

b. To share participants' biographical and/or contact information with other participants for the purpose of facilitating networking, mentoring relationships, and/or other cooperative professional development opportunities.

c. To disclose information to vendors, venues, or other Federal agencies for the purposes of event planning and/or venue security.

d. To provide confirmation or certification of completion and/or evaluations to the individuals registered for OGE meetings, events, educational and training programs, and professional development offerings.

e. To provide confirmation or certification of completion and/or evaluations for executive branch ethics officials registered for OGE meetings, events, educational and training programs, and professional development offerings to any individuals responsible for reviewing, approving, and/or recommending training at the ethics officials' employing agencies.

f. To disclose to other executive branch agencies and the public, summary data on OGE meetings, events, educational and training programs, and professional development offerings as part of internal OGE Annual Performance Reports, Equity and DEIA reports, and other evaluations of OGE programs.

g. To disclose information when OGE determines that the records are arguably relevant and necessary to a proceeding before a court, grand jury, or administrative or adjudicative body; or in a proceeding before an administrative or adjudicative body when the adjudicator determines the records to be relevant and necessary to the proceeding.

h. To disclose information to the National Archives and Records Administration in records management inspections conducted under authority of 44 U.S.C. 2904 and 2906.

i. To disclose information to appropriate agencies, entities, and persons when: (1) OGE suspects or has confirmed that there has been a breach of the system of records; (2) OGE has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the agency (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with OGE's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

j. To disclose information to another Federal agency or Federal entity, when OGE determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

POLICIES AND PRACTICES FOR STORAGE OF RECORDS:

These records are maintained in paper and/or electronic form.

POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS:

These records may be retrieved by name or other data elements such as an individual's agency.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

In accordance with General Records Schedule 6.4, item 010, Public affairs-related routine operational records, administrative event records are destroyed when 3 years old, or no longer needed, whichever is later. In accordance with General Records Schedule 2.6, item 020, Ethics training records, ethics training records are destroyed when 6 years old or when superseded, whichever is later.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

Hardcopy records are maintained in file cabinets which may be locked or in specified areas to which only authorized personnel have access. Electronic records are maintained either on the OGE network, in OGE internal applications, or in third party applications like Pay.gov, which is used to manage paid registrations. They are protected from unauthorized access through password identification procedures, limited access, firewalls, and other system-based protection methods.

RECORD ACCESS PROCEDURES:

Individuals requesting access to this system of records must follow the procedures set forth in OGE's Privacy Act regulations at 5 CFR part 2606.

CONTESTING RECORD PROCEDURES:

Individuals wishing to request amendment of records about themselves must follow the procedures set forth in OGE's Privacy Act regulations at 5 CFR part 2606.

NOTIFICATION PROCEDURES:

Individuals wishing to inquire whether this system of records contains information about them must follow the procedures set forth in OGE's Privacy Act regulations at 5 CFR part 2606.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

HISTORY:

84 FR 70191.

Approved: September 28, 2023.

Shelley K. Finlayson,

Acting Director, U.S. Office of Government Ethics.

[FR Doc. 2023-22168 Filed 10-4-23; 8:45 am]

BILLING CODE 6345-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Evidence Map on Home and Community Based Services

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for supplemental evidence and data submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Evidence Map on Home and Community Based Services*, which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before November 6, 2023.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857.

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT:

Kelly Carper, Telephone: 301-427-1656 or Email: epc@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Evidence Map on Home and Community Based Services*. AHRQ is conducting this review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (e.g., details of studies conducted). We are looking for studies that report on *Evidence Map on Home and Community Based Services*. The entire research protocol is available online at: <https://effectivehealthcare.ahrq.gov/products/evidence-map/protocol>. This is to notify the public that the EPC Program would find the following information on *Evidence Map on Home and Community Based Services* helpful:

- A list of completed studies that your organization has sponsored for this topic. In the list, please indicate whether results are available on *ClinicalTrials.gov* along with the *ClinicalTrials.gov* trial number.

- For completed studies that do not have results on *ClinicalTrials.gov*, a summary, including the following elements, if relevant: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.

- A list of ongoing studies that your organization has sponsored for this

topic. In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including, if relevant, a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.

- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: <https://www.effectivehealthcare.ahrq.gov/email-updates>.

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Guiding Questions

1. Describe the available research on the effectiveness of person-centered HCBS interventions, for adults aged 60 or older with a functional limitation in home and community-based settings.

a. What HCBS interventions have been studied in relation to person-centered approaches?

1. For which person-centered HCBS interventions are systematic reviews available?

2. For which person-centered HCBS interventions are sufficient primary research studies available to justify a new systematic review?

b. What populations have been studied with person-centered HCBS interventions?

c. What primary outcomes of person-centered HCBS interventions have been studied?

d. What mediating factors have been identified in the literature that could affect outcomes such as the presence of unpaid family caregivers as part of the overall care team?

e. What study designs have been used to evaluate the effectiveness of person-centered approaches to HCBS interventions?

