

The primary function of the CMS–855A Medicare enrollment application is to gather information from a certified provider or certified supplier (hereafter occasionally and collectively referenced as “provider(s)”) that tells us who it is, whether it meets certain qualifications to be a health care provider, where it practices or renders services, the identity of its owners, and other information necessary to establish correct claims payments. *Form Number:* CMS–855A (OMB control number: 0938–0685); *Frequency:* On occasion; *Affected Public:* Business or other for-profits, not-for-profit institutions; *Number of Respondents:* 45,473; *Total Annual Responses:* 217,493; *Total Annual Hours:* 41,120. (For policy questions regarding this collection contact Frank Whelan at 410–786–1302.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Healthy Marriage and Responsible Fatherhood Performance Measures and Additional Data Collection (Office of Management and Budget #0970–0566)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF), Office of Family Assistance (OFA), is requesting an extension with changes to its approved collection and reporting of performance measures about program operations, services, and clients served through the Healthy Marriage (HM) and Responsible Fatherhood (RF) grant programs. In an effort to gain a great understanding of how HMRF programs influence program participants and staff at an individual level, ACF proposes to add one open field to the quarterly narrative reports to capture information

about the experiences of HMRF participants and/or staff. ACF is requesting to extend approval, with the implementation of this change, for 3 years.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ACF proposes to continue collecting a set of Office of Management and Budget (OMB)-approved performance measures from all HMRF award recipients.

The HMRF performance measures collect standardized information in the following areas:

- Applicant characteristics;
- Program operations;
- Service delivery; and
- Participant outcomes:
 - Entrance survey, with five versions: (1) HM Program Entrance Survey for Adult-Focused Programs; (2) HM Program Entrance Survey for Youth-Focused Programs; (3) RF Program Entrance Survey for Community-Based Fathers; (4) RF Program Entrance Survey for Community-Based Mothers; and (5) RF Program Entrance Survey for Reentering Fathers.
 - Exit survey, with five versions: (1) HM Program Exit Survey for Adult-Focused Programs; (2) HM Program Exit Survey for Youth-Focused Programs; (3) RF Program Exit Survey for Community-Based Fathers; (4) RF Program Exit Survey for Community-Based Mothers; and (5) RF Program Exit Survey for Reentering Fathers.

The measures were developed in 2014 after extensive review of the research

literature and recipients’ past measures. They were revised in 2020 based on a targeted analysis of existing measures, feedback from key audiences, and discussions with ACF staff and the 2015 cohort of recipients. OMB approved these revised measures in 2021 and has approved a handful of non-substantive changes since then.

ACF also proposes to continue the OMB-approved quarterly reporting on the following measures, with minor changes as described:

- Semi-annual Performance Progress Report (PPR), with two versions: (1) Performance Progress Report for HM Programs, and (2) Performance Progress Report for RF Programs; and
- Quarterly Performance Report (QPR), with two versions: (1) Quarterly Performance Progress Report for HM Programs, and (2) Quarterly Performance Progress Report for RF Programs. ACF proposes to add a new text box to the QPRs to gather qualitative narratives of the experiences of HMRF participants and/or staff. This information will help build ACF’s understanding of how HMRF programs influence program participants and staff at an individual level.

ACF provides recipients with a web-based performance measures data collection system called nFORM 2.0 (Information, Family Outcomes, Reporting, and Management) to improve the efficiency of data collection and reporting and the quality of data. This system allows for streamlined and standardized submission of recipient performance data through regular progress reports and supports recipient-led and federal research projects.

ACF also proposes to continue the OMB-approved requirement for recipients to document their continuous quality improvement (CQI) planning and implementation using a CQI plan template that is completed outside of the nFORM system.

Respondents: Respondents include HM and RF award recipient staff and program applicants and participants (participants are called “clients”).

Annual Burden Estimates: The estimated number of respondents for each instrument has been adjusted to reflect experiences in the field to date. There is no change to the average estimated time per response of any instrument.

