(diphtheria, tetanus, acellular pertussis) vaccine information statements.

Changes to the meningococcal ACWY VIS are minimal. Reference to the MPSV4 vaccine, no longer available in the United States, is removed. HIV infection is added as an indication for vaccination, and wording related to meningococcal ACWY vaccination during pregnancy is updated.

Proposed revisions to the DTaP VIS reflect new recommendations of the Advisory Committee on Immunization Practices (ACIP), including updated information about contraindications and precautions. Minor changes are proposed to simplify and streamline the sections about what to do if there is a reaction and finding additional information about the vaccine and the Vaccine Injury Compensation Program.

The vaccine information materials referenced in this notice are being developed in consultation with the Advisory Committee on Childhood Vaccines, the Food and Drug Administration, and parent and health care provider groups.

We invite written comment on the proposed vaccine information materials entitled “Meningococcal ACWY Vaccine: What You Need to Know” and “DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: What You Need to Know.”

Copies of the proposed vaccine information materials are available at http://www.regulations.gov (see Docket Number CDC–2018–0091). Comments submitted will be considered in finalizing these materials. When the final materials are published in the Federal Register, the notice will include an effective date for their mandatory use.

Dated: September 27, 2018.

Sandra Cashman,
Executive Secretary, Centers for Disease Control and Prevention.
insurance coverage. In this matching program, VHA provides CMS with data when a state administering entity (AE) requests it and VHA is authorized to release it, verifying whether an individual who is applying for or is enrolled in private health insurance coverage under a qualified health plan through a federally-facilitated health insurance exchange is eligible for coverage under a VHA health plan. CMS makes the data provided by VHA available to the requesting AE through a data services hub to use in determining the applicant’s or enrollee’s eligibility for financial assistance (including an advance tax credit and cost-sharing reduction, which are types of insurance affordability programs) in paying for private health insurance coverage. VHA health plans provide minimum essential coverage, and eligibility for such plans usually precludes eligibility for financial assistance in paying for private coverage. The data provided by VHA under this matching program will be used by CMS and AEs to authenticate identity, determine eligibility for financial assistance, and determine the amount of the financial assistance.

Categories of Individuals

The categories of individuals whose information is involved in the matching program are:

- Veterans whose records at VHA match data provided to VHA by CMS (submitted by AEs) about individuals who are applying for or are enrolled in private insurance coverage under a qualified health plan through a federally-facilitated health insurance exchange.

Categories of Records

The categories of records used in this matching program are identity records and minimum essential coverage period records, consisting of the following data elements:

Data provided by CMS to VHA:

- First name (required)
- Middle name or initial (if provided by applicant)
- Surname (applicant’s last name) (required)
- Date of birth (required)
- Gender (optional)
- SSN (required)
- Requested qualified health plan (QHP) coverage effective date (required)
- Requested QHP coverage end date (required)
- Transaction ID (required)

Data provided by VHA to CMS:

- SSN (required)
- Start/end date(s) of enrollment period(s) (when match occurs)

ACTION: Notice of intent to issue an OPDIV-Initiated Supplement.

SUMMARY: Administration for Children and Families, Office of Refugee Resettlement, announces the intent to issue an OPDIV-Initiated Supplement to BCFS Health and Human Services, San Antonio, TX, in the amount of up to $6,500,000. ORR has been identifying additional capacity to provide shelter for potential increases in apprehensions of Unaccompanied Alien Children at the U.S. Southern Border. Planning for increased shelter capacity is a prudent step to ensure that ORR is able to meet its responsibility, by law, to provide shelter for Unaccompanied Alien Children referred to its care by the Department of Homeland Security (DHS). To ensure sufficient capacity to provide shelter to unaccompanied children referred to HHS, BCFS proposed to the continuation of services to ORR with 222 variance licensed beds.

DATES: Supplemental award funds will support activities until January 31, 2019.

FOR FURTHER INFORMATION CONTACT: Jallyn Sualog, Deputy Director for Children’s Programs, Office of Refugee Resettlement, 330 C Street SW, Washington, DC 20217. Phone: 202-401-4997. Email: DCSProgram@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: ORR is continuously monitoring its capacity to shelter the unaccompanied children referred to HHS, as well as the information received from interagency partners, to inform any future decisions or actions.

ORR has specific requirements for the provision of services. Award recipients must have the infrastructure, licensing, experience, and appropriate level of trained staff to meet those requirements. The continuation of services of the existing program and its services through this supplemental award is a key strategy for ORR to continue to meet its responsibility to provide shelter for Unaccompanied Children referred to its care by DHS and so that the U.S. Border Patrol can continue its vital national security mission to prevent illegal migration, trafficking, and protect the borders of the United States. The award to BCFS will be made as two OPDIV-initiated supplements.

Statutory Authority: This program is authorized by—

(A) Section 462 of the Homeland Security Act of 2002, which in March 2003, transferred responsibility for the care and custody of Unaccompanied Alien Children from the Commissioner of the former Immigration and