

1862(a)(1)(E) of the Act. Consistent with section 1142 of the Act, AHRQ collaborates with CMS to define standards for clinical research studies to address the CED questions and meet the general standards for CED studies (<https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development>). Since we anticipate that many of the NCDs conducted under the TCET pathway will result in CED decisions, AHRQ will continue to review all CED NCDs consistent with current practice. Additionally, AHRQ will collaborate with CMS as resources allow to evaluate the Evidence Preview and EDP and will have opportunities to offer feedback throughout the process that will be shared with manufacturers. AHRQ will be a partner with CMS as the Evidence Preview and EDP are being developed and approvals for these documents will be a joint CMS–AHRQ decision.

F. TCET and Parallel Review

While the TCET pathway will be limited to Breakthrough Devices, other potential expedited coverage mechanisms, such as Parallel Review, remain available. Eligibility for the Parallel Review program is broader than for the TCET pathway and could facilitate expedited CMS review of non-Breakthrough Devices. To achieve greater efficiency and to simplify the coverage process generally, CMS intends to work with FDA to consider updates to the Parallel Review program and other initiatives to align procedures, as appropriate.

G. Prioritizing Requests

CMS intends to review TCET pathway nominations and respond within 30 days after receipt of the email. At present, CMS anticipates accepting up to five TCET candidates annually due to CMS resource constraints. CMS intends to prioritize innovative medical devices that, as determined by CMS, have the potential to benefit the greatest number of individuals with Medicare.

III. Collection of Information Requirements

Based on our initial assessment of Breakthrough Devices applying the characteristics we list in I.C. of this notice with comment period regarding appropriate candidates for the TCET pathway, we anticipate that we will receive approximately eight nominations for the TCET pathway per

year. Due to current CMS resource constraints, we do not anticipate the TCET pathway will accept more than five candidates per year. Since we estimate fewer than 10 respondents, the information collection requirements are exempt in accordance with the implementing regulations of the Paperwork Reduction Act (PRA) at 5 CFR 1320.3(c). As we gain experience with the TCET pathway, if we receive a higher number of respondents than anticipated, we will provide an updated analysis.

IV. Response to Comments

Because of the large number of public comments, we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this notice, and, when we proceed with a subsequent document, we will respond to the comments in that document.

Chiquita Brooks-LaSure,
Administrator of the Centers for
Medicare & Medicaid Services,
approved this document on June 20,
2023.

Dated: June 21, 2023.

Xavier Becerra,

Secretary, Department of Health and Human Services.

[FR Doc. 2023–13544 Filed 6–22–23; 4:15 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Proposed Information Collection Activity, Temporary Assistance for Needy Families (TANF) Data Reporting for Work Participation (Office of Management and Budget #0970–0338)

AGENCY: Office of Family Assistance, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting to extend approval of the Temporary Assistance for Needy

Families (TANF) Data Reporting for Work Participation, with proposed revisions. Revisions are intended to improve the clarity of the instructions, streamline reporting, and ensure all instructions are up-to-date.

DATES: *Comments due within 60 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.

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: This request includes the following information collections: work verification procedures, the Caseload Reduction Documentation Process, the TANF Data Report, the Separate State Program (SSP)-Maintenance of Effort (MOE) Data Report, and TANF sampling instructions. The data and information from these reports and processes are used—and will continue to be used—for program analysis and oversight, including the calculation and administration of the work participation rate and associated penalties. Congress provides federal funds to operate TANF programs in the states, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, and for approved federally recognized tribes and Alaskan Native Villages. We are proposing to continue the same information collections with only changes to instructions to improve clarity and eliminate data elements and guidance that are no longer relevant. The Work Verification Plan Guidance has been updated to incorporate further guidance that was published in 2006. The TANF and SSP–MOE Data Report instructions were revised to streamline the data collection, reduce the burden on respondents by eliminating unnecessary data elements, and clarify confusing data elements. The TANF and SSP–MOE Data Report layouts were also updated to reflect the streamlined instructions. The TANF Sample Manual was revised to eliminate outdated and unused sections.

