

**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](http://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.

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:* Extension of a currently approved collection; *Title:* Hospital Wage Index Occupational Mix Survey; *Use:* Section 304(c) of Public Law 106–554 amended section 1886(d)(3)(E) of the Social Security Act to require CMS to collect data every 3 years on the occupational mix of employees for each short-term, acute care hospital participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index, for application beginning October 1, 2004 (the FY 2005 wage index). The purpose of the occupational mix adjustment is to control for the effect of hospitals’ employment choices on the wage index. For example, hospitals may choose to employ different combinations of

registered nurses, licensed practical nurses, nursing aides, and medical assistants for the purpose of providing nursing care to their patients. The varying labor costs associated with these choices reflect hospital management decisions rather than geographic differences in the costs of labor.

CMS takes the data collected from the approximately 3,200 IPPS providers participating in the Medicare program and runs the data through mathematical formulas to create the occupational mix adjustment to the wage index. CMS informs hospitals of the occupational mix adjusted wage indexes through notice and comment rulemaking each year. *Form Number:* CMS–10079 (OMB control number: 0938–0907); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 3,200; *Number of Responses:* 3,200; *Total Annual Hours:* 1,536,000. (For policy questions regarding this collection contact Noel Manlove at 410–786–5161.)

Dated: October 20, 2022.

**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

#### **Expedited Office of Management and Budget Review and Public Comment; Proposed Information Collection Activity; Placement and Transfer of Unaccompanied Children Into Office of Refugee Resettlement Care Provider Facilities (OMB #0970–0554)**

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from the Office of Management and Budget (OMB) and inviting public comments on the proposed collection. This request will allow the Unaccompanied Children (UC) Program to expand specific policy and procedural protections to category 2

sponsors, children who wish to challenge placement in restrictive settings, and children seeking access to legal counsel.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act (PRA) of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**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:* ACF is requesting emergency review and approval of this information collection by OMB, as authorized under 44 U.S.C. 3507 (subsection j). The proposed revisions to this information collection are necessary to allow the ORR UC Program to comply with a court order. The information collected is essential to the mission of the agency and an unanticipated event has occurred that could reasonably cause a court-ordered deadline to be missed if normal PRA clearance procedures are followed. On June 29, 2018, Plaintiffs filed their Federal class action lawsuit in the Central District of California, western division, captioned *Lucas R. et al v. Azar et al* (Case No. CV 18–5741–DMG (PLAx)), asserting claims under the Flores consent decree, the Trafficking Victims Protection Reauthorization Act, the Due Process clause, and the First Amendment. Plaintiffs allege violation of UC rights in decisions regarding family reunification, placement in restrictive facilities, administration of psychotropic medication, and access to legal assistance. On August 30, 2022, the Court issued a Preliminary Injunction in response to the Cross-Motions for Summary Judgement on the family reunification, restrictive placement, and legal services claims. As part of that injunction, ORR is obligated to expand specific policy and procedural protections to category 2 sponsors, children who wish to challenge placement in restrictive settings, and children seeking access to legal counsel by the time the Final Order takes effect. Those policy and procedural protections include specific changes regarding notification of rights and documentation of restrictive placement, both of which require a new instrument and revision to an existing instrument in this information collection. The Final Order takes effect on October 29, 2022.

ORR added a new instrument titled Notice of Administrative Review (Form P-18) that serves as written notice of receipt of a Placement Review Panel request and provides the UC with information on next steps to take when requesting a review and reconsideration of the UC's placement in a restrictive setting. The notice also requests that the UC and/or their representative provide a written statement and decision on whether they are requesting a hearing. If a hearing is requested, the UC and/or their representative are also asked to provide:

- The name, email address, and telephone number for the UC's attorney or child advocate.
- The UC's preferred language.
- Whether the UC will need an interpreter (of if the UC's representative will provide an interpreter).
- The names and email addresses for the witnesses the UC or their representative plan to call at the hearing.
- Whether the UC has any special needs.

Additionally, ORR made the below-listed revisions to the Notice of Placement in a Restrictive Setting (Form P-4/4s/4d/4p). Many of the new fields in this form are also contained in the 30-Day Restrictive Placement Case Review (Form S-16), which is approved under OMB 0970-0553. The below revisions effectively merge Forms P-4 and S-16 into one form. ORR plans to submit a nonsubstantive change request to discontinue Form S-16 soon.

- Reorganized the form into six main sections—UC Information, ORR's Determinations Related to Safety,

Reasons for Restrictive Placement, Summary of Supporting Evidence for Restrictive Placement, Your Rights to Challenge Your Placement, and UC's Acknowledgement of Receipt.

- Added the following fields under the UC Information section:
  - Preferred Language.
  - Out-of-Network Facility Name.
  - If applicable, explain the reasons that the UC is placed in an out-of-network facility.
  - Date of Placement at Current Restrictive Facility.
  - Date of Initial Notice of Placement.
  - Date Next Notice of Placement is Due (within 30 days).

