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:

 Access CMS' website address at website address at: https:// www.cms.gov/Regulations-and-Guidance/Legislation/Paperwork ReductionActof1995/PRA-Listing.html.

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 of the *Information Collection:* Home Health Change of Care Notice; Use: The purpose of the Home Health Change of Care Notice (HHCCN) is to notify original Medicare beneficiaries receiving home health care benefits of plan of care changes. Home health agencies (HHAs) are required to provide written notice to Original Medicare beneficiaries under various circumstances involving the reduction or termination of items and/or services consistent with Home Health Agencies Conditions of Participation (COPs).

The home health COP requirements are set forth in § 1891 [42 U.S.C. 1395bbb] of the Social Security Act (the Act). The implementing regulations under 42 CFR 484.10(c) specify that Medicare patients receiving HHA

services have rights. The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. The HHA must advise the patient in advance of any change in the plan of care before the change is made.

Notification is required for covered and non-covered services listed in the plan of care (POC). The beneficiary will use the information provided to decide whether or not to pursue alternative options to continue receiving the care noted on the HHCCN. Form Number: CMS-10280 (OMB control number: 0938-1196); Frequency: Yearly; Affected Public: Private Sector (Business or other for-profits, Not-for-Profit Institutions); Number of Respondents: 11,157; Total Annual Responses: 12,385,108; Total Annual Hours: 824,848. (For policy questions regarding this collection contact Jennifer McCormick at 410-786-2852.)

Dated: November 3, 2021.

#### William N. Parham, III,

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

[FR Doc. 2021-24396 Filed 11-5-21; 8:45 am] BILLING CODE 4120-01-P

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## Administration for Children and **Families**

**Proposed Information Collection** Activity; Notification of Obligation **Target Status for CCDF American** Rescue Plan (ARP) Act Stabilization Funds (0970-0510)

**AGENCY:** Office of Child Care (OCC), Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration for Children and Families (ACF), Office of Child Care (OCC) plans to submit a generic information collection (GenIC) request under the umbrella generic: Generic Clearance for Financial Reports used for ACF Mandatory Grant Programs (0970–0510). This request includes an information collection for

Child Care and Development Fund (CCDF) state and territory grant recipients to report obligation progress of the American Rescue Plan (ARP) Act Stabilization funds.

**DATES:** Comments due within 14 days of publication. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above and below.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be submitted by emailing infocollection@ acf.hhs.gov. All requests should be identified by the title of the information collection

# SUPPLEMENTARY INFORMATION:

Description: ACF programs require detailed financial information from their grantees that allows ACF to monitor various specialized cost categories within each program, to closely manage program activities, and to have sufficient financial information to enable periodic thorough and detailed audits. The Generic Clearance for Financial Reports used for ACF Mandatory Grant Programs allows ACF programs to efficiently develop and receive approval for financial reports that are tailored to specific funding recipients and the associated needs of the program. For more information about the umbrella generic, see: https:// www.reginfo.gov/public/do/PRAView Document?ref\_nbr=202108-0970-002.

This specific GenIC is to meet the one-time statutory financial reporting requirement established by the ARP Act (Pub. L. 117-2, Sec. 2202). The ARP Act allocated \$24 billion for CCDF for lead agencies to award subgrants to child care providers in order to stabilize the child care market. The ARP Act requires lead agencies to notify the Secretary of HHS if they are unable to obligate at least 50 percent of the Stabilization funds that are available for subgrants within 9 months of enactment.

Generic clearance approval is requested to allow ACF's OCC to collect the necessary information from CCDF lead agencies by the statutory deadline of December 11, 2021.

Respondents: State and territory CCDF administrators.

#### **ANNUAL BURDEN ESTIMATES**

Title of information collection	Number of respondents	Total number of responses	Hourly burden per response	Annual hourly burden
Notification of Obligation Target Status for CCDF ARP Act Stabilization Funds	56	1	1	56

Estimated Total Annual Burden Hours: 56.

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 14 days of this publication.

(Authority: Sec. 2022, Pub. L. 117–2, Sec. 2202.)

