribal educational consumer conferences to disseminate changes and updates on the latest health care information. These awards also require that regional and national meetings be coordinated for information dissemination as well as for the inclusion of planning and technical assistance and health care recommendations on behalf of participating Tribes to ultimately inform IHS and the Department of Health and Human Services (HHS) based on Tribal input through a broad based consumer network. The IHS also provides health and related services through grants and contracts with urban Indian organizations to reach AI/ANs residing in urban communities.

##### Purpose

The purpose of this IHS cooperative agreement announcement is to encourage national Indian organizations and IHS, Tribal, and Urban (I/T/U) partners to work together to conduct Affordable Care Act/IHCIA training and technical assistance throughout Indian Country. Under the Limited Competition NIHOE Cooperative Agreement program, the overall program objective is to improve Indian health care by conducting training and technical assistance across AI/AN communities to ensure that the Indian health care system and all AI/ANs are prepared to take advantage of the new health insurance coverage options which will improve the quality of and access to health care services, and increase resources for AI/AN health care. The goal of this program announcement is to coordinate and conduct training and technical assistance on a national scale for the 566 Federally-recognized Tribes, and Tribal organizations on the changes, improvements and authorities of the Affordable Care Act and IHCIA in anticipation of the Health Insurance Marketplace October 1, 2013 open enrollment date and coverage start date of January 1, 2014. This collaborative effort will benefit I/T/U as well as the