Background and Brief Description

The Centers for Disease Control and Prevention (CDC) works to promote optimal nutrition, physical activity, and wellness in early care and education (ECE) facilities for children 0–5 years of age. Data collected from this pilot survey will be used to understand the current practices of ECE centers in a representative sample in four states. The survey will also be used to inform the development of a potential national surveillance system.

A sample of approximately 1,266 ECE centers across four states will be selected to participate in this one-time data collection effort. However, it is estimated that approximately 10% of the original sample will be out of business or otherwise ineligible, yielding an actual sample of 1,140 ECEs to be recruited. Each center will receive a recruitment letter introducing the survey, and instructions for completing the survey. It is anticipated that most responses will be submitted through the web. However, paper surveys will be available upon request. It is also anticipated that the response rate will be approximately 55% based on a review of recent surveys of child care centers conducted by the Federal government. Thus, we anticipate the number of completed surveys to be 627. CDC requests approval for an estimated 409 Burden Hours. Participation in this study is completely voluntary and there are no costs to the respondent other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
ECE Director or Administrator	Recruitment Letter	1,140	1	5/60
ECE Director or Administrator	Web/Mail Survey	627	1	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10065/10066]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by September 25, 2019.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–5806 *OR* Email: *OIRA_s submission@omb.eop.gov.*

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at website address at *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html.*

1. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

2. Call the Reports Clearance Office at (410) 786–1326.

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:* Hospital Notices: IM/DND; *Use* The purpose of the IM is to inform beneficiaries and enrollees of their rights as hospital inpatients and how to request a discharge appeal by a Quality Improvement Organization (QIO) and how to file a request. For all Medicare beneficiaries, hospitals must deliver valid, written notice of a beneficiary's rights as a hospital inpatient, including discharge appeal rights. The hospital must use a standardized notice, as specified by CMS. This is satisfied by IM delivery.

Consistent with 42 CFR 405.1205 for Original Medicare and 422.620 for Medicare health plans, hospitals must

provide the initial IM within 2 calendar days of admission. A follow-up copy of the signed IM is given no more than 2 calendar days before discharge. The follow-up copy is not required if the first IM is provided within 2 calendar days of discharge. In accordance with 42 CFR 405.1206 for Original Medicare and 422.622 for Medicare health plans, if a beneficiary/enrollee appeals the discharge decision, the beneficiary/enrollee and the QIO must receive a detailed explanation of the reasons services should end. This detailed explanation is provided to the beneficiary/enrollee using the DND, the second notice included in this renewal package. *Form Number:* CMS–10065/10066 (OMB control number: 0938–1019); *Frequency:* Yearly; *Affected Public:* Private Sector (Business or other for-profits, Not-for-Profit Institutions); *Number of Respondents:* 6,123; *Total Annual Responses:* 17,742,803; *Total Annual Hours:* 2,990,720. (For policy questions regarding this collection contact Janet Miller at *Janet.Miller@cms.hhs.gov.*)

Dated: August 20, 2019.

William N. Parham, III,

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

[FR Doc. 2019–18273 Filed 8–23–19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: HIV Quality Measures (HIVQM) Module, OMB No. 0906–0022—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than September 25, 2019.

ADDRESSES: Submit your comments, including the ICR title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: HIV Quality Measures Module, OMB No. 0906–0022—Revision.

Abstract: HRSA Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with cities, states, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low income people living with HIV. Nearly two-thirds of clients (patients) live at or below 100 percent of the federal poverty level and approximately three-quarters of RWHAP clients are racial/ethnic minorities. Since 1990, the RWHAP has developed a comprehensive system of safety net providers who deliver high quality direct health care and support services to over half a million people living with HIV—more than 50 percent of all people living with diagnosed HIV in the United States.

All parts of the RWHAP must follow the legislative requirements for the establishment of clinical quality management programs to assess their HIV services according to the most recent HHS guidelines and to develop strategies to improve access to quality HIV services. The HIVQM Module supports recipients and sub recipients in their clinical quality management, performance measurement, service delivery, and monitoring of client health outcomes; and supports the requirement imposed by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards that recipients relate financial data to performance accomplishments of their federal awards. 45 CFR 75.301. The module is accessible via the Ryan White Services Report, an existing online portal that RWHAP recipients already use for required data collection of their services. While the use of the module is voluntary for RWHAP recipients, its use is strongly encouraged.

The HRSA performance measures are comprised of the following categories: (1) Core medical services, (2) all ages, (3) adolescent/adult, (4) children with HIV, (5) HIV-exposed children, (6) medical case management, (7) oral health, (8) AIDS Drug Assistance Program, and (9) systems level performance measures. Recipients can choose the performance measures they want to monitor and may enter data on their measures into the module up to four times a year and then generate reports to assess their performance. Recipients may also compare their performance against other recipients regionally and nationally.

A 60-day notice was published in the **Federal Register** on March 14, 2019, vol. 84, No. 50; pp. 9362–63. There were four public comments.

Need and Proposed Use of the Information: The HIVQM Module provides recipients an easy-to-use and structured platform to voluntarily and continually monitor their performance. The main purpose for the module is to help recipients set goals and monitor performance measures and quality improvement projects. For this revised ICR, HRSA is proposing to allow recipients the option to enter data for specific populations for a subset of performance measures based on age, gender, race, ethnicity, and specific risk factors, which will allow for target services and quality improvement activities to people most at need. In addition, recipients will be able to generate reports of performance measures, review them stratified by the recipients or their service providers, and compare to results at the state, regional, and national levels. HRSA is proposing these enhancements to increase the functionality and overall usability of the HIVQM Module.

The HIVQM Module was piloted for this revision request in June 2019. Recipients or sub recipients, who submitted data for more than two reporting periods in the last year and represented the use of various data systems, submitted feedback on the new data stratification feature. Their feedback included questions about: (1) How the data stratification feature in the HIVQM Module would differ from and integrate with CAREWare (CW) reporting; and (2) the availability of the template for the data stratification feature. HRSA's responses included describing the interface between CW and the HIVQM Module, explaining how reports will be produced and further explaining why the HIVQM Module will be a useful tool in comparing state, regional, and national performance measure data among recipients/sub recipients who use the HIVQM Module.

Likely Respondents: HRSA RWHAP Part A, Part B, Part C, and Part D