

## ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden
Individuals aged 18–64 .....	Study screener .....	2,165	1	2/60	72
	Exploratory—HIV Testing In-depth Interview .....	50	1	1	50
	Exploratory—HIV Prevention In-depth Interview. ....	52	1	1	52
	Exploratory—HIV Communication and Awareness In-depth Interview. ....	50	1	1	50
	Exploratory—HIV Prevention with Positives In-depth Interview. ....	50	1	1	50
	Message Testing In-depth Interview .....	50	1	1	50
	Concept Testing In-depth Interview .....	50	1	1	50
	Materials Testing In-depth Interview .....	50	1	1	50
	Exploratory—HIV Testing Focus Group .....	74	1	2	148
	Exploratory—HIV Prevention Focus Group .....	74	1	2	148
	Exploratory—HIV Communication and Awareness Focus Group. ....	74	1	2	148
	Exploratory—HIV Prevention with Positives Focus Group. ....	74	1	2	148
	Concept Testing Focus Group .....	68	1	2	136
	Message Testing Focus Group .....	68	1	2	136
	Materials Testing Focus Group .....	68	1	2	136
	HIV Testing Survey .....	213	1	15/60	53
	HIV Prevention Survey .....	213	1	15/60	53
	HIV Communication and Awareness Survey .....	213	1	15/60	53
	HIV Prevention with Positives Survey .....	213	1	15/60	53
	Intercept Interview .....	657	1	20/60	220
	Total .....				1,856

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.*

[FR Doc. 2021–05114 Filed 3–11–21; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Privacy Act of 1974; Matching Program

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice of a new matching program.

**SUMMARY:** In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of the re-establishment of a computer matching program between CMS and the Department of Homeland Security (DHS)/United States Citizenship and Immigration Services (USCIS), “Verification of United States Citizenship and Immigration Status Data for Eligibility Determinations.”

**DATES:** The deadline for comments on this notice is April 12, 2021. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately April 20, 2021 to October 19, 2022) and within three months of expiration may be renewed for one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

**ADDRESSES:** Interested parties may submit comments on the new matching program by mail at: Director, Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, CMS, 7500 Security Blvd., Baltimore, MD 21244–1870, Mailstop: N1–14–56, or by email to: [michael.pagels@cms.hhs.gov](mailto:michael.pagels@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** If you have questions about the matching program, you may contact Anne Pesto, Senior Advisor, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, at 410–786–3492, by email at [anne.pesto@cms.hhs.gov](mailto:anne.pesto@cms.hhs.gov), or by

mail at 7500 Security Blvd., Baltimore, MD 21244.

**SUPPLEMENTARY INFORMATION:** The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).

2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).

3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other

adverse action against the individual, as required by 5 U.S.C. 552a(p).

4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o) (2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the **Federal Register** as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

**Barbara Demopolus,**

*Privacy Advisor, Division of Security, Privacy Policy and Governance, Office of Information Technology, Centers for Medicare & Medicaid Services.*

**Participating Agencies**

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Department of Homeland Security (DHS), United States Citizenship and Immigration Services (USCIS) is the source agency.

**Authority for Conducting the Matching Program**

The principal authority for conducting the matching program is 42 U.S.C. 18001 *et seq.*

**Purpose(s)**

The matching program will provide CMS with USCIS data which CMS and state-based administering entities will use to determine individuals' eligibility for initial enrollment in a Qualified Health Plan through an Exchange established under the Patient Protection and Affordable Care Act, for Insurance Affordability Programs (IAPs), and for certificates of exemption from the shared responsibility payment; and to make eligibility redeterminations and renewal decisions, including appeal determinations. IAPs include:

1. Advance payments of the premium tax credit (APTC) and cost sharing reductions (CSRs),
2. Medicaid,
3. Children's Health Insurance Program (CHIP), and
4. Basic Health Program (BHP).

**Categories of Individuals**

The individuals whose information will be used in the matching program are consumers (applicants and enrollees) who receive the eligibility determinations and redeterminations described in the preceding Purpose(s) section.

**Categories of Records**

The categories of records used in the matching program are identity, citizenship, and immigration status

records. The data elements are described below.

To request information from USCIS, CMS will submit a file to SSA that contains the following mandatory data elements: Last Name; First Name; Middle Name; Date of Birth; One or More Immigration Number(s) (*e.g.*, Alien Registration/USCIS Number, Arrival-Departure Record I-94 Number, SEVIS ID Number, Certificate of Naturalization Number, Certificate of Citizenship Number, or Unexpired Foreign Passport Number); and Other Information From Immigration Documentation (*e.g.*, Country of Birth, Date of Entry, Employment Authorization Category).

When USCIS is able to match the information provided by CMS, USCIS will provide CMS with the following about each individual, as relevant: Last Name; First Name; Middle Name; Date of Birth; One or More Immigration Number(s) (*e.g.*, Alien Registration/USCIS Number, Arrival-Departure Record I-94 Number, SEVIS ID Number, Certificate of Naturalization Number, Certificate of Citizenship Number, or Unexpired Foreign Passport Number); Citizenship or Immigration Data (*e.g.*, immigration class of admission and/or employment authorization); Sponsorship Data (*e.g.*, name, address, and social security number of Form I-864/I-864EZ sponsors and Form I-864A household members, when applicable); and Case Verification Number.

**System(s) of Records**

The records used in this matching program are disclosed from the following systems of records, as authorized by routine uses published in the System of Records Notices (SORNs) cited below:

*A. System of Records Maintained by CMS*

CMS Health Insurance Exchanges System (HIX), System No. 09-70-0560, last published in full at 78 FR 63211 (Oct. 23, 2013), and amended at 83 FR 6591 (Feb. 14, 2018). Routine use 3 supports CMS' disclosures to USCIS for use in this matching program.

*B. System of Records Maintained by USCIS*

DHS/USCIS-004 Systematic Alien Verification for Entitlements Program, 85 FR 31798 (May 27, 2020). Routine use I permits USCIS' disclosures to CMS.

[FR Doc. 2021-05192 Filed 3-11-21; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Title IV-E Programs Quarterly Financial Report (OMB No: 0970-0205)**

**AGENCY:** Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration for Children and Families (ACF) is requesting a 3-year extension of the form CB-496: Title IV-E Programs Quarterly Financial Report. This form is currently approved under the ACF Generic Clearance for Financial Reports (OMB #0970-0510, expiration 5/31/2021), and ACF is proposing to reinstate the previous OMB number under which this form had been approved (OMB # 0970-0205). There are no substantial changes requested to the form.

**DATES:** *Comments due within 60 days of publication.* 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:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* Form CB-496 Parts 1-3 is a financial report submitted following the end of each fiscal quarter by each state or tribe with an approved title IV-E plan administering any of five title IV-E entitlement grant programs—Foster Care, Adoption Assistance, Guardianship Assistance, Prevention Services, or Kinship Navigator. Part 4 of form CB-496 is an annual submission associated with the Adoption Assistance program on the calculation of adoption savings under section 473(e) of the Social Security Act, along with an accounting of the amount of expenditure of any such savings. It is required from each state or tribe with an approved title IV-E plan administering the Adoption Assistance Program. There