

ratio. The templates are intended to help states by articulating the specific data elements needed and by providing an easy to use format that facilitates CMS' tracking and analysis. The data gathered from these reports will enable CMS to ensure state compliance with regulatory requirements. *Form Number:* CMS-10108 (OMB control number: 0938-0920); *Frequency:* Occasionally; *Affected Public:* Individuals or households, Private sector (business or other for-profit and not-for-profit institutions), and State, local or Tribal Government; *Number of Respondents:* 609; *Total Annual Responses:* 13,742,805; *Total Annual Hours:* 1,682,411. (For policy questions regarding this collection contact Amy Gentile at 410-786-3499.)

Dated: May 5, 2022.

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10553 and CMS-R-305]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human 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 (the 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 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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 must be received by July 11, 2022.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number: Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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>.

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786-4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS-10553 Medicaid Managed Care Quality including Supporting Regulations

CMS-R-305 External Quality Review (EQR) of Medicaid and Children's Health Insurance

Program (CHIP) Managed Care, EQR Protocols, and Supporting Regulations

Under the 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 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. *Title of Information Collection:* Medicaid Managed Care Quality including Supporting Regulations; *Type of Information Collection Request:* Extension of a currently approved collection; *Use:* Medicaid beneficiaries and stakeholders use the information collected and reported to understand the state's quality improvement goals and objectives, and to understand how the state is measuring progress on its goals. States use this information to help monitor and assess the performance of their Medicaid managed care programs. This information may assist states in comparing the outcomes of quality improvement efforts and can assist them in identifying future performance improvement subjects. CMS uses this information as a part of its oversight of Medicaid programs. *Form Number:* CMS-10553 (OMB control number: 0938-1281); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profits and State, Local or Tribal Governments; *Number of Respondents:* 376; *Number of Responses:* 2,655; *Total Annual Hours:* 36,010. (For questions regarding this collection contact Jennifer Maslowski at 312-886-2567.)

2. *Title of Information Collection:* External Quality Review (EQR) of Medicaid and Children's Health Insurance Program (CHIP) Managed Care, EQR Protocols, and Supporting Regulations; *Type of Information Collection Request:* Revision of a currently approved collection; *Use:* This 2022 information collection request proposes to revise the active external quality review (EQR) protocols (which were last revised in 2019). The revisions would: (1) Align the existing protocols, appendices, and worksheets with the 2020 Medicaid managed care final rule, and (2) add a new protocol, Validation of Network Adequacy (RIN 0938-AS25, CMS-2480-F). A summary of these changes includes, but is not limited to, adding three elements to 42 CFR 438.358(b)(1)(iii) to include a review of elements 438.56, 438.100, and 438.114;

establishing the first protocol for the new mandatory activity described in 438.358(b)(1)(iv) for network adequacy validation for managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plans (PAHPs); and other formatting changes. *Form Number:* CMS–R–305 (OMB control number: 0938–0786); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profits and State, Local or Tribal Governments; *Number of Respondents:* 603; *Number of Responses:* 5,945; *Total Annual Hours:* 413,310. (For questions regarding this collection contact Jennifer Maslowski at 312–886–2567.)

Dated: May 5, 2022.

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award a Single-Source Supplement for the Expanding the National Capacity for Person-Centered, Trauma-Informed (PCTI) Care: Services and Supports for Holocaust Survivors and Other Older Adults With a History of Trauma and Their Family Caregivers Program

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the Jewish Federations of North America for the project *Expanding the National Capacity for Person-Centered, Trauma-Informed (PCTI) Care: Services and Supports for Holocaust Survivors and Other Older Adults with a History of Trauma and Their Family Caregivers* program. The purpose of this program is to advance the development and expansion of PCTI supportive services for Holocaust survivors living in the U.S. Additionally, the project is advancing the capacity of the broader aging services network to deliver services of this type to any older adult with a history of trauma and their family caregivers. The overall goals of the program are as follows:

1. Increase the number and type of innovations in PCTI care for Holocaust survivors, older adults with a history of trauma, and their family caregivers, and

2. Expand the capacity of the Aging Network to provide PCTI care to the populations it serves.

The administrative supplement for FY 2022 will be in the amount of \$987,000, bringing the total award for FY 2022 to \$5,922,000.

