

or medically unnecessary care. Patterns or trends of drug therapy problems are identified and reviewed to determine the need for intervention activity with pharmacists and/or physicians. States may conduct interventions via telephone, correspondence, or face-to-face contact. The states and managed care organizations (MCOs) are provided the reporting instrument (a survey) by CMS, and by responding to the survey, the states generate annual reports which are submitted to CMS for the purposes of monitoring compliance and evaluating the progress of states' DUR programs. The survey and the annual recordkeeping and reporting requirements under the pertinent regulations, are completed by pharmacists employed by, or contracted with the various state Medicaid programs and their MCOs. The annual reports submitted by states are reviewed and results are compiled by CMS in a format intended to provide information, comparisons and trends related to states' experiences with DUR. The states benefit from the information and may enhance their programs each year based on state reported innovative practices that are compiled by CMS from the annual reports. A comparison/summary of the data from the annual reports is published on Medicaid.gov annually, and serves as a resource for stakeholders, including but not limited to states, manufacturers, researchers, congress, CMS, the Office of Inspector General, non-governmental payers and clinicians on the topic of DUR in state Medicaid programs. *Form Number:* CMS-R-153 (OMB control number: 0938-0659); *Frequency:* Yearly, quarterly, and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 52; *Total Annual Responses:* 676; *Total Annual Hours:* 41,860. (For policy questions regarding this collection contact Mike Forman at 410-786-2666.)

4. Type of Information Collection

Request: Reinstatement without change of a currently approved collection; *Title of Information Collection:* Electronic Submission of Medicare Graduate Medical Education (GME) Affiliation Agreements; *Use:* Existing regulations at § 413.75(b) permit hospitals that share residents to elect to form a Medicare GME affiliated group if they are in the same or contiguous urban or rural areas, if they are under common ownership, or if they are jointly listed as program sponsors or major participating institutions in the same program by the accrediting agency. The purpose of a Medicare GME affiliated group is to provide flexibility to hospitals in

structuring rotations under an aggregate full time equivalent (FTE) resident cap when they share residents. The existing regulations at § 413.79(f)(1) specify that each hospital in a Medicare GME affiliated group must submit a Medicare GME affiliation agreement (as defined under § 413.75(b)) to the Medicare Administrative Contractor (MAC) servicing the hospital and send a copy to the Centers for Medicare and Medicaid Services' (CMS) Central Office, no later than July 1 of the residency program year during which the Medicare GME affiliation agreement will be in effect.

CMS will use the information contained in electronic affiliation agreements as documentation of the existence of Medicare GME affiliations, and to verify that the affiliations being formed by teaching hospitals for the purposes of sharing their Medicare GME FTE cap slots are valid according to CMS regulations. CMS will also use these affiliation agreements as reference materials when potential issues involving specific affiliations arise. While we have used hard copies of affiliation agreements for those same purposes in the past, we implemented this electronic submission process in order to expedite and ease the process of retrieving, analyzing and evaluating affiliation agreements. *Form Number:* CMS-10326 (OMB control number: 0938-1111); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for profits, Not for profit institutions; *Number of Respondents:* 125; *Total Annual Responses:* 125; *Total Annual Hours:* 166. (For policy questions regarding this collection contact Shevi Marciano at 410-786-2874.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Child Care and Development Fund Plan for Tribes for FY 2026-2028 (ACF-118A) (Office of Management and Budget #0970-0198)

AGENCY: Office of Child Care; Administration for Children and Families; U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Child Care (OCC) is requesting a 3-year extension of the form ACF-118A: Child Care and Development Fund for Tribes (Office of Management and Budget # 0970-0198, expiration April 4, 2025) for Federal Fiscal Year (FFY) 2026-2028. There are changes proposed to the form to improve formatting, streamline questions, and reduce burden.

DATES: Comments due within September 3, 2024. In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act 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. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Child Care and Development Fund (CCDF) Plan (the Plan) for Tribes is required from each CCDF Lead Agency in accordance with section 658E of the Child Care and Development Block Grant Act of 1990 (CCDBG Act), as amended, CCDBG Act of 2014 (Pub. L. 113-186), and 42 U.S.C. 9858. The majority of the Plan in this request is for tribal Lead Agencies that receive their funding directly from ACF, and does not apply to Tribes that consolidate their funding into approved 102-477 plans. However, all Tribes receiving CCDF funding must complete the triennial child count, which is part of the Plan. The Plan, submitted in the Child Care Automated Reporting System, is required triennially, and remains in effect for 3 years. The Plan provides ACF and the public with a description of, and assurance about the Tribes' child care programs. These Plans are the applications for CCDF funds.

