

11,916. (For policy questions regarding this collection, contact Adriane Saunders at 404-562-7484.)

3. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS); *Use*: The HIPAA Act of 1996 required CMS to adopt standards for coding systems that are used for reporting health care transactions. The Transactions and Code Sets final rule (65 FR 50312) published in the **Federal Register** on August 17, 2000 adopted the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2 for diagnosis codes and ICD-9-CM Volume 3 for inpatient hospital services and procedures as standard code sets for use by covered entities (health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form in connection with a transaction for which the Secretary has adopted a standard). ICD-9-CM Volumes 1 and 2, and ICD-9-CM Volume 3 were already widely used in administrative transactions when we promulgated the August 17, 2000 final rule, and we decided that adopting these existing code sets would be less disruptive for covered entities than modified or new code sets.

When a request is submitted in MEARIS™, the Diagnosis Related Groups (DRGs) and Coding Team in the Division of Coding and DRGs (DCDRG) have instant access to the request and accompanying materials to facilitate a more-timely review of the proposed updates or changes. Upon receipt of a procedure code request, CMS immediately acknowledges receipt of the request and communicates to the requestor that additional follow up will occur once an analyst has been assigned. In addition, CMS provides information via email communication in a letter to each requestor outlining the meeting process. CMS holds standard pre-meeting conference calls with requestors to discuss their procedure code topic request in more detail in advance of the ICD-10 C&M Committee Meetings. Also, prior to the committee meeting, we make the procedure code topic meeting materials publicly available, commonly referred to as the "Agenda packet" on our website at: <https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials>. Lastly, once the meeting has concluded, CMS sends a follow-up letter to the requestor informing them of

next steps in the process so they can anticipate what to expect. *Form Number*: CMS-10774 (OMB control number: 0938-1409); *Frequency*: Yearly; *Affected Public*: Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents*: 80; *Total Annual Responses*: 80; *Total Annual Hours*: 800. (For policy questions regarding this collection contact Andrea Hazeley at 410-786-3543.)

4. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Triennial Network Adequacy Review for Medicare Advantage Organizations and 1876 Cost Plans; *Use*: This collection of information request is authorized under section 1852(d)(1) of the Social Security Act which permits an MA organization to select the providers from which an enrollee may receive covered benefits, provided that the MA organization makes such benefits available and accessible in the service area with promptness and in a manner which assures continuity in the provision of benefits as defined in §§ 422.112(a)(1)(i) and 422.114(a)(3)(ii) (under Part 422, Subpart C—benefits and beneficiary protections) and §§ 417.414(b) and 417.416(a) and (e) (under Part 417, Subpart J—Qualifying Conditions for Medicare Contracts).

The information will be collected by CMS through HPMS. CMS measures access to covered services through the establishment of quantitative standards for a predefined list of provider and facility specialty types. These quantitative standards are collectively referred to as the network adequacy criteria. Network adequacy is assessed at the county level and CMS requires that organizations contract with a sufficient number of providers and facilities to ensure that at least 90 percent of enrollees within a county can access care within specific travel time and distance maximums for Large Metro and Metro county types and that at least 85 percent of enrollees within a county can access care within specific travel time and distance maximums for Micro, Rural and CEAC (Counties with Extreme Access Considerations county types). *Form Number*: CMS-10636 (OMB control number: 0938-1346); *Frequency*: Yearly; *Affected Public*: Private Sector; Business or other for-profit; *Number of Respondents*: 502; *Total Annual Responses*: 2,753; *Total Annual Hours*: 27,470. (For policy questions regarding

this collection contact Amber Casserly at 410-786-5530.)

**William N. Parham, III**,  
*Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.*

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**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for Office of Management and Budget Review; Grants to States for Access and Visitation (Office of Management and Budget #: 0970-0204)

**AGENCY**: Division of Program Innovation, Office of Child Support Services, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION**: Request for public comments.

**SUMMARY**: The Division of Program Innovation, Office of Child Support Services (OCSS), Administration for Children and Families (ACF) is requesting a 3-year extension of the Access and Visitation Survey: Annual Report (Office of Management and Budget #: 0970-0204, expiration 6/30/2024). There are no changes requested to the form.

**DATES**: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES**: Written 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. You can also obtain copies of the proposed collection of information by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all emailed requests by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

*Description*: The grant recipient and sub-grant recipient submit the spreadsheet and survey yearly. Information collected includes the number of applicants/referrals for each

program, the total number of participating individuals, and the number of persons who have completed program requirements by authorized activities (mediation—voluntary and mandatory; counseling; education; development of parenting plans;

visitation enforcement, including monitoring, supervision and neutral drop-off and pickup; and development of guidelines for visitation and alternative custody arrangements. OCSS uses the information to ensure recipient’s adherence statutory (sec.

