

with the addition of a Capacity Building domain, specific to DGIS. There are also program-specific measures included for a subset of discretionary grant programs including the Healthy Start program, Emergency Medical Services for Children program, and programs within the Division of MCH Workforce Development. Grant programs will be assigned measures in the domains that are appropriate for their activities. Comments were received related to structure, content, and volume of performance measures during the 60-day public comment period and those comments were taken into consideration in the final revision of the DGIS performance measures and overall DGIS data collection.

MCHB's purpose in revising the performance measures is to better measure progress toward program goals. These program goals include alignment with and support of the Title V Block

Grant, specifically population domains and National Performance Measures, where reasonable. Further, the revised measures will more accurately capture the scope of services provided through this grant funding. The overall number of performance measures has been reduced from prior DGIS data collection, and the average number of performance measures each grantee will be required to report is reduced as well. Further, the structure of the data collection has been revised to better measure the various models of programs and the services each funded program provides. This revision will allow a more accurate and detailed picture of the full scope of services provided through grant programs administered by MCHB. The data collected are also used by MCHB project officers to monitor and assess grantee performance as well as assist in monitoring and evaluating MCHB's programs.

*Likely Respondents:* Discretionary grant programs administered by the Maternal and Child Health Bureau.

*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
Grant Report .....	600	1	600	36	21,600
Total .....	600	1	600	36	21,600

**Jackie Painter,**  
*Director, Division of the Executive Secretariat.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier: HHS-OS-0945-0004 60D]

**Agency Information Collection Activities; Proposed Collection; Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the

Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0945-0004, which expires on May 31, 2016. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before May 16, 2016.

**ADDRESSES:** Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS-OS-60D for reference.

*Information Collection Request Title:* Health Insurance Reform Security Standards—Final Rule.

The final rule was published in the **Federal Register** (68 FR 8334) as CMS-0049-F published on February 20, 2003. On May 22, 2013, CMS 0938-0949 was transferred to OCR 0945-0004.

*Abstract:* Office of Civil Rights, OCR requests approval to extend this collection without change while OMB reviews our request to incorporate the burdens of compliance with the Security Rule into another existing ICR (OMB #0945-0003, for the HIPAA Privacy Rule and Supporting Regulations), which is being revised to better reflect our experience in administering and enforcing the HIPAA Rules. This ICR extends the existing approved information collection for applicable compliance activities associated with the HIPAA Security Rule. When the revised ICR with OMB #0945-0003 is approved, we will request that this ICR (OMB# 0945-0004) be discontinued.

*Likely Respondents:* HIPAA covered entities and their business associates.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Response type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
45 CFR 164.306 Justification .....	75,000	3	15/60	56,250
45 CFR 164.308 Security incident report .....	50	1	8	400
45 CFR 164.308 Contingency plan .....	60,000	1	8	480,000
45 CFR 164.310 Physical safeguard policies and procedures .....	500	1	10/60	83
45 CFR 164.314 Problem reports .....	10	1	1	10
Total .....				536,743

OS 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.

**Darius Taylor,**  
*Information Collection Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of Inspector General**  
**[OIG-1206-N]**

**Statement of Organization, Functions, and Delegations of Authority**

**AGENCY:** Office of Inspector General (OIG), HHS.  
**ACTION:** Notice.

**SUMMARY:** This notice replaces all language in Part A (Office of the Secretary) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (HHS), Office of Inspector General (OIG) (70 FR 20147, as amended April 18, 2005; as last amended at 73 FR 7568, dated February 8, 2008).

The statement of organization, functions, and delegations of authority conforms to and carries out the statutory requirements for operating OIG. The organizational changes reflected in this notice are primarily to realign the functions within OIG to better reflect the current work environment and priorities, and to more clearly delineate responsibilities for the various activities within OIG's offices. In addition, this notice removes all of Chapter A and establishes Chapter Q.

OIG was established by law as an independent and objective oversight unit of the Department to carry out the mission of preventing fraud and abuse and promoting economy, efficiency and effectiveness of HHS programs and operations. In furtherance of this mission, the organization:

- A. Conducts and supervises audits, investigations, evaluations and inspections relating to HHS programs and operations.
- B. Identifies systemic weaknesses giving rise to opportunities for fraud and abuse in HHS programs and operations and makes recommendations to prevent their recurrence.
- C. Leads and coordinates activities to prevent and detect fraud and abuse in HHS programs and operations.
- D. Detects wrongdoers and abusers of HHS programs and beneficiaries so appropriate remedies may be brought to bear, including imposing administrative sanctions against providers of health care under Medicare and Medicaid who commit certain prohibited acts.
- E. Keeps the Secretary and Congress fully and currently informed about problems and deficiencies in the administration of HHS programs and operations and about the need for and progress of corrective action.

In addition, OIG works with the Department of Justice (DOJ), on behalf of the Secretary, to operate the Health Care Fraud and Abuse Control Program. In accordance with authority enacted in its annual appropriations, OIG also provides protection services to the Secretary and conducts criminal investigations of violations of Federal child support provisions.

In support of its mission, OIG carries out and maintains an internal quality assurance system and a peer review system with other Offices of Inspectors General, including periodic quality assessment studies and quality control reviews, to provide reasonable assurance that applicable laws, regulations, policies, procedures, standards, and other requirements are followed, are effective, and are

functioning as intended in OIG operations.

**Section Q, Office of Inspector General—Organization**

There is at the head of OIG a statutory Inspector General, appointed by the President and confirmed by the Senate. This office consists of six organizational units:

- A. Immediate Office of the Inspector General (QA)
- B. Office of Management and Policy (QC)
- C. Office of Evaluation and Inspections (QE)
- D. Office of Counsel to the Inspector General (QG)
- E. Office of Audit Services (QH)
- F. Office of Investigations (QJ)

**Section Q, Office of Inspector General—Functions**

The component sections that follow describe the specific functions of the organization.

**Section Q.00, Immediate Office of the Inspector General—Mission**

The Immediate Office of the Inspector General is directly responsible for meeting the statutory mission of OIG as a whole and for promoting effective OIG internal quality assurance systems, including quality assessment studies and quality control reviews of OIG processes and products. The office also plans, conducts and participates in a variety of interagency cooperative projects and undertakings relating to fraud and abuse with the DOJ, the Centers for Medicare & Medicaid Services (CMS) and other governmental agencies, and is responsible for the reporting and legislative and regulatory review functions required by the Inspector General Act.

**Section QA.10, Immediate Office of the Inspector General—Organization**

The Immediate Office is comprised of the Inspector General, the Principal Deputy Inspector General, Chief of Staff,