## Mary B. Jones,

ACF/OPRE Certifying Officer. [FR Doc. 2021–24377 Filed 11–5–21; 8:45 am] BILLING CODE 4184–81–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcing Solicitation of Written Comments and Call for Nominations To Inform Development of the Physical Activity Guidelines Midcourse Report on Older Adults

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

**ACTION:** Notice.

SUMMARY: The U.S. Department of Health and Human Services (HHS) seeks public input in two forms: (1) Written comments to help inform the scope and development of the Physical Activity Guidelines (PAG) Midcourse Report on older adults and (2) nominations of qualified candidates to support the development of the report through systematic review of the scientific literature related to physical activity and older adults.

**DATES:** Written comments and nominations will be accepted through 11:59 p.m. E.T. on December 8, 2021.

**ADDRESSES:** Written comments and nominations should be submitted by email to *PAGReviews@hhs.gov*.

#### FOR FURTHER INFORMATION CONTACT:

Katrina L. Piercy, Ph.D., R.D., Office of Disease Prevention and Health Promotion (ODPHP), Office of the Assistant Secretary for Health (OASH), HHS; 1101 Wootton Parkway, Suite 420; Rockville, MD 20852; Telephone: (240) 453–8280.

SUPPLEMENTARY INFORMATION: The Physical Activity Guidelines for Americans (PAG) provides sciencebased recommendations on how physical activity can help promote health and reduce the risk of chronic disease. The PAG serves as the benchmark and primary, authoritative voice of the federal government for providing science-based guidance on physical activity, fitness, and health in the United States. The U.S. Department of Health and Human Services (HHS) released the first edition in 2008 and the second edition in 2018. In 2013, HHS released a midcourse report highlighting strategies to increase physical activity among youth. The PAG and related reports are available at www.health.gov/ paguidelines. The Office of Disease Prevention and Health Promotion (ODPHP), in collaboration with the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the President's Council on Sports, Fitness & Nutrition (PCSFN), intends to develop a midcourse report for release in 2023. A subcommittee of the PCSFN will be convened to conduct a literature review and summarize findings which will support the development of the midcourse report.

The midcourse report will further reinforce and disseminate the PAG and the importance of regular physical activity. Despite the many benefits of physical activity for older adults, only 13.9% of adults over age 65 meet the aerobic and muscle-strengthening key guidelines (2018 data from National Health Interview Survey). Therefore, the next PAG Midcourse Report will focus

on how to increase physical activity levels among older adults.

Overview: The PAG Midcourse Report will use the strong science base from the PAG published in 2018, which details the amounts and types of physical activity needed for a variety of shortand long-term benefits for older adults (see <a href="https://health.gov/PAguidelines">https://health.gov/PAguidelines</a>) and the World Health Organization review of effective interventions for older adults (see <a href="https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-021-01140-9">https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-021-01140-9</a>). This midcourse report seeks to:

- 1. Highlight key components of intervention strategies that have been shown to be effective in increasing physical activity levels among older adults.
- 2. Identify settings where physical activity messaging/encouragement would be relevant to older adults.
- 3. Highlight policy, systems, and environmental interventions particularly important to this population to increase physical activity.
- 4. Summarize effective strategies to overcome barriers and limitations to implementing the above interventions, including (where evidence is available):
- a. Emphasize equity and reduce disparities in participation, including among individuals with disabilities and individuals of racial/ethnic groups.
- b. Highlight strategies to bolster mental health, build resilience, or enhance social connectedness.

Written comments: Based on the above outline, HHS requests input on how this midcourse report can best support decision makers, health professionals, educators, and others working to promote or implement physical activity among older adults in a variety of settings. For example, (1) are there other related areas this report should address that would inform and guide your work with this population? and (2) What information or knowledge gaps do you experience in your work that could be supported by a midcourse report? Comments will be accepted via email to PAGReviews@hhs.gov until 11:59 p.m. E.T. on December 8, 2021. HHS may contact respondents regarding their submissions to ask for clarification if needed.