

discussed at the virtual public meetings is permitted to designate a primary speaker. As stated above, we will accept PowerPoint presentations and relevant studies published after the date the applicant submitted its HCPCS code application if those materials are emailed to: [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov) by 5:00 p.m., e.d.t., Tuesday, May 24, 2022. Due to the timeframe needed for the planning and coordination of the HCPCS virtual public meetings, materials that are not submitted in accordance with these deadlines cannot be accommodated.

All PowerPoint presentation materials must not exceed 10 pages. Relevant studies that were published after the date the applicant submitted its HCPCS code application are not subject to this page limit.

Fifteen minutes is the total time interval for each presentation. In establishing the public meeting agenda, we may group multiple, related code requests under the same agenda item.

On the day of the virtual meeting that the primary speaker attends and speaks on a HCPCS code application, before 5 p.m., e.d.t., the primary speaker must email a brief written summary (one paragraph) of their comments and conclusions to: [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov).

Every primary speaker must also declare at the beginning of their presentation at the meeting, as well as in their written summary, whether they have any financial involvement with the manufacturer of the item that is the subject of the HCPCS code application that the primary speaker presented, or any competitors of that manufacturer with respect to the item. This includes any payment, salary, remuneration, or benefit provided to that speaker by the applicant.

## 2. 5-Minute Speakers

As noted above, the deadline for registering to be a 5-minute speaker is 5:00 p.m., e.d.t., Tuesday, May 24, 2022.

On the day of the virtual meeting that the 5-minute speaker attends and speaks on a HCPCS code application or agenda item, before 5 p.m., e.d.t., the 5-minute speaker must email a brief written summary of their comments and conclusions to: [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov). CMS will not accept any other written materials from a 5-minute speaker.

Every 5-minute speaker must also declare at the beginning of their presentation at the meeting, as well as in their written summary, whether they have any financial involvement with the manufacturer of the item that is the subject of the HCPCS code application or agenda item that the 5-minute speaker presented, or any competitors of

that manufacturer with respect to the item. This includes any payment, salary, remuneration, or benefit provided to that speaker by the applicant.

## C. Additional Virtual Meeting/Registration Information

Prior to registering to attend a virtual public meeting, all potential participants and other stakeholders are advised to review the public meeting agendas at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings> which identify our preliminary coding, Medicare benefit category, and payment determinations, and the date each item will be discussed. All potential participants and other stakeholders are also encouraged to regularly check the HCPCS section of the CMS website at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings> for publication of the draft agendas, including a summary of each HCPCS code application, our preliminary coding, Medicare benefit category, and payment determinations.

The HCPCS section of the CMS website also includes details regarding the public meeting process for new revisions to the HCPCS code set, including information on how to join the meeting remotely, and guidelines for an effective presentation. The HCPCS section of the CMS website also contains a document titled “Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures,” which is a description of the HCPCS coding process, including a detailed explanation of the procedures CMS uses to make HCPCS coding determinations.

When CMS refers to HCPCS code or HCPCS coding application above, CMS may also be referring to circumstances when a HCPCS code has already been issued but a Medicare benefit category and/or payment has not been determined. At this meeting, CMS may or may not be able to provide preliminary Medicare benefit category and payment determinations for HCPCS codes that were effective April 1, 2022, or that will be considered during this public meeting for coding actions. CMS is working diligently to address Medicare benefit category and payment determinations for new items and services that may be DME, prosthetic devices, orthotics and prosthetics, therapeutic shoes and inserts, surgical dressings, or splints, casts, and other devices used for reductions of fractures and dislocations under Medicare Part B. Please check the CMS website listed above for the final agenda.

## III. Written Comments From Meeting Attendees Who Are Not Speakers

Written comments from anyone who is not a primary speaker or 5-minute speaker will only be accepted when emailed to: [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov) before 5 p.m., e.d.t., on the date of the virtual public meeting at which the HCPCS code application that is the subject of the comments is discussed.

The Administrator of CMS, Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: May 3, 2022.

**Lynette Wilson,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

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**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Supplementary Comment Period; Release of Unaccompanied Children From ORR Custody (OMB #0970–0552)

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), recently requested public comment on proposed revisions to forms that allow the Unaccompanied Children (UC) Program to process release of UC from ORR custody and provide services after release. In response to comments received, ORR is now providing a supplemental opportunity to provide comments on versions of revised forms that display the available options for dropdown fields. ORR invites any supplementary or new public comments that may arise with the added context of the dropdown options.

