

conducted sooner if significant changes are made to the measures' technical specifications, in the interim. Due to the uncertainty on when data collection may need to be done, an extension of the existing package and a subsequent revision would facilitate expedient resumption of the data collection and testing efforts, especially given the quick turnaround time for activities (such as National Quality Forum measure endorsement) which depend on the data collection.

FASI is based on a subset of the July 27, 2007 (72 FR 144) Continuity Assessment Record and Evaluation (CARE) items which are now included in post-acute setting Federal assessment forms for nursing facilities—Resident Assessment Instrument (RAI) Minimum Data Set (MDS), Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI), and Long Term Care Hospitals Continuity Assessment Record & Evaluation (CARE) Data Set (LCDS) to measure function in a standardized way. The FASI items include the standardized mobility and self-care items included in the MDS, IRF-PAI, and, LCDS as well as some additional mobility items appropriate to measuring independence in the community and personal preferences or goals items related to function. Also included are certain instrumental activities of daily living and some modified caregiver assistance items from the Home Health Outcome and Assessment Information Set (OASIS) tool. A few additional items to describe the populations' age, gender, and geographic area of residence are also included. Use of the same items to measure functional status in nursing facilities and community-based programs will help states report on their rebalancing efforts. Also, because these items will have electronic specifications developed by CMS, they can assist state efforts to develop exchangeable electronic data to follow the person across services and estimate total costs as well as measure functional status across time. The complete FASI set is included in this information collection request. *Form Number:* CMS-10243 (OMB control number: 0938-1037); *Frequency:* On occasion; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,570; *Total Annual Responses:* 1,570; *Total Annual Hours:* 785. (For policy questions regarding this collection contact Kerry Lida at 410-786-4826.)

**3. Type of Information Collection Request:** Extension of a currently approved collection; *Title of Information Collection:* The Home Health Care CAHPS® Survey

(HHCAPHS); *Use:* The national implementation of the Home Health Care CAHPS Survey is designed to collect ongoing data from samples of home health care patients who receive skilled services from Medicare-certified home health agencies. The survey is necessary because it fulfills the goal of transparency with the public about home health patient experiences.

The survey is used by Medicare-certified home health agencies to improve their internal quality assurance in the care that they provide in home health. The HHCAPHS survey is also used in a Medicare payment program. Medicare-certified home health agencies (HHAs) must contract with CMS-approved survey vendors that conduct the HHCAPHS on behalf of the HHAs to meet their requirements in the Home Health Quality Reporting Program. *Form Number:* CMS-10275 (OMB control number: 0938-1066); *Frequency:* Quarterly; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,052,966; *Total Annual Responses:* 1,149,975; *Total Annual Hours:* 420,576. (For policy questions regarding this collection contact Lori Luria at 410-786-6684).

**4. Type of Information Collection Request:** Revision of a currently approved collection; *Title of Information Collection:* Collection of Diagnostic Data in the Abbreviated RAPS Format from Medicare Advantage Organizations for Risk Adjusted Payments; *Use:* Under section 1894(d) of the Act, CMS must make prospective monthly capitated payments to PACE organizations in the same manner and from the same sources as payments to organizations under section 1853. Section 1894(e)(3)(A)(i) requires in part that PACE organizations collect data and make available to the Secretary reports necessary to monitor the cost, operation, and effectiveness of the PACE program.

CMS makes advance monthly per-enrollee payments to organizations, and is required to risk-adjust the payments based on predicted relative health care costs for each enrollee, as determined by enrollee-specific diagnoses and other factors, such as age. CMS has collected diagnosis data from organizations in two formats: (1) comprehensive data equivalent to Medicare fee-for-service claims data (often referred to as encounter data) and (2) data in an abbreviated format known as RAPS data, named for the Risk Adjustment Processing System (RAPS). The subject of this PRA package is collection of RAPS data. Encounter data collection is addressed in a separate PRA package

which is approved under OMB control number 0938-1152.

Risk adjustment allows CMS to pay plans for the health risk of the beneficiaries they enroll, instead of paying an identical average amount for each enrollee Medicare beneficiaries. By risk adjusting plan payments, CMS is able to make appropriate and accurate payments for enrollees with differences in expected costs. Risk adjustment is used to adjust bidding and payment based on the health status and demographic characteristics of an enrollee. Risk scores measure individual beneficiaries' relative risk and the risk scores are used to adjust payments for each beneficiary's expected expenditures. By risk adjusting plan bids, CMS is able to also use standardized bids as base payments to plans. *Form Number:* CMS-10062 (OMB control number: 0938-0878); *Frequency:* Quarterly; *Affected Public:* Private Sector, Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 284; *Total Annual Responses:* 80,235,720; *Total Annual Hours:* 2,674,524. (For policy questions regarding this collection contact Amanda Johnson at 410-786-4161.

Dated: January 11, 2023.

**William N. Parham, III,**  
*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[OMB No. 0970-0391]

#### Proposed Information Collection Activity; 2024 National Survey of Early Care and Education

**AGENCY:** Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families (ACF), U. S. Department of Health and Human Services (HHS), is proposing a data collection activity as part of the 2024 National Survey of Early Care and Education to be conducted October 2023 through July 2024. The objective of the 2024 NSECE is to document the nation's use and availability of early care and education (ECE) services, building on the information collected in 2012 and

2019 to describe the ECE landscape in the U.S. The 2024 NSECE will collect information on families with children under age 13 years, on ECE providers that serve families with children from birth to 13 years in the U.S., and on the workforce providing these services.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act (PRA) 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 [OPREinfocollection@acf.hhs.gov](mailto:OPREinfocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* The 2024 NSECE will consist of four coordinated nationally-representative surveys:

1. a survey of households with at least one resident child under the age of 13 (Household Interview),
2. a survey of individuals providing care for children under the age of 13 in a residential setting (Home-based Provider Interview) including individuals appearing on state and national lists of ECE providers (listed

and individuals not appearing on such lists (unlisted),

3. a survey of center-based ECE providers offering care for children aged 5 years and under, not yet in kindergarten, in a non-residential setting (Center-based Provider Interview), and

4. a survey conducted with individuals employed in center-based ECE programs working directly with children in classrooms serving children age 5 years and under, not yet in kindergarten (Workforce Interview).

The household, home-based provider, and center-based provider surveys will require a screener to determine eligibility for the specific survey.

The 2024 NSECE data collection efforts will provide urgently needed information about the use and supply of ECE available to families across all income levels, including providers serving low-income families of various racial, ethnic, language, and cultural backgrounds, in diverse geographic areas. The household data will include characteristics of households with children under age 13, such as parental employment status and schedules, preferences and choices of non-parental care, and other key factors that affect their need for and access to ECE. The provider data will include home-based

or center-based ECE providers (e.g., private, non-profit, Head Start-funded, state or local Pre-K, or based in public schools) that do or do not participate in the child care subsidy program, and are or are not regulated, registered, or otherwise appear in state or national lists. Accurate data on families with young children and the availability and characteristics of ECE providers are essential to assess the current and changing landscape of ECE since the 2019 NSECE data collection, and to provide insights to advance policy and initiatives in the ECE field. The two previous rounds of NSECE, collected in 2012 and 2019, produced critical data about providers of ECE services, the ECE workforce, and families' needs and use of child care throughout the U.S. that remain unmatched by other data sources available.

*Respondents:* Households with resident children under age 13, home-based ECE providers serving children under age 13 (listed and unlisted), center-based ECE providers serving children aged 5 and under (not yet in kindergarten), and classroom-assigned instructional staff (workforce) members working with children aged 5 and under (not yet in kindergarten) in center-based ECE programs.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total/annual burden (in hours)
Household screener (screening only) .....	62,758	1	.1	6,276
Household Questionnaire (no screener) .....	10,000	1	1	10,000
Home-based Provider Screener (screening only, listed home-based providers) .....	2,064	1	.03	62
Home-based Provider Questionnaire including screener (listed home-based providers) .....	4,360	1	.67	2,921
Home-based Provider Questionnaire, including screener (unlisted home-based providers) ...	1,158	1	.33	382
Center-based Provider Screener (screening only) .....	10,050	1	.1	1,005
Center-based Provider Questionnaire, including screener .....	8,392	1	.75	6,294
Workforce (Classroom Staff) Questionnaire .....	7,418	1	.33	2,448

*Estimated Total Annual Burden Hours:* 29,388.

*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:* Child Care and Development Block Grant Act of 1990 as amended by the CCDBG Act of 2014 (Pub. L. 113-186). Social Security Act 418 as extended by the Continuing Appropriations Act of 2017 and the TANF Extension Act of 2019. Section 3507 of the PRA of 1995, 44 U.S.C. Chapter 35.

**John M. Sweet Jr.,**  
*ACF/OPRE Certifying Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[OMB No. 0970-0160]

**Proposed Information Collection Activity; Procedures for Requests From Tribal Lead Agencies To Use Child Care and Development Fund Funds for Construction or Major Renovation of Child Care Facilities**

**AGENCY:** Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.