

manually by SSA. *Form Number:* CMS–R–297 (OMB control number: 0938–0787); *Frequency:* Once; *Affected Public:* Individuals or households, Business or other for-profits, Not-for-profit institutions; *Number of Respondents:* 676,526; *Total Annual Responses:* 676,526; *Total Annual Hours:* 56,355. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911.)

5. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration; *Use:* Section 226A (2) of the Social Security Act specifically states that a person must be “medically determined to have end stage renal disease. . . .” Similarly, Section 188(a) of the law states “The benefits provided by parts A and B of this title shall include benefits for individuals who have been determined to have end stage renal disease as provided in Section 226A”. The End Stage Renal Disease (ESRD) Medical Evidence (CMS–2728) is completed for all ESRD patients either by the first treatment facility or by a Medicare-approved ESRD facility when it is determined by a physician that the patient’s condition has reached that stage of renal impairment that a regular course of kidney dialysis or a kidney transplant is necessary to maintain life.

The data reported on the CMS–2728 is used by the Federal Government, ESRD Networks, treatment facilities, researchers and others to monitor and assess the quality and type of care provided to end stage renal disease beneficiaries. The data collection captures the specific medical information required to determine the Medicare medical eligibility of End Stage Renal Disease claimants. It also collects data for research and policy on this population.

The three main data systems available for evaluating the ESRD program and for monitoring epidemiology, access, and quality and reimbursement effects on quality are: (1) The United States Renal Data System (USRDS) provides basic data on patterns of incidence of ESRD in the United States. The USRDS database is intended to be used for biomedical research by investigators throughout the United States and abroad. The USRDS data is intended to supplement (and not replace) public use files produced by CMS. (2) United Network for Organ Sharing (UNOS) focus is on organ donation, transplantation and educational activities. (3) The ESRD Program Management and Medical System

(PMMIS), maintained by CMS, provide the foundation data for the USRDS. This system, as required by Public Law 95–292, section C(1)(A), is designed to serve the needs of the Department of Health and Human Services in support of program analysis, policy development, and epidemiological research.

The ESRD PMMIS includes information on both Medicare and non-Medicare ESRD patients and on Medicare approved ESRD hospitals and dialysis facilities. The methods of ESRD data collection (e.g., use of same forms, sharing of analysis) by CMS, UNOS, and USRDS have all agreed on a common data collection process that will provide needed additional information on the ESRD population.

Subsequent to publishing the 60-day **Federal Register** notice on December 15, 2022 (87 FR 76625), questions were added to the form and other were clarified. *Form Number:* CMS–2728 (OMB control number: 0938–0046); *Frequency:* Yearly; *Affected Public:* Private Sector (Business or other for-profits, Not-for-Profit Institutions); *Number of Respondents:* 7,828; *Total Annual Responses:* 138,000; *Total Annual Hours:* 138,000. (For policy questions regarding this collection contact Lisa Rees at (816) 426–6353).

Dated: May 24, 2023.

William N. Parham, III,

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

[FR Doc. 2023–11403 Filed 5–26–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Child and Family Services Plan, Annual Progress and Services Report, and Annual Budget Expenses Request and Estimated Expenditures (CFS–101) (0970–0426)

AGENCY: Children’s Bureau; Administration for Children and Families; United States Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the collection of information under the Child and Family Services Plan (CFSP), the Annual Progress and Services Report (APSR), and the Annual Budget Expenses Request and Estimated

Expenditures (Child and Family Services (CFS)–101): Office of Management and Budget (OMB) #0970–0426, expiration September 30, 2023. There are minor changes to the CFS–101 form and no changes to the burden hours.

DATES: *Comments due within 30 days of publication.* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” of by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Under title IV–B, subparts 1 and 2, of the Social Security Act (the Act), States, Territories, and tribes are required to submit a CFSP. The CFSP lays the groundwork for a system of coordinated, integrated, and culturally relevant family services for the subsequent 5 years (45 CFR 1357.15(a)(1)). The CFSP outlines initiatives and activities the State, Tribe or Territory will carry out in administering programs and services to promote the safety, permanency, and well-being of children and families, including, as applicable, those activities conducted under the John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act); and the State grant authorized by the Child Abuse Prevention and Treatment Act (CAPTA). By June 30 of each year, States, Territories, and Tribes are also required to submit an APSR and a financial report called the CFS–101. The APSR is a yearly report that discusses progress made by a State, Territory or Tribe in accomplishing the goals and objectives cited in its CFSP (45 CFR 1357.16(a)). The APSR contains new and updated information about service needs and organizational capacities throughout the 5-year plan period and includes information on the use of the Family First Transition Grants and Funding Certainty Grants authorized by the Family First

Transition Act included in Public Law 116–94. The CFS–101 has three parts. Part I is an annual budget request for the upcoming fiscal year. Part II includes a summary of planned expenditures by program area for the upcoming fiscal year, the estimated number of individuals or families to be served, and the geographical service area. Part III

includes actual expenditures by program area, numbers of families and individuals served by program area, and the geographic areas served for the last complete fiscal year.

Respondents: States, Territories, and Tribes must complete the CFSP, APSR, and CFS–101. Tribes and Territories are exempted from the monthly caseworker

visits reporting requirement of the CFSP/APSR. There are approximately 180 tribal entities that currently receive IV–B funding. There are 53 States (including Puerto Rico, the District of Columbia, and the Virgin Islands) that must complete the CFSP, APSR, and CFS–101. There are a total of 233 possible respondents.

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
APSR	233	3	82	57,318	19,106
CFSP	47	1	123	5,781	1,927
CFS–101, Part I, II, and III	233	3	5	3,495	1,165
Caseworker Visits	53	3	99.33	15,794	5,265

Estimated Total Annual Burden Hours: 27,463.

Authority: Title IV–B, subparts 1 and 2 of the Social Security Act (the Act), and title IV–E, section 477 of the Act; sections 106 and 108 of CAPTA (42 U.S.C. 5106a. and 5106d.); and Public Law 116–94, the Family First Transition Act within section 602, subtitle F, title I, division N of the Further Consolidated Appropriations Act, 2020.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–11378 Filed 5–26–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Operation Allies Welcome Afghan Supplement Survey (New Collection)

AGENCY: Office of Refugee Resettlement, Administration for Children and

Families, 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 is proposing to collect data for a new Operation Allies Welcome (OAW) Afghan Supplement Survey.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain

copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Under the Afghanistan Supplemental Appropriations Act, 2022, and Additional Afghanistan Supplemental Appropriations Act, 2022, Congress authorized ORR to provide resettlement assistance and other benefits available to refugees to specific Afghan populations in response to their emergency evacuation and resettlement. The OAW Afghan Supplement Survey is a sample survey of Afghan households entering the United States under OAW, collecting both household- and individual-level information. It will generate nationally representative data on OAW Afghans’ well-being, integration outcomes, and progress towards self-sufficiency. Data collected will help ORR and service providers better understand the impact of services and on-going service needs of OAW Afghan populations.

Respondents: OAW Afghan populations.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total/annual burden hours*
OAW Afghan Supplement Survey Contact Update Requests	1,100	1	0.05	55
OAW Afghan Supplement Survey	1,100	1	0.92	1,012

* Survey is one-time and will be completed within the 1st year.