• Created the ORR's Determinations Related to Safety section and added the following checkboxes:

- UC presents a danger to self or community.
- UC poses a risk of escape.
- Revised the Reasons for Restrictive Placement section as follows:
  - Under Secure Facility:
    - Removed checkbox "Have committed, threatened to commit, or engaged in serious, self-harming behavior that poses a danger to self while in ORR custody."
    - Revised the checkbox "Have a history of or display sexual predatory behavior, or have inappropriate sexual behavior," to instead read "Have committed sexual abuse, where there is coercion by overt or implied threats of violence against another person and/or there is an immediate danger to others."
    - Added checkbox "Are pending transfer of discharge/release to:"
  - Under Residential Treatment Center:

■ Added checkbox "Are pending transfer of discharge/release to:"

- Under Staff Secure Facility:

■ Replaced checkbox "Could be stepped down from a secure facility" with "Are pending transfer of discharge/release to:"

• Under Summary of Supporting Evidence for Restrictive Placement:

- Split text box into three separate text boxes, one each for the case manager, case coordinator, and Federal field specialist.
- Added fields for case manager, case coordinator, and Federal field specialist names and their overall recommendations.

• Added additional information on how UC may request to change their placement in a restrictive setting under the Your Rights to Challenge Your Placement section.

• Added a field for the name and title of the care provider/issuing official.

• Added fields for the language used to explain the form to the UC, the name of the person who explained the form, and their interpreter ID#, if applicable.

For information about all currently approved forms under this OMB number, see: [https://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=202110-0970-001](https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202110-0970-001).

*Respondents:* ORR grantee and contractor staff; UC; and other Federal agencies.

#### *Annual Burden Estimates:*

**Note:** These burden estimates include burden related to the revisions described above and currently approved forms for which we are not proposing any changes.

### ESTIMATED BURDEN HOURS FOR RESPONDENTS

Information collection title	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual total burden hours
Placement Authorization (Form P-1) .....	262	536	0.08	11,235
Authorization for Medical, Dental, and Mental Health Care (Form P-2) .....	262	536	0.08	11,235
Notice of Placement in a Restrictive Setting (Form P-4/4s) .....	15	114	0.33	564
Long Term Foster Care Placement Memo (Form P-5) .....	35	6	0.25	53
UC Referral (Form P-7) .....	25	4,909	1.00	122,725
Care Provider Checklist for Transfers to Influx Care Facilities (Form P-8) ...	262	19	0.25	1,245
Medical Checklist for Transfers (Form P-9A) .....	262	49	0.08	1,027
Medical Checklist for Influx Transfers (Form P-9B) .....	262	96	0.17	4,276
Transfer Request (Form P-10A) .....	262	67	0.42	7,373
Transfer Request (Form P-10A) .....	275	67	0.33	6,080
Influx Transfer Request (Form P-10B) .....	262	96	0.42	10,564
Transfer Summary and Tracking (Form P-11) .....	262	67	0.17	2,984
Program Entity (Form P-12) .....	262	12	0.50	1,572
UC Profile (Form P-13) .....	262	468	0.75	91,962
ORR Transfer Notification—ORR Notification to Immigration and Customs Enforcement Chief Counsel of Transfer of UC and Request to Change Address/Venue (Form P-14) .....	262	67	0.17	2,984
Family Group Entity (Form P-15) .....	25	120	0.08	240
Influx Transfer Manifest (Form P-16) .....	3	12	0.33	12
Influx Transfer Manual and Prescreen Criteria Review (Form P-17) .....	262	56,213	0.50	7,363,903

## ESTIMATED BURDEN HOURS FOR RESPONDENTS—Continued

Information collection title	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual total burden hours
Notice of Administrative Review (Form P-18) .....	200	1	0.83	166
Estimated Annual Burden Hours Total: .....	.....	.....	.....	7,640,200

*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:* 6 U.S.C. 279; 8 U.S.C. 1232; *Flores v. Reno Settlement Agreement*, No. CV85-4544-RJK (C.D. Cal. 1996); 45 CFR part 411; *Lucas R. et al v. Azar et al* (Case No. CV 18-5741-DMG (PLAx)) Preliminary Injunction.

**Mary B. Jones,**  
ACF/OPRE Certifying Officer.

[FR Doc. 2022-23316 Filed 10-24-22; 8:45 am]

BILLING CODE 4184-45-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### List of Petitions Received; National Vaccine Injury Compensation Program

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

**ACTION:** Notice.

**SUMMARY:** HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program in general, contact Lisa L. Reyes, Clerk of Court, United States Court of Federal Claims, 717 Madison Place NW, Washington, DC 20005, (202) 357-6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 08N146B, Rockville, Maryland 20857; (301) 443-6593, or visit our website at: <http://www.hrsa.gov/vaccinecompensation/index.html>.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the United States Court of Federal Claims and to serve a copy of the petition to the Secretary of HHS, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at 42 CFR 100.3. This Table lists for each covered childhood vaccine the conditions that may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa-12(b)(2), requires that “[w]ithin 30 days after the Secretary

receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**.” Set forth below is a list of petitions received by HRSA on September 1, 2022, through September 30, 2022. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master “shall afford all interested persons an opportunity to submit relevant, written information” relating to the following:

1. The existence of evidence “that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,” and

2. Any allegation in a petition that the petitioner either:

a. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table but which was caused by” one of the vaccines referred to in the Table, or

b. “[S]ustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine” referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the United States Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Division of Injury Compensation Programs, Health Systems Bureau, 5600 Fishers Lane, 08N146B, Rockville,