

Dated: December 20, 2017.

**Giancarlo Brizzi,**

*Acting Associate Administrator, Office of Government-wide Policy.*

[FR Doc. 2017-28394 Filed 1-2-18; 8:45 am]

**BILLING CODE 6820-14-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-6075-CN]

RIN 0938-ZB44

#### Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2018; Correction

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice; correction.

**SUMMARY:** This document corrects technical errors in the December 4, 2017 **Federal Register** notice titled "Provider Enrollment Application Fee Amount for Calendar Year 2018".

**DATES:** *Effective Date:* This correction notice takes effect on January 1, 2018.

**FOR FURTHER INFORMATION CONTACT:** Melissa Singer, (410) 786-0365.

#### SUPPLEMENTARY INFORMATION:

##### I. Background and Summary of Errors

In FR Doc. 2017-25972, which appeared in the December 4, 2017 **Federal Register** (82 FR 57273) titled "Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2018", there were several technical and typographical errors that are identified and corrected in the Correction of Errors section of this document.

On page 57274, in our discussion regarding Medicare estimates for calendar year (CY) 2018, we erroneously listed the number of "newly enrolled institutional providers" as "3,800". Given this error, we are also correcting the errors in several calculations/equations that included the erroneous figure (that is, 3,800). We are also correcting a typographical error.

##### II. Correction of Errors

In FR Doc. 2017-25972 of December 4, 2017 (82 FR 57273), make the following corrections:

1. On page 57274,  
a. Second column, last bulleted paragraph, line 1, the phrase "3,800 newly enrolling institutional providers" is corrected to read "10,700 newly enrolling institutional providers".

b. Third column—  
(1) First bulleted paragraph, line 1, the figure "7.500" is corrected to read 7,500".

(2) Second full paragraph—  
(a) Line 1, the phrase "Using a figure of 11,300 (3,800 newly enrolling" is corrected to read "Using a figure of 18,200 (10,700 newly enrolling".

(b) Line 6, the phrase "\$101,700 (or 11,300 × \$9" is corrected to read "\$163,800 (or 18,200 × \$9".

(3) Fourth full paragraph, line 6, the phrase "be \$371,700 (\$270,000 + \$101,700)" is corrected to read "be \$433,800 (\$270,000 + \$163,800)".

Dated: December 27, 2017.

**Wilma Robinson,**

*Deputy Executive Secretary to the Department, Department of Health and Human Services.*

[FR Doc. 2017-28412 Filed 12-29-17; 11:15 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

*Title:* Evaluation of the Family Unification Program.

*OMB No.:* New Collection.

*Description:* The Administration for Children and Families (ACF) is proposing an information collection activity to assess the impact, through rigorous evaluation, of participation in the Family Unification Program (FUP) on child welfare involvement and child maltreatment. The Department of Housing and Urban Development (HUD) funds and administers FUP. Through the program, vouchers are provided to families for whom the lack of adequate housing is a primary factor in (a) the imminent placement of the family's child, or children, in out-of-home care or (b) the delay in the discharge of the

child, or children, to the family from out-of-home-care. The program aims to prevent children's placement in out-of-home care, promote family reunification for children placed in out-of-home care, and decrease new reports of abuse and neglect. Vouchers may also be provided to youth transitioning from foster care who do not have adequate housing, although this population is not the focus of this evaluation.

The evaluation will contribute to understanding the effects of FUP on project participants' child welfare involvement. The evaluation will be conducted in approximately ten sites, with random assignment of FUP-eligible families to program and control groups. The evaluation consists of both an impact study and an implementation study. Data collection for the impact study will be exclusively through administrative data. Data collection for the implementation study will be through site visits and collection of program data. Data collection activities will span 3 years.

Implementation study data collection will occur at three points in time: (1) Prior to the implementation ("preliminary"), (2) 6-9 months into the implementation ("first"), and (3) 18-21 months into implementation ("follow-up") time periods. Semi-structured interviews will be conducted with agency/organization management (preliminary, first) and FUP management (first, follow-up), and focus groups will be conducted with front-line staff (first, follow-up). Program data, including a referral form and questionnaires regarding housing assistance and other services, will be collected through forms completed by frontline staff. FUP management staff will also complete an online randomization tool and a form ("dashboard") to facilitate monitoring of the evaluation.

This evaluation is part of a larger project to help ACF build the evidence base in child welfare through rigorous evaluation of programs, practices, and policies. It will also contribute to HUD's understanding of how housing can serve as a platform for improving quality of life.

*Respondents:* Public housing authority staff, public child welfare agency staff, and other service provider staff.

ANNUAL BURDEN ESTIMATES

	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hour per response	Annual burden hours
Guide for Recruitment with PHA and PCWA Administrators .....	20	7	1	1.00	7
Guide to Develop an Evaluation Plan for PCWA FUP Management .....	10	4	1	1.00	4
Guide to Develop an Evaluation Plan for PHA FUP Management .....	10	4	1	1.00	4
Guide for Implementation Study for PCWA Management ..	10	4	1	1.00	4
Guide for Implementation Study for PHA Management .....	10	4	1	1.00	4
Guide for Implementation Study for Referral Provider Administrators .....	4	2	1	1.00	2
Guide for Implementation Study with PCWA FUP Management (First) .....	10	4	1	1.00	4
Guide for Implementation Study for PHA FUP Management .....	10	4	1	1.00	4
Guide for Implementation Study Focus Groups with Frontline Workers .....	320	107	1	1.50	161
Guide for Implementation Study Focus Groups with PHA Frontline Workers .....	30	10	1	1.50	15
Guide for Implementation Study for PCWA FUP Management (Follow Up) .....	10	4	1	1.00	4
Guide for Implementation Study for Service Provider Management .....	8	3	1	1.00	3
Referral Form .....	200	67	6	0.17	68
Randomization Tool .....	10	4	106	0.02	8
Housing Assistance Questionnaire .....	200	67	3	0.09	18
Ongoing Services Questionnaire .....	200	67	3	0.09	18
Dashboard .....	20	7	27	0.17	32
Administrative Data List .....	30	10	2	5.00	100

*Estimated Total Annual Burden Hours: 460.*

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families 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 the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C St SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. Email address: [OPREinfocollection@acf.hhs.gov](mailto:OPREinfocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

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.

**Mary Jones,**  
*ACF/OPRE Certifying Officer.*  
 [FR Doc. 2017-28374 Filed 1-2-18; 8:45 am]  
**BILLING CODE 4184-25-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Title:* Study of We Grow Together: The Q-CCIIT Professional Development System.

*OMB No.:* New Collection  
*Description:* The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to conduct a field test of We Grow Together, a system of professional development supports including web-based resources and exercises to be used by caregivers/teachers, with the help of professional development providers, to

improve the quality of infant and toddler care. The study team has developed We Grow Together: The Q-CCIIT Professional Development System based on the research literature to support caregiver-child interactions in care settings serving infants and toddlers. This field test is designed to (1) examine changes associated with use of the We Grow Together system and (2) examine implementation and participant experiences with the We Grow Together system. As a secondary goal, ACF will also further evaluate the properties of the Q-CCIIT observational measure. Ultimately, findings from the field test will provide information about the experiences of professional development providers (PD providers) and caregivers with the We Grow Together system so that ACF can improve the system to make the resources as accessible as possible for infant-toddler caregivers.

Prior to using the We Grow Together system, PD providers will complete a web-based training survey and all participants will complete a web-based background survey. Periodically during the field test, website users will be asked at log-on to respond to a series of web-based questions. After system implementation, participants will complete a web-based feedback survey.