**DATES:** Comments due no later than June 6, 2022

**ADDRESSES:** You can obtain copies of the proposed collection of information and submit comments by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* ORR received several comments on this information collection in response to the **Federal Register** notice published on February 25, 2021 (86 FR 11536) and provided responses to those comments in its final submission to OMB. Summaries of the comments and ORR's responses can be accessed at [https://www.reginfo.gov/public/do/PRAViewDocument?ref\\_nbr=202109-0970-019](https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202109-0970-019). Some of the comments requested that ORR make available copies of the revised forms

that display the available options for dropdown fields. In response to this request, ORR updated the screenshots for the three forms that contain dropdown fields. Those forms are:

- Discharge Notification (Form R-2) ([https://www.reginfo.gov/public/do/PRAViewIC?ref\\_nbr=202109-0970-019&icID=242800](https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202109-0970-019&icID=242800))
- Release Request (Form R-4) ([https://www.reginfo.gov/public/do/PRAViewIC?ref\\_nbr=202109-0970-019&icID=249540](https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202109-0970-019&icID=249540))

- Safety and Well-Being Call Report (Form R-6) ([https://www.reginfo.gov/public/do/PRAViewIC?ref\\_nbr=202109-0970-019&icID=242803](https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=202109-0970-019&icID=242803))

ORR invites supplementary comments from those who previously submitted comments, as well as new comments from anyone who did not previously submit comments.

*Respondents:* ORR grantee and contractor staff and released children and sponsors.

#### ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden minutes per response	Annual total burden hours
Verification of Release (Form R-1) .....	216	253	10	9,108
Discharge Notification (Form R-2) .....	216	290	10	10,440
ORR Release Notification—ORR Notification to ICE Chief Counsel Release of UC to Sponsor and Request to Change Address (Form R-3) .....	216	270	5	4,860
Release Request (Form R-4)—Grantee Case Managers .....	216	254	25	22,860
Release Request (Form R-4)—Contractor Case Coordinators .....	170	321	20	18,190
Safety and Well-Being Call (R-6) .....	216	253	45	40,986
Estimated Annual Burden Hours Total .....	.....	.....	.....	106,444

*Authority:* 6 U.S.C. 279; 8 U.S.C. 1232; *Flores v. Reno Settlement Agreement*, No. CV85-4544-RJK (C.D. Cal. 1996).

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2022-09842 Filed 5-4-22; 11:15 am]

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Community Living

**RIN 0985-AA17**

#### Request for Information: Older Americans Act Regulations

**AGENCY:** Administration for Community Living, Department of Health and Human Services.

**ACTION:** Request for information.

**SUMMARY:** The Acting Assistant Secretary for Aging and Administrator of the Administration for Community Living (ACL) seeks information on recommended changes, additions, or deletions to Code of Federal Regulation's section on Grants to State and Community Programs on Aging; Grants to Indian Tribes for Support and Nutrition Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection

Activities, including Subpart A—State Long-Term Care Ombudsman Program.

**DATES:** Information must be submitted electronically by 11:59 p.m. (EST) by June 6, 2022.

**ADDRESSES:** Interested persons are encouraged to submit electronic comments to: Administration on Aging, [OAAregulations@acl.hhs.gov](mailto:OAAregulations@acl.hhs.gov). Include "OAA Regulations" in the subject line of the message.

#### FOR FURTHER INFORMATION CONTACT:

Caldwell Jackson, (202) 795-7368 [Caldwell.Jackson@acl.hhs.gov](mailto:Caldwell.Jackson@acl.hhs.gov). The email is a resource mailbox established to receive public input regarding Older Americans Act regulations and should not be used to request information beyond the scope of this public input opportunity.

**SUPPLEMENTARY INFORMATION:** The Administration for Community Living's (ACL) Administration on Aging (AoA) is requesting information to gather feedback on recommended changes, additions, or deletions to regulations for programs authorized under Titles III, VI, and VII of the Older Americans Act, 42 U.S.C. 3001 *et seq.*

First passed in 1965, the Older Americans Act (the Act) authorizes supportive, nutrition, evidence-based disease prevention and health promotion, caregiver, legal, long-term care ombudsman, and other services provided via states, territories, tribes and tribal organizations, area agencies

on aging, and local service providers. The Act was last reauthorized on March 25, 2020. Current regulations for programs authorized under the Act date from 1988, and have not been substantively revised, with the exception of portions of 45 CFR part 1321—Grants to State and Community Programs on Aging, specific to State responsibilities regarding the State Long-Term Care Ombudsman Program, and 45 CFR part 1324 Allotments for Vulnerable Elder Rights Protection Activities, Subpart A—State Long-Term Care Ombudsman Program, which were published in 2015. In the absence of valid and current regulations, there is the potential for significant variation in the interpretation and implementation of these provisions among States.

#### Public Input

Through this Request for Information (RFI), ACL is seeking input from individuals and organizations regarding supportive, nutrition, evidence-based disease prevention and health promotion, caregiver, legal, long-term care ombudsman, and other services provided via states, tribes and tribal organizations, area agencies on aging, and local service providers under the Act. Specifically, we would like to learn from respondents based on their experience about: (1) Challenges faced by older adults, elders, and family caregivers in receiving services under the Act, and (2) challenges faced by