OCC made the following changes based on feedback from tribes, including several listening sessions conducted over the past year:

- Reduced the burden overall by streamlining and removing questions;
- Revised questions based on 2024 CCDF final rule;
- Improved skip patterns to reduce burden; and
- Edited the document for plain language.

Respondents: Tribal CCDF Lead Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Triennial Child Count Only (all tribes)	264	1	20	5,280	1,760
ACF 118A Part I (for all direct funded tribes)	214	1	60	12,840	4,280
ACF-118A Part II (for direct funded tribes with small allocations only)	138	1	5	690	230
ACF-118A Part III (for direct funded tribes with medium and large allocations only)	76	1	20	1,520	507
Estimated Total Burden Over 3 Years and Total Annual Burden Hours				20,330	6,777

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: Public Law 113-186 and 42 U.S.C. 9858c.

Mary C. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2024-14530 Filed 7-1-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Announcement of the Intent To Award a Supplement to the Three Recipients of the Preferred Communities (PC) Program—Church World Service (CWS), U.S. Committee for Refugees and Immigrants (USCRI), and HIAS

AGENCY: Refugee Program, Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of Issuance of a Supplement.

SUMMARY: The Office of Refugee Resettlement (ORR) announces the intent to award a supplement up to the amount of \$5,500,000 to be distributed among the three recipients of the Preferred Communities (PC) program that are implementing the Ms. L. Settlement Agreement to provide housing. The three recipients are Church World Service (CWS), U.S. Committee for Refugees and Immigrants (USCRI), and HIAS. The supplement is for the provision of housing assistance as specified by the settlement agreement for *Ms. L., et al. vs. U.S. Immigration and Customs Enforcement et al.* These three recipients have already begun implementing the services, and additional supplemental funding will assist in the ability to serve the number of clients estimated to seek services within the proposed period of performance.

DATES: The proposed period of performance is March 1, 2024 through September 29, 2024.

FOR FURTHER INFORMATION CONTACT: Anastasia Brown, Division Director, Refugee Services, Administration for Children and Families, Office of Refugee Resettlement, Mary E. Switzer Building, 330 C Street SW, Washington, DC 20201 Telephone: 202-401-4559, Email: anastasia.brown@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: ORR has been designated and has agreed to provide the referenced housing assistance. Three recipients—Church World Service (CWS), U.S. Committee for Refugees and Immigrants (USCRI), and HIAS—decided to participate and

received supplemental funding to cover the costs of administration and provision of assistance.

To meet the terms of the Settlement Agreement, ORR will make housing assistance available to Ms. L. Settlement Class members, as determined necessary by a benefits administrator during a 12-month eligibility period. This may include assistance in locating housing; paying costs necessary to attain housing, such as a security deposit and first and last month's rent; and assistance to avoid eviction and meet other emergency housing needs during the 12-month eligibility period. Housing assistance will be for no more than a total of 6 months during the 12-month eligibility period absent extraordinary circumstances. ORR will work with Church World Service (CWS), US Committee for Refugees and Immigrants (USCRI), and HIAS to assign cases to each for housing assistance.

The recipients will employ benefit administrators, who will meet with each family (in person or virtually) and review the family's housing situation and budget. As needed, the family will be provided with rental assistance, assistance locating housing, and assistance in arrangements of deposits (typically first and last month's rent).

It is anticipated that to fully implement the Settlement Agreement, ORR will provide housing assistance through FY 2029.

ORR will supplement these three recipients for services for the remainder of FY 2024 and will provide additional supplemental funding for services in FY 2025 and FY 2026.

Assistance Listing Number: 93.576.

Recipient	Award amount
Church World Service, NY, NY	Up to \$2,127,920.
U.S. Committee for Refugees and Immigrants, Arlington, VA	Up to \$2,127,920.
HIAS, Silver Spring, MD	Up to \$1,238,640.