2. What quality measures related to person-centered HCBS interventions exist or are under development (See NCQA measures of person-centered outcomes (<https://www.ncqa.org/hedis/reports-and-research/pco-measures/>) under development, including the University of Minnesota's efforts (https://acl.gov/sites/default/files/news%202022-11/ACL%20HCBS%20Outcome%20Measurement%20Webinar%20Slides%2005.26.22_AR%20%28002%29.pdf))?

3. Describe the gaps that exist in the current research.

a. Which person-centered HCBS interventions identified by experts as currently relevant have no or inadequate evidence?

b. Which patient populations and outcome measures have no or inadequate evidence?

c. Are there gaps in evidence related to taking person-centered planning approaches to these interventions?

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTINGS)

PICOTS elements	Inclusion criteria	Exclusion criteria
Population	<ul style="list-style-type: none"> • Adults aged 60 years or older with a functional limitation, requiring assistance with activities of daily living, regardless of payer source. 	<ul style="list-style-type: none"> • Animals. • Children. • Adults without disabilities. • Adults aged <60 years, exclusively. • None.
Interventions	<p>Person-centered HCBS, including the following person-centered approach, used alone or in combination:</p> <ul style="list-style-type: none"> • Occupational, speech, and physical therapy. • Durable medical equipment. • Case management (in home or via phone). • Caregiver and client training (training on skills to take care of a patient at home). • Health promotion and disease prevention (training to enabling people to increase control over, and to improve, their health like cook a healthier meal, or doing stretches to maintain flexibility again to prevent falls). • Hospice care. • Senior centers and adult daycares. 	

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTINGS)—Continued

PICOTS elements	Inclusion criteria	Exclusion criteria
	<ul style="list-style-type: none"> • Congregate meal sites and home-delivered meal programs. • Personal assistance such as dressing, bathing, toileting, eating, transferring to or from a bed or chair, etc. • Transportation and access including physical access to their homes (ramps, rails, etc.) or access to places (doctor's offices, etc.) or could also be access to healthcare setting (ride to the doctor's office). • Home repairs and modifications. • Home safety assessments. • Homemaker and chore services. • Information and referral services (to clinical care or other community-based services). • Community integration services and day support. • Behavioral health services. • Financial services. • Legal services, such as help preparing a will. • Telephone reassurance. 	
Comparators	<ul style="list-style-type: none"> • Institutional care (nursing care, long-term care) without HCBS • No HCBS while living in the home or community. 	<ul style="list-style-type: none"> • None.
Outcomes	<ul style="list-style-type: none"> • Mortality • Time to nursing home placement. • Patient satisfaction. • Person-centered outcomes. • Hospitalization, rehospitalization. • Clinical outcomes (falls, disease-related outcomes). • Social isolation. • Quality of life (see NQF HCBS Quality Domains Report). • Harms of the intervention. 	<ul style="list-style-type: none"> • None.
Timing	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • None.
Settings	<ul style="list-style-type: none"> • Home settings • Independent living. • Assisted living. • Studies conducted in the United States. 	<ul style="list-style-type: none"> • Nursing home. • Healthcare setting.
Subgroup analysis	<ul style="list-style-type: none"> • Geography • Race/ethnicity. • Sex. • Comorbidities. • Social situations (community, home). • Clinical needs (includes activities of daily living as well as other needs to care for a person). 	<ul style="list-style-type: none"> • None.
Study design	<ul style="list-style-type: none"> • Guiding Question 1: <ul style="list-style-type: none"> ○ RCTs. ○ Comparative observational studies. ○ Systematic reviews or meta-analyses. • Guiding Questions 2–3: <ul style="list-style-type: none"> ○ RCTs. ○ Comparative observational studies. ○ Surveys. ○ Qualitative studies. ○ Mixed-method studies. ○ Narrative reviews. ○ Systematic review or meta-analysis. 	<ul style="list-style-type: none"> • In vitro studies. • Erratum. • Editorials. • Letters. • Case reports/series.
Publications	<ul style="list-style-type: none"> • Studies published in English as peer reviewed full-text articles • Studies published after Year 2000. • Studies conducted outside of the United States. 	<ul style="list-style-type: none"> • Foreign language studies. • Conference abstracts.

Abbreviations: HCBS = Home and Community Based Services; NQF = National Quality Forum; RCT = randomized clinical trials.

Dated: September 29, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–22131 Filed 10–4–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Reorganization of the National Center for Chronic Disease Prevention and Health Promotion

AGENCY: Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: CDC has modified its structure. This notice announces the reorganization of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). NCCDPHP has realigned the Division of Adolescent and School Health from the National Center National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).