The additional funding will not be used to begin new projects, but to permit JFNA to expand current activities. For example, to increase the number and diversity of innovations in PCTI care, the grantee will expand its National Networks Program with a focus on addressing social isolation, a leading risk factor for poor health among older adults that has become even more acute because of COVID–19, and on providing PCTI care to foreign born older adults with histories of trauma. JFNA will also promote special topics and innovations in PCTI care among subgrantees in the Expanded Critical Supports Program, including innovations that promote the safe and welcoming re-integration of Holocaust survivors and other traumatized older populations into in-person programs as COVID–19 becomes less of a risk factor and that promote resilience in older trauma survivors to reduce their risk for institutionalization. To augment project efforts and build the capacity of the Aging Network to provide PCTI care, JFNA will work with project partners to expand and enhance the online PCTI training program currently under way in the original ACL grant. This training will increase system-wide awareness and knowledge about PCTI care. Additionally, JFNA will recruit a year-long, graduate level fellow to enhance its evaluation and dissemination promising practices in PCTI care and in PCTI program evaluation.

Program Name: Expanding the National Capacity for Person-Centered, Trauma-Informed (PCTI) Care: Services and Supports for Holocaust Survivors and Other Older Adults with a History of Trauma and Their Family Caregivers.

Recipient: The Jewish Federations of North America.

Period of Performance: The supplement award will be issued for the third year of the five-year project period of September 1, 2020 through August 31, 2025.

Total Award Amount: \$5,922,000 in FY 2022.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: The Older Americans Act (OAA) of 1965, as amended, Public Law 109–365—Title 4, Section 411.

Basis for Award: The Jewish Federations of North America (JFNA) is currently funded to carry out the

objectives of the project entitled *Expanding the National Capacity for Person-Centered, Trauma-Informed (PCTI) Care: Services and Supports for Holocaust Survivors and Other Older Adults with a History of Trauma and Their Family Caregivers* for the period of September 1, 2020 through August 31, 2025. Since project implementation began in late 2020, the grantee has accomplished a great deal. The supplement will enable the grantee to carry their work even further, serving more Holocaust survivors, other older adults with histories of trauma, family caregivers and to train more professionals in the principles of PCTI. The additional funding will not be used to begin new projects or activities.

The JFNA is uniquely positioned to complete the work called for under this project. JFNA's partners on this project include the National Indian Council on Aging, the Japanese American Service Committee, the National Caucus and Center on Black Aging, Inc., the New Jersey Office for Refugees International Rescue Committee, the Asociacion Nacional Pro Personas Mayores (a pioneering organization in the field of Hispanic/minority aging); SAGE (the nation's leading organization devoted to aging in the lesbian, gay, bisexual, and transgender community); and HIAS (which works around the world to protect refugees). Additional project partners include, the Caregiver Center at the Veterans Affairs Medical Center at the University of Tennessee; the Community Care Corps Program, funded by the Administration for Community Living and led by the Oasis Institute; the Caregiver Action Network, and USAging; LeadingAge, an association of 6,000 not for profit organizations across the continuum of aging services; the Center for Health Care Strategies, Inc., which advances models for organizing and financing health care delivery; and the Campaign for Trauma-Informed Policy and Practice, which promotes the building of trauma-informed communities; among others.

Establishing an entirely new grant project at this time would be potentially disruptive to the current work already well under way. More importantly, the Holocaust survivors and other older adults currently being served by this project could be negatively impacted by a service disruption, thus posing the risk of re-traumatization and further negative impacts on health and wellbeing. If this supplement is not provided, the project would be less able to address the significant unmet health and social support needs of additional Holocaust survivors and other older adults with histories of trauma.