Instrument	Respondent	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
1: Applicant Characteristics	Program applicants	150,000	1	0.25	37,500	12,500
	Program staff	330	455	0.10	15,015	5,005
2: Program Operations	Program staff	110	12	0.32	422	141
3: Service Delivery Data	Program staff	1,650	86	0.50	70,950	23,650
4: Entrance and Exit Surveys	Program clients (entrance)	141,498	1	0.42	59,429	19,810
	Program clients (exit)	94,734	1	0.42	39,788	13,263
	Program staff (entrance and exit on paper)	220	351	0.10	7,722	2,574
5: Semi-annual Performance Progress Report (PPR)	Program staff	110	6	3	1,980	660
6: Quarterly Performance Report (QPR)	Program staff	110	6	1	660	220
7: CQI Plan	Program staff	110	3	4	1,320	440

Estimated Total Annual Burden

Hours: 78,263.

Authority: Sec. 403. [42 U.S.C. 603].

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Administration for Children and Families Generic for Engagement Efforts (New Umbrella Generic)

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) intends to request approval from the Office of Management and Budget (OMB) to establish a new umbrella generic clearance to request information while engaging individuals and groups who could provide valuable information to inform ACF programs and work, including but not limited to those who are served or have been served by ACF, those with expertise in ACF program areas, and individuals invested in the outcomes of ACF research and evaluation. These engagement activities often need to be conducted quickly, to allow for sufficient time to inform project direction and decision-making. Additionally, planning for engagement activities is most often on a quick timeline and the standard timeline to comply with a full request under the Paperwork Reduction Act (PRA) often inhibits the ability to collect

information to inform these activities.

Therefore, an umbrella generic is necessary to allow for quick turnaround requests for similar information collections related to these activities.

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ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review-Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Executive Order (E.O.), Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (E.O. 13985) ¹ emphasizes consulting with communities that have been historically underserved by Federal policies and programs and those with lived experience ² in ACF programs. The E.O. on Further Advancing Racial Equity and Support for Underserved Communities

¹ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.

² Assistant Secretary for Planning and Evaluation. (2021, December). *Methods and Emerging Strategies to Engage People with Lived Experience*. (Contract Number HHSP2332015000711). U.S. Department of Health and Human Services. <https://aspe.hhs.gov/sites/default/files/documents/47f62cae96710d1fa13b0f590f2d1b03/lived-experience-brief.pdf>.

Through the Federal Government ³ followed in 2023 and built on E.O. 13985, calling upon agencies to increase engagement with underserved communities and to “collaborate with OMB, as appropriate, to identify and develop tools and methods” to meet this goal. This generic mechanism is a tool that could directly address these E.O.s. Particularly many requirements outlined in section 3 and section 5 of the 2023 E.O.

Additionally, the Presidential Memorandum on Restoring Trust in Government through Scientific Integrity and Evidence-Based Policy Making, ⁴ the HHS Strategic Plan fiscal year (FY) 2022–2026, ⁵ ACF’s Strategic Plan, ⁶ and the ACF Evaluation Policy ⁷ discuss community engagement and inclusion in research. Consistent with these guidance documents, and to ensure meaningful involvement with a variety of individuals with diverse experiences and perspectives, ACF often conducts active engagement activities to inform various efforts, including research and evaluation.

Hearing the perspective of those affected by, experienced in, interested in, or potentially interested in ACF programs and similar programs is vital to ensure ACF is responsive to the needs of those it serves and that resources are, and programming is appropriate, useful, and relevant for audiences. Information collections under this generic would gather information from individuals

³ <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.

⁴ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policy-making/>.

⁵ <https://www.hhs.gov/about/strategic-plan/2022-2026/index.html>.

⁶ <https://www.acf.hhs.gov/about/acf-strategic-plan-2022>.

⁷ <https://www.acf.hhs.gov/opre/report/acf-evaluation-policy>.