

80111) entitled “Request for an Exception to the Prohibition on Expansion of Facility Capacity Under the Hospital Ownership and Rural Provider Exceptions to the Physician Self-Referral Prohibition.” In the December 2020 notice, we stated that as permitted by section 1877(i)(3) of the Act and our regulations at § 411.362(c), the following physician-owned hospital requested an exception to the prohibition on expansion of facility capacity:

Name of Facility: Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital.

Location: 1495 Frazier Road, Ruston, Louisiana 71270–1632.

Basis for Exception Request: High Medicaid Facility.

In the December 2020 notice, we solicited comments from individuals and entities in the community in which Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital is located. During the 30-day public comment period, we received no public comments.

IV. Decision

This final notice announces our decision to approve Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital’s request for an exception to the prohibition against expansion of facility capacity. Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital submitted the data and certifications necessary to demonstrate that it satisfies the criteria to qualify as a high Medicaid facility as specified in the November 30, 2011 final rule. In accordance with section 1877(i)(3) of the Act, we are granting Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital’s request for an exception to the expansion of facility capacity prohibition based on the following criteria:

- Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital is not the sole hospital in the county in which the hospital is located;
- With respect to each of the 3 most recent 12-month periods for which data are available as of the date the hospital submitted its request, Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital had an annual percent of total inpatient admissions under Medicaid that is estimated to be greater than such percent with respect to such admissions for any other hospital located in the county in which the hospital is located; and
- Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital certified that it does not discriminate against beneficiaries of federal health care

programs and does not permit physicians practicing at the hospital to discriminate against such beneficiaries.

Our decision grants Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital’s request to add a total of 18 operating rooms, procedure rooms, and beds. Under the regulations in place at the time the request was filed, the expansion may occur only in facilities on the hospital’s main campus and may not result in the number of operating rooms, procedure rooms, and beds for which Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital is licensed to exceed 200 percent of its baseline number of operating rooms, procedure rooms, and beds. Solutions Medical Consulting, LLC d/b/a Serenity Springs Hospital certified that its baseline number of operating rooms, procedure rooms, and beds is 18. Accordingly, we find that granting an additional 18 operating rooms, procedure rooms, and beds will not exceed the limitation on a permitted expansion.

V. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Acting Administrator of the Centers for Medicare & Medicaid Services (CMS), Elizabeth Richter, 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: March 8, 2021.

Lynette Wilson,

Federal Register Liaison, Department of Health and Human Services.

[FR Doc. 2021–05095 Filed 3–10–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Infant and Toddler Teacher and Caregiver Competencies (ITTCC) Study (New Collection)

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

ACTION: Request for public comment.

SUMMARY: This is a primary data collection request for the Infant and Toddler Teacher and Caregiver Competencies (ITTCC) study to examine, using qualitative case studies, different approaches to implementing competency frameworks and assessing competencies of teachers and caregivers of infants and toddlers who work in group early care and education (ECE) settings (centers and family child care homes). Each case study will focus on a specific competency framework used by states, institutions of higher education, professional organizations, or ECE programs. This study aims to present an internally valid description of the implementation of competency frameworks and assessment of competencies for up to seven purposively selected cases, not to promote statistical generalization to different sites or service populations.

DATES: *Comments due within 30 days of publication.* OMB is required to make a decision concerning 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.

SUPPLEMENTARY INFORMATION:

Description: The ITTCC study will examine implementation and assessment of competency frameworks at (1) the system level (that is, among those charged with creating a structure for and supporting implementation in states, institutions of higher education, and/or professional organizations); and (2) the program level (that is, in the center-based settings and family child

care homes in which infant/toddler teachers and caregivers work). We will collect information on how competency frameworks have been developed and implemented; how competencies are assessed; how program directors, center directors, family child care providers, and teachers and caregivers use competency frameworks; key lessons related to implementing competency frameworks and assessing

competencies; and perspectives on how competencies can help build the capacity of the workforce teaching and caring for infants and toddlers and support quality improvement.

Respondents: System-level staff (this may include lead developers, lead adopters, administrators for state/local quality improvement initiatives, administrators of licensing and/or credentialing agencies, higher education

stakeholders, other training and technical assistance providers, state-level oversight of federal programs) and program-level staff (program and/or center directors, professional development coordinators/managers, center-based teachers/caregivers and family child care providers).

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 burden (in hours)	Annual burden (in hours)
System-Level Screening Protocol (Instrument 1)	30	1	.6	18	9
System-Level Master Semi-structured Interview Protocol (Instrument 2)	60	1	1.5	90	45
Nominations for Programs Protocol (Instrument 3)	15	1	.3	4.5	2.25
Program-Level Screening Protocol (Instrument 4)	70	1	.6	42	21
Program-Level Master Semi-structured Interview Protocol (Instrument 5): Directors	20	1	1	20	10
Program-Level Master Semi-structured Interview Protocol (Instrument 5): Family child care providers	20	1	1	20	10
Program-Level Master Semi-structured Interview Protocol (Instrument 5): Center-based teachers	20	1	0.5	10	5

Estimated Total Annual Burden Hours: 102.25.

Authority: Head Start Act Section 640 [42 U.S.C. 9835] and Section 649 [42 U.S.C. 9844], and the Child Care and Development Block Grant (CCDBG) Act of 1990, as amended by the CCDBG Act of 2014 (Pub. L. 113–186).

Mary B. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2021–05100 Filed 3–10–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living [OMB No. 0985–0039]

Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; Prevention and Public Health Fund Evidence-Based Falls Prevention Program, Information Collection

AGENCY: Administration for Community Living, HHS.

ACTION: Notice

SUMMARY: The Administration for Community Living is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as

required under the Paperwork Reduction Act of 1995. This 30-day notice collects comments on the information collection requirements related to the proposed Extension with minor changes on the information collection requirements related to Prevention and Public Health Funds Evidence-Based Falls Prevention Program.

DATES: Submit written comments on the collection of information by April 12, 2021.

ADDRESSES: Submit written comments and recommendations for the proposed information collection within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find the information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. By mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW, Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Shannon Skowronski, Administration for Community Living, Washington, DC 20201, Shannon.Skowronski@acl.hhs.gov, 202–795–7438, shannon.skowronski@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for

review, comment and approval. The Evidence-Based Falls Prevention Grant Program is financed through the Prevention and Public Health Fund (PPHF), most recently with FY 2020 PPHF funds. The statutory authority for these cooperative is contained in Continuing Appropriations Act, 2020 and Health Extenders Act of 2019, Public Law 116–59; the Older Americans Act (OAA) (Section 411); and the Patient Protection and Affordable Care Act, 42 U.S.C. 300u–11 (Prevention and Public Health Fund).

The Evidence-Based Falls Prevention Program supports a national resource center and awards competitive grants to implement and promote the sustainability of evidence-based community programs that have been proven to reduce the falls incidence and risk among for older adults.

OMB approval of the existing set of Falls Prevention data collection tools (OMB Control Number, 0985–0039) expires on 03/31/2021. This data collection continues to be necessary for monitoring program operations and outcomes.

ACL/AoA proposes to use the following tools: (1) Semi-annual performance reports to monitor grantee progress; (2) a Host/Implementation Organization Information Form to record location of agencies that sponsor programs that will allow mapping of the delivery infrastructure; and (3) a set of