Respondents: The 50 states of the U.S., the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Total annual burden hours
Work Verification Plan §§ 261.60–261.63	54	1	640	34,560
Caseload Reduction Documentation Process, ACF–202 §§ 261.41 & 261.44	54	1	120	6,480
Reasonable Cause/Corrective Compliance Documentation Process §§ 262.4, 262.6, & 262.7; § 261.51	54	2	240	25,920
TANF Data Report—Part 265	54	4	2,100	453,600
SSP–MOE Data Report—Part 265	29	4	714	82,824
TANF Sampling and Statistical Methods Manual Part 265.5	30	4	48	5,760

Estimated Total Annual Burden Hours: 609,144.

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: 42 U.S.C. 601, 607, 609, 611, 613, and 1302.

Mary B. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2023–13639 Filed 6–26–23; 8:45 am]

BILLING CODE 4184–36–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Infant-Toddler Court Program State Awards

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Announcing fiscal year 2023 supplemental awards to the Infant Toddler Court Program-State Awards (ITCP) cooperative agreements.

SUMMARY: HRSA is providing additional award funds to the current ITCP State awards recipients in fiscal year 2023 to build state and local capacity and implement the infant-toddler court approach in additional sites.

FOR FURTHER INFORMATION CONTACT:
Kateryna Zoubak, Early Childhood Systems Analyst, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau,

Health Resources and Services Administration, at ezoubak@hrsa.gov or 240–475–8014.

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: 12 recipients of the ITCP—State awards, as listed in Table 1.

Amount of Non-Competitive Award(s): 12 awards for approximately \$2.7 million total (up to \$225,000 each).

Project Period: September 30, 2023, to September 29, 2024.

Assistance Listing (CFDA) Number: 93.110.

Award Instrument: Cooperative Agreement.

Authority: Social Security Act, title V, section 501(a)(2) (42 U.S.C. 701(a)(2)), as amended.

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	State	Award amount
U2ZMC46643 ...	Prevent Child Abuse Arizona	AZ	Up to \$225,000.
U2ZMC46645 ...	Rocky Mountain Children's Law Center	CO	Up to \$225,000.
U2ZMC46638 ...	Georgia State University Research Foundation, Inc	GA	Up to \$225,000.
U2ZMC46644 ...	Iowa Department of Public Health	IA	Up to \$225,000.
U2ZMC46639 ...	Michigan Department of Health and Human Services	MI	Up to \$225,000.
U2ZMC46636 ...	Nevada Division of Child & Family Services	NV	Up to \$225,000.
U2ZMC46642 ...	Passaic County Court Appointed Special Advocates, A New Jersey Nonprofit Corporation	NJ	Up to \$225,000.
U2ZMC46640 ...	Justice Innovation Inc. d/b/a Center for Court Innovation	NY	Up to \$225,000.
U2ZMC46637 ...	Educational Service Center of Cuyahoga County	OH	Up to \$225,000.
U2ZMC46641 ...	Oklahoma Department of Mental Health and Substance Abuse Services	OK	Up to \$225,000.
U2ZMC46635 ...	Children's Center	UT	Up to \$225,000.
U2ZMC46634 ...	Children and Youth Justice Center	WA	Up to \$225,000.

Justification: The Consolidated Appropriations Act, 2023, included additional funds to support Infant Toddler Courts. Guidance provided in House Report 117–403 specified a “funding increase of \$5,000,000 above the fiscal year 2022 enacted level to existing court team grantees,” which

HRSA understands is intended to include support for teams currently funded by ITCP State awards (HRSA–22–073). The supplemental awards align with the current ITCP—State awards funding opportunity (HRSA–22–073) and program purpose to continue and expand research-based infant-toddler

court teams to improve child welfare practices and enhance the early developmental health and well-being of infants, toddlers, and their families. HRSA is awarding a total of approximately \$2.7 million to the 12