

“Currently under 30-day Review—Open for Public Comments” or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT:

William Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Electronic Funds Transfer Authorization Agreement; *Use:* Section 1815(a) of the Social Security Act provides the authority for the Secretary of Health and Human Services to pay providers/suppliers of Medicare services at such time or times as the Secretary determines appropriate (but no less frequently than monthly). Under Medicare, CMS, acting for the Secretary, contracts with Fiscal Intermediaries and Carriers to pay claims submitted by providers/suppliers who furnish services to Medicare beneficiaries. Under CMS’ payment policy, Medicare providers/suppliers have the option of receiving payments electronically. The collection and verification of this information via Form CMS–588 protects our beneficiaries from illegitimate health care providers/suppliers. These procedures also protect the Medicare Trust Funds against fraud. No

comments were received in response to the 60-day comment period. *Form Number:* CMS–588 (OMB control number: 0938–0626); *Frequency:* Occasionally; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 115,833; *Total Annual Responses:* 115,833; *Total Annual Hours:* 57,917. (For policy questions regarding this collection contact Frank Whelan at (410) 786–1302.)

Dated: May 3, 2023.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2023–09724 Filed 5–5–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0955–0020]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before June 7, 2023.

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.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, Sherrette.Funn@hhs.gov or (202) 264–0041, or PRA@HHS.GOV. When submitting comments or requesting information, please include the document identifier 0955–0020–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: United States Core Data for Interoperability New Data Element Submission Form.

Type of Collection: Continuation with revision.

OMB No.: 0955–0020—Office of the National Coordinator for Health Information Technology—United States Core Data for Interoperability.

Abstract: The Office of the National Coordinator for Health Information Technology is seeking the extension of approval with revision for the information collection request item “United States Core Data for Interoperability (USCDI) New Data Element Submission Form.” The USCDI is a standardized set of health data classes and constituent data elements used to support nationwide, interoperable health information exchange. The USCDI Version 1 is the required standard data elements set to which all health IT developers must conform to obtain ONC certification. This certification is required for participation in some federal healthcare payment plans. In order to insure the USCDI remains current and reflects the needs of the health IT community, ONC has established a predictable, transparent, and collaborative process to solicit broad stakeholder input to expand the USCDI. Anyone, including ONC staff, staff from other federal agencies, and other stakeholders may submit proposals for new data elements and classes. ONC will evaluate each submission and provide feedback to the submitter. ONC will draft a new version of the USCDI based on these submissions and this draft will undergo review by ONC’s federal advisory committee, the Health Information Technology Advisory Committee (HITAC), as well as by the general public. Upon approval by the National Coordinator for Health Information Technology, new data classes and data elements from these submissions will be added to the newest version of the USCDI standard for integration into health information technology products such as electronic health records. ONC is seeking approval to continue to collect this information from health IT stakeholders, with some revisions to the information requested.

Need and Proposed Use of the Information: The information collected from this submission system is needed, as it will comprise the sum total of the items ONC will evaluate for addition to

the next version of the USCDI. The requested data will provide supporting documentation to justify addition of the data elements to the USCDI, and, if the documentation does justify addition to the USCDI, and assignment to one of several levels of candidate data elements for future development and consideration. The requested data and

ONC's evaluation of the data will be publicly available for review at any time to provide transparency and predictability in the USCDI expansion process. It will contain information about the submitter to allow ONC to provide direct feedback to submitters on ONC's evaluation of such submission.

Likely Respondents: Likely respondents to this new submission system will be various health IT stakeholders including health care providers, standards development organizations, health IT developers and vendors as well as members of the HITAC.

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
USCDI Submission	200	1	20/60	67
Total	200	67

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2023-09741 Filed 5-5-23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Community Health Aide Program: Tribal Assessment & Planning

Announcement Type: New.

Funding Announcement Number: HHS-2023-IHS-TAP-0001.

Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number: 93.382.

Key Dates

Application Deadline Date: August 7, 2023.

Earliest Anticipated Start Date: September 20, 2023.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting applications for grants for the Community Health Aide Program (CHAP) Tribal Assessment and Planning (TAP) program. This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and the Indian Health Care Improvement Act, 25 U.S.C. 1616l. The Assistance Listings section of SAM.gov (<https://sam.gov/content/home>) describes this program under 93.382.

Background

The national CHAP will provide a network of health aides trained to support licensed health professionals while providing direct health care, health promotion, and disease prevention services. These providers

will work within a referral relationship under the supervision of licensed clinical providers that includes clinics, service units, and hospitals. The CHAP aides increased access to direct health services, including inpatient and outpatient visits.

The Alaska CHAP has become a model for efficient and high quality health care delivery in rural Alaska providing approximately 300,000 patient encounters per year and responding to emergencies 24 hours a day, 7 days a week. Specialized providers in dental and behavioral health were later introduced to respond to the needs of patients and address the health disparities in oral health and mental health amongst American Indian and Alaska Natives.

The national CHAP is a workforce model that includes three different provider types that act as extenders of their licensed clinical supervisor. The national CHAP currently includes a behavioral health aide, community health aide, and dental health aide. Each of the health aide categories operate in a tiered level practice system. The national CHAP model provides an opportunity for increased access to care through the extension of primary care, dental, and behavioral health clinicians.

In 2010, under the permanent reauthorization of the Indian Health Care Improvement Act (IHCA), Congress provided the Secretary of Health and Human Services, acting through the IHS, the authority to expand the CHAP nationally. In 2016, the IHS initiated Tribal Consultation on expanding the CHAP to the contiguous 48 states. In 2018, the HIS formed the CHAP Tribal Advisory Group (TAG) and began developing the program. In 2020, the IHS announced the national CHAP policy, which formally created the national CHAP.

Purpose

The TAP program purpose is to support the assessment and planning of Tribes and Tribal Organizations (T/TO) in determining the feasibility of implementing CHAP in their respective communities. The program is designed to support the regional flexibility required for T/TO to design a program unique to the needs of their individual communities across the country through the identification of feasibility factors.

The focus of the program is to:

Part 1: Assess whether the T/TO can integrate CHAP into the Tribal health system including the health care workforce.

Part 2: Identify systemic barriers that prohibit the complete integration of CHAP into an existing health care system. The barriers should be related to:

- Clinical infrastructure.
- Workforce barriers.
- Certification of providers.
- Training of providers.
- Inclusion of culture in the services provided by a CHAP provider.

Part 3: Plan partnerships across the T/TO geographic region to address the barriers including reimbursement, training, education, clinical infrastructure, implementation cost, and determination of system integration.

II. Award Information

Funding Instrument—Grant

Estimated Funds Available

The total funding identified for fiscal year (FY) 2023 is approximately \$1,500,000. Individual award amounts for the first budget year are anticipated to be between \$250,000 and \$500,000. The funding available for competing and subsequent continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities.