

3. Enhance the quality, utility, and clarity of the information to be collected;
4. 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 submissions of responses; and
5. Assess information collection costs.

**Proposed Project**

National Youth Tobacco Survey (NYTS) (OMB Control No. 0920–0621, Exp. 1/31/2024)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Tobacco use is the leading cause of preventable disease and death in the United States, and nearly all tobacco use begins during youth and young adulthood. A limited number of health risk behaviors, including tobacco use, account for most immediate and long-term sources of morbidity and mortality. Because many health risk behaviors are established during adolescence, there is a critical need for public health programs directed towards youth, and for information to support these programs.

Since 2004, the Centers for Disease Control and Prevention (CDC) has

periodically collected information about tobacco use among adolescents (National Youth Tobacco Survey (NYTS) 2004, 2006, 2009, 2011–2023 (OMB Control No. 0920–0621, Exp. 01/31/2024). This surveillance activity builds on previous surveys funded by the American Legacy Foundation in 1999, 2000, and 2002.

At present, the NYTS is the most comprehensive source of nationally representative tobacco data among students in grades 9–12, moreover, the NYTS is the only source of such data for students in grades 6–8. The NYTS has provided national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, and information about racial and ethnic disparities in tobacco-related topics. Information collected through the NYTS is used to identify trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

CDC plans to request OMB approval to conduct additional cycles of the NYTS in 2024, 2025, and 2026. The survey will be conducted among nationally representative samples of students attending public and private schools in grades 6–12. The survey will be digital, web-based, self-administered, and will be taken on school or personal computers, tablets, or mobile devices. Information supporting the NYTS also will be collected from state-, district-, and school-level administrators and

teachers. During the 2024–2026 timeframe, changes will be incorporated that reflect CDC’s ongoing collaboration with FDA and the need to measure progress toward meeting strategic goals established by the Family Smoking Prevention and Tobacco Control Act.

The survey will examine the following topics: Use of e-cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, roll-your-own cigarettes, pipes, snus, dissolvable tobacco, bidis, heated tobacco products, and nicotine pouches; knowledge and attitudes; media and advertising; access to tobacco products and enforcement of restrictions on access; second-hand smoke and e-cigarette aerosol exposure; and cessation.

Results of the NYTS will continue to be used to inform and evaluate the National Comprehensive Tobacco Control Program, provide data to inform the Department of Health and Human Service’s Tobacco Control Strategic Action Plan, and provide national benchmark data for state-level Youth Tobacco Surveys. Information collected through the NYTS is also expected to provide multiple measures and data for monitoring progress on seven tobacco-related objectives for Healthy People 2030.

OMB approval will be requested for three years. CDC requests OMB approval for an estimated 22,327 annual burden hours. There are no costs to respondents other than their time to participate.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State administrators .....	State-level Recruitment Script for the NYTS .....	42	1	30/60	21
District administrators ....	District-level Recruitment Script for the NYTS ....	308	1	30/60	154
School administrators ....	School-level Recruitment Script for the NYTS ....	285	1	30/60	143
Teachers .....	Data Collection Checklist .....	1,217	1	15/60	304
Students .....	National Youth Tobacco Survey .....	28,613	1	45/60	21,460
	Screening for Cognitive Interviews .....	300	1	10/60	50
	Cognitive Interviews .....	60	1	120/60	120
	Pilot Testing .....	100	1	45/60	75
<b>Total .....</b>	.....	.....	.....	.....	<b>22,327</b>

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2023–11858 Filed 6–2–23; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**Statement of Organization, Functions, and Delegations of Authority**

**AGENCY:** Centers for Medicare & Medicaid Services.

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare and Medicaid Services, Center for Medicaid and CHIP Services has modified its organizational structure.

**SUPPLEMENTARY INFORMATION:** Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare &

Medicaid Services (CMS) (last amended at **Federal Register**, Vol. 87, No. 205, pp. 64492–64494, dated March 27, 2023) is amended to reflect the establishment of the Managed Care Group and rename the Disabled and Elderly Health Programs Group to Medicaid Benefits and Health Programs Group within the Center for Medicaid and CHIP Services (CMCS).

Part F, Section FC. 10 (Organization) is revised as follows:

Center for Medicaid and CHIP Services,  
Managed Care Group  
Managed Care Group, Division of  
Managed Care Policy  
Managed Care Group, Division of  
Managed Care Operations  
Division of Managed Care Operations,  
Branch A through D  
Center for Medicaid and CHIP Services,  
Medicaid Benefits and Health  
Programs Group

Part F, Section FC. 20 (Functions) for the new organization is as follows:

#### Managed Care Group

- Provides national leadership in the development and management of Medicaid program policy and operations regarding managed care programs and provides technical assistance to States and other stakeholders.
  - Establishes Medicaid program policy around access, and accountability for all managed care programs regardless of authority used and including all populations (*e.g.*, Temporary Assistance for Needy Families, dually eligible, foster care children, individuals who need long-term services and supports).
  - Provides Medicaid managed care policy and operational guidance to States as well as internal and external stakeholders to ensure appropriate application of the policy.
  - Provides subject matter expertise and technical support/assistance in the review, approval, and oversight of managed care in Section 1115 demonstrations.
  - Supports delivery systems reform through the development and implementation of policy around state directed payments including technical assistance to states, review and approval of 438.6(c) preprints, and responding to external inquires related to the 438.6(c) approval process.
  - Establishes and reviews policy and performs operations related to 1915(b) waivers and 1932(a) SPAs, including the review and approval of new managed care programs, renewals and amendments to ensure appropriate application of Medicaid managed care policy in state Medicaid programs.

- Leads reviews of state contracts and amendments with managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, primary care case management entities, enrollment brokers and external quality review organizations to confirm that contracts and capitation rates, when applicable, satisfy federal laws and regulations and are consistent with the Federal managed care authority(ies) approved by CMS.

- Reviews at-risk capitation rates for consistency between the rate certification, the contract provisions, and the Federal managed care authority(ies) approved by CMS.

- Reviews and approves state plan amendments and capitation rates for Programs of All-Inclusive Care of the Elderly.

- Reviews States' risk mitigation strategies for consistency between the contract and the rate certification and tracks the status of risk mitigation reconciliation activities.

- Conducts readiness assessment reviews and ongoing monitoring and oversight of Medicaid managed care programs.

- Collaborates with States in their implementation of approved managed care programs.
- Serve as the policy lead and liaison with the Office of the Actuary in the review and approval of effective and efficient rate methodologies.

- The primary point of contact for policy questions on Mental Health Parity and the application of that policy in the review of documents provided by States.

**Authority:** 44 U.S.C. 3101.

**Xavier Becerra,**

*Secretary of Health and Human Services.*

[FR Doc. 2023–11901 Filed 6–2–23; 8:45 am]

**BILLING CODE 4150–28–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Office of Child Support Enforcement; Statement of Organization, Functions, and Delegations of Authority

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** Statement of Organizations, Functions, and Delegations of Authority. The Administration for Children and Families (ACF) has renamed the Office of Child Support

Enforcement. This notice changes the name of the program from Office of Child Support Enforcement (OCSE) to Office of Child Support Services (OCSS).

#### FOR FURTHER INFORMATION CONTACT:

Tangler Gray, Office of Child Support Services, 330 C Street SW, Washington, DC 20201, 202–260–4090.

**SUPPLEMENTARY INFORMATION:** This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, ACF, as follows: Chapter KF, Office of Child Support Services, as last amended 85 FR 78856–78859, December 1, 2020.

I. Amend Chapter KF, Office of Child Support Enforcement, to delete every instance of the program name, Office of Child Support Enforcement, in its entirety and replace it with Office of Child Support Services.

*Mission:* Change the name of the program to Office of Child Support Services.

#### KF.20 Functions. A. Input New Functions

II. Continuation of Policy. Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to organizational components affected by this notice within ACF heretofore issued and in effect on this date of this reorganization are continued in full force and effect.

III. Delegation of Authority. All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

IV. Funds, Personnel, and Equipment. Transfer of organizations and functions affected by this reorganization shall be accompanied in each instance by direct and support funds, positions, personnel, records, equipment, supplies, and other resources.

This reorganization will be effective upon date of publication.

**Xavier Becerra,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2023–11815 Filed 6–2–23; 8:45 am]

**BILLING CODE 4184–01–P**