

public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-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.

Information Collection

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Certification in the Medicare/Medicaid Program for Providers of Outpatient Physical Therapy and/or Speech-Language Pathology; *Use:* The form is used as an application to be completed by providers of outpatient physical therapy and/or speech-language pathology services requesting participation in the Medicare and Medicaid programs. This form initiates the process of obtaining a decision as to whether the conditions of participation are met as a provider of outpatient physical therapy and/or speech-language pathology services. The form is used by the State Agencies (SAs) to enter the new prospective provider into the national surveyor database. The form is also used for recertification of the provider. Surveyors are no longer required to use form CMS-1856. Surveyors are now able to access survey resources electronically from the national surveyor database, as a result, the need for surveyors to carry printed copies of the survey information data is no longer efficient. *Form Number:* CMS-1856 (OMB control number: 0938-0065); *Frequency:* Annually, occasionally; *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 195; *Total Annual Responses:* 195; *Total Annual Hours:* 49. (For policy questions regarding this collection contact Caecilia Blondiaux at 410-786-2190.)

Dated: June 1, 2021.

William N. Parham, III

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

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BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Head Start REACH: Strengthening Outreach, Recruitment, and Engagement Approaches With Families (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) is proposing to collect data on different approaches that Head Start programs use for the recruitment, selection, enrollment, and retention (RSER) of families facing adversities and the community organizations with which it partners to support these activities. This study aims to present an internally valid description of RSER approaches used by six purposively selected programs, not to promote statistical generalization to different sites or service populations.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements 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.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing OPREinfocollection@acf.hhs.gov. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE

Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Head Start REACH: Strengthening Outreach, Recruitment, and Engagement Approaches with Families project is proposing to conduct qualitative case studies to examine the approaches used by Head Start programs to recruit, select, enroll, and retain families experiencing adversities and the implementation of these approaches, including supporting factors and barriers. Adversities is a broad term that refers to a wide range of circumstances or events that pose a threat to a child or caregiver's physical or psychological well-being. The adversities that families experience are often intertwined with poverty, may co-occur, and are affected by systematic factors, such as structural racism. Common examples include (but are not limited to) families experiencing homelessness; involvement in child welfare, including foster care; and affected by substance use, mental health issues, and domestic violence.

We will collect information from six sites; each site will include (1) a Head Start program that has demonstrated success in the RSER of families experiencing adversities, and (2) up to four of its community partner organizations that serve families experiencing adversities.

We will collect information on how programs determine which adversities to focus on for their RSER efforts; RSER approaches programs use, focusing specifically on families experiencing adversities; RSER-related training and support that Head Start staff receive; partnerships that programs form with organizations in the community to support these activities; and supporting factors and barriers to participation of enrolled and non-enrolled families who face adversities.

Respondents: Head Start program directors; Head Start staff conducting eligibility, recruitment, selection, enrollment, attendance (ERSEA) activities; staff from community organizations with which Head Start programs partner for ERSEA activities; Head Start-eligible parents enrolled in Head Start, and those not enrolled in Head Start.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total/annual burden (in hours)
Program director recruitment call protocol (Instrument 1)	6	1	0.50	3.0
Program staff interview protocol: Program director (Instrument 2) ^a	6	1	1.0	6.0
Program staff interview protocol ERSEA staff (Instrument 2) ^a	24	1	1.5	36
Head Start enrolled families focus group guide (Instrument 3)	60	1	1.5	90
Community partner recruitment call protocol (Instrument 4)	24	1	0.17	4.0
Community partner staff interview protocol (Instrument 5)	24	1	0.75	18
Community partner focus group coordination ^b	6	1	2.0	12
Families not enrolled in Head Start focus group guide (Instrument 6)	60	1	1.5	90

^a There is one interview protocol for both the program director and the ERSEA staff and the interviewer will tailor it to the respondent(s).

^b There is no instrument, only a document of duties associated with this activity.

Estimated Total Annual Burden Hours: 259

Comments: 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.

Authority: Head Start Act Section 640 [42 U.S.C. 9835].

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award 54 Single-Source Supplements for Current Senior Medicare Patrol (SMP) State Grantee

ACTION: Notice of single-source supplements.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award 54 administrative supplements in the form of cooperative agreements to existing SMP project grantees to further support SMP activities in each state, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. The purpose of existing grantees' work is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education with an emphasis on reaching Medicare beneficiaries with limited income and those residing in rural areas. The administrative supplements for FY 2021

will be distributed via formula to the existing 54 SMP state grantees, bringing the total for the supplement awards to \$2,002,468. These current SMP grantees will use this funding to further enhance or expand existing and prior established plans to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. This additional funding will be targeted to reach Medicare beneficiaries with limited income, and/or those residing in rural areas.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Marissa Whitehouse, U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Office of Healthcare Information and Counseling; telephone (202) 795-7425; email Marissa.Whitehouse@acl.hhs.gov.

SUPPLEMENTARY INFORMATION:

Program Name: Senior Medicare Patrol (SMP).

Recipient: 54 current SMP grantees.

Current grantee	State	FY21 ACL recommended supplement amount
Alabama Dept of Senior Services	Alabama	\$41,488
Alaska Department of Health and Social Services	Alaska	4,408
Arizona Department of Economic Security	Arizona	32,105
Arkansas Department of Human Services	Arkansas	36,963
California Health Advocates	California	170,823
Colorado Division of Insurance	Colorado	22,047
The Department of Rehabilitation Services	Connecticut	16,044
Delaware Division of Social Services	Delaware	4,199
Legal Counsel For The Elderly	District of Columbia	2,658
Florida Department of Elder Affairs	Florida	116,372
Eqhealth Solutions, Inc	Georgia	59,236
Guam Department of Public Health & Social Services	Guam	1,318
Hawaii Department of Health	Hawaii	10,665
Idaho Commission on Aging	Idaho	12,481
AgeOptions, Inc	Illinois	65,894