

detailed epidemiologic data are critical to inform public health response.

CDC is already receiving *Aspergillus fumigatus* isolates from laboratories across the nation, primarily through Antibiotic Resistance Laboratory Networks (ARLN) and sometimes directly from submitters. These isolates undergo testing for triazole resistance (defined using minimum inhibitory concentrations or epidemiologic cutoff values set forth by Clinical and Laboratory Standards Institute). For patients involving triazole-resistant

isolates, we plan to use a standardized case report form (CRF) to collect public health surveillance data regarding demographics (e.g., age, sex, race/ethnicity, country of residence), underlying medical conditions, treatments, and outcomes (e.g., vital status at 30 days for initial positive specimen). The CRF would be filled out voluntarily by state and local health departments and contains an optional supplement at the end involving a brief interview (including data on occupational and environmental

exposures) of a patient or their representative. The findings would be used to describe the risk factors, clinical features, and outcomes for patients with triazole-resistance *Aspergillus fumigatus*. U.S. data on triazole-resistant *Aspergillus fumigatus* are lacking, although this problem constitutes a major public health threat.

CDC requests OMB approval for an estimated eight annual burden hours. There is no cost to respondents other than their time to participate.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Public Health Officials, Clinicians .....	Triazole-resistant <i>Aspergillus fumigatus</i> Case Report Form.	15	1	30/60

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-22-0943]

**Agency Forms Undergoing Paperwork Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Post-acute and Long-term Care Study” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on January 24, 2022 to obtain comments from the public and affected agencies. CDC received one non-substantive comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. 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](http://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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written

comments within 30 days of notice publication.

**Proposed Project**

Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Post-acute and Long-term Care Study (OMB Control No. 0920-0943, Exp. 09/30/2023)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, “shall collect statistics on health resources . . . [and] utilization of health care, including extended care facilities, and other institutions.”

NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the sixth National Post-Acute and Long-Term Care Study or NPALS (formerly known as the National Study of Long-Term Care Providers or NSLTCP).

The NPALS is designed to: (1) broaden NCHS’ ongoing coverage of paid, regulated long-term care (LTC) providers; (2) merge with existing administrative data on LTC providers and service users (e.g., Centers for Medicare and Medicaid Services (CMS) data on inpatient rehabilitation facilities and patients, long-term care hospitals and patients, nursing homes and residents, home health agencies and patients, and hospices and patients); (3)

update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and timely monitoring of supply and use of these sectors over time.

Data will be collected from national samples of two types of LTC providers in the 50 states and the District of Columbia: 2,090 RCCs and 1,750 ADSCs. The RCC sampling frame will contain all of the state-licensed RCCs that are licensed for four or more beds. Participants in the ADSC component will be sampled from a comprehensive listing of ADSCs maintained by the National Adult Day Services Association (NADSA).

Data were collected in 2012, 2014, 2016, 2018, and 2020. The data to be collected in 2022 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and the demographics, selected health conditions and health care utilization,

physical functioning, and cognitive functioning of RCC residents and ADSC participants. The 2022 NPALS also includes interviews with subject matter experts about electronic health records (EHRs) use among ADSCs and RCCs and available EHRs data for them.

Expected users of data from this collection effort include, but are not limited to, CDC; other DHHS agencies, such as the Office of the Assistant Secretary for Planning and Evaluation, The Administration for Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge, National Center for Assisted Living, American Seniors Housing Association, Argentum, Advancing States, and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer's Association, the AARP Public Policy Institute, and the National Academies of Sciences, Engineering, and Medicine.

Expected average burden for data collection is 60 minutes per respondent: 30 minutes for a provider questionnaire and 30 minutes for a services user questionnaire. In addition, 20 individuals with subject matter expertise in the use of electronic health records (HER) will be recruited to participate in a one-hour interview.

Changes to be implemented in 2022 include; reducing the number of sampled RCCs and ADCSs; use of a provider questionnaire and a services user questionnaire (instead of a multi-purpose form); and minor changes to questions and response options to improve usability and data quality.

OMB approval is requested for two years. The annualized estimates for number of respondents and burden hours are summarized below, assuming a 100% response rate. The total estimated annualized burden hours are 1,932. Participation is voluntary and there is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
RCC Director/Designated Staff Member .....	RCC Provider Questionnaire .....	1,045	1	30/60
ADSC Director/Designated Staff Member .....	ADSC Provider Questionnaire .....	875	1	30/60
RCC Director/Designated Staff Member .....	RCC Services User Questionnaire .....	1,045	1	30/60
ADSC Director/Designated Staff Member .....	ADSC Services User Questionnaire .....	875	1	30/60
RCC/ADSC Subject Matter Experts .....	EHRs Subject Matter Expert Interview .....	10	1	1

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the Amputee Coalition of America, Inc. for the National Limb Loss Resource Center Cooperative Agreement

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the Amputee Coalition of America, Inc. for the National Limb Loss Resource Center (NLLRC). The purpose of this project is

to expand on current grant activities occurring across communities. These activities include programs that promote independence, community living, and the adoption of healthy behaviors that promote wellness and prevent and/or reduce chronic conditions associated with limb loss and increase partnerships and collaborations with ACL programs that will benefit all people living with limb loss or limb differences. The administrative supplement for FY 2022 will be for \$490,698 bringing the total award for FY 2022 to \$3,883,259.

FOR MORE INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Elizabeth Leef, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Disabilities, Office of Disability Services Innovation: telephone (202) 475-2486 email: Elizabeth.leef@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The additional funding will not be used to begin new projects. The funding will be used to enhance and expand existing

programs that can serve an increased number of veterans and people living with limb loss and limb differences by providing increased technical assistance activities; promoting health and wellness programs; addressing healthcare access issues, including maternity care; promoting the adoption of healthy behaviors with the objective of preventing and/or reducing chronic conditions associated with limb loss; increasing partnerships and collaborations with ACL programs that will benefit all people living with limb loss or limb differences; enhancing and expanding the evaluation activities currently under way; and enhancing website capacities for improved information dissemination.

Program Name: National Limb Loss Resource Center.

Recipient: The Amputee Coalition of America, Inc.

Period of Performance: The supplement award will be issued for the fourth year of the five-year project period of April 1, 2019, through March 29, 2024.