469B. [42 U.S.C. 669b]) and regulatory (45 CFR part 303) requirements of “*Grants to States for Access and Visitation.*”

*Respondents:* State child access and visitation programs and State or local service providers.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Online Portal Survey by States and Jurisdictions .....	53	1	16	848
Survey of local service grant recipients .....	264	1	16	4,224

*Estimated Total Annual Burden*

Hours: 5072.

*Authority:* Sec.469B (42 U.S.C.669b); 45 CFR part 303.

**Mary C. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2024–06243 Filed 3–22–24; 8:45 am]

BILLING CODE 4184–41–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Community Living**

**Request for Information: Elder Justice Coordinating Council Priorities**

**AGENCY:** Administration for Community Living, HHS.

**ACTION:** Request for information.

**SUMMARY:** The Administration for Community Living (ACL) seeks information on recommended area(s) and or issue(s) for which elder justice stakeholders believe the Elder Justice Coordinating Council (Council) can be the most beneficial to promoting elder justice and have the greatest positive impact for survivors of elder abuse, neglect, and exploitation and their communities.

**DATES:** Information must be submitted electronically by 11:59 p.m. (EDT) April 24, 2024.

**ADDRESSES:** Interested persons are encouraged to submit electronic comments to: Administration on Aging, [ejpubliccomments@acl.hhs.gov](mailto:ejpubliccomments@acl.hhs.gov). Include “EJCC Priorities” in the subject line of the message.

**FOR FURTHER INFORMATION CONTACT:** Stephanie Whittier-Eliason, (202) 795–7467 [Stephanie.Whittier-Eliason@acl.hhs.gov](mailto:Stephanie.Whittier-Eliason@acl.hhs.gov). The [ejpubliccomments@acl.hhs.gov](mailto:ejpubliccomments@acl.hhs.gov) email is a resource mailbox established to receive public input regarding the Elder Justice Coordinating Council and should not be used to

request information beyond the scope of this public input opportunity. Please do not use this mailbox to report suspicions of abuse, neglect, or exploitation. Any suspected abuse, neglect or financial exploitation should be reported to your state’s Adult Protective Services.

**SUPPLEMENTARY INFORMATION:** Passed in 2010, the Elder Justice Act establishes the Elder Justice Coordinating Council (Council) to coordinate activities related to elder abuse, neglect, and exploitation across the Federal Government. The Council is directed by the Office of the Secretary of Health and Human Services, and the Secretary serves as the Chair of the Council. The HHS Secretary has assigned responsibility for implementing the Council to the Administration on Aging (AoA) within ACL. AoA has long been engaged in efforts to protect older individuals from elder abuse including financial exploitation, physical abuse, neglect, psychological abuse, and sexual abuse.

The Council is a permanent group, which meets twice a year, with the goal of effectively coordinating the Federal response to elder abuse. The Elder Justice Act also names the Attorney General of the U.S. as a permanent member of the Council. In addition to the Secretary of Health and Human Services and the Attorney General, the statute provides for inclusion as Council members the heads of each Federal department, agency, or governmental entity identified as administering programs related to abuse, neglect, or financial exploitation. The Coordinating Council receives input and support from an Elder Justice Interagency Working Group, a group of Federal employees in Cabinet-level departments and Federal agencies with expertise in the field of elder abuse, neglect, and financial exploitation.

In 2014, the Council adopted “Eight Recommendations from the Elder

Justice Coordinating Council for Increased Federal Involvement in Addressing Elder Abuse, Neglect, and Exploitation.” The eight recommendations represent a focused, yet balanced, approach for establishing greater Federal leadership in the area of elder justice and for improving the Federal response to elder abuse, neglect, and exploitation. These recommendations have served as a guide for Federal agencies in planning their elder justice work in the 10 years since adoption.

**Public Input**

Through this Request for Information (RFI), ACL is seeking input from individuals and organizations regarding the area(s) and or issue(s) about which elder justice stakeholders believe the Elder Justice Coordinating Council can be the most beneficial to promoting elder justice and have the greatest positive impact for survivors of elder abuse, neglect, and exploitation and their communities. Specifically, we would like to hear from respondents: (1) how the Council can benefit the larger elder justice community; (2) the areas of elder justice in which the Council should focus their attention, and (3) the activities, tools, resources, or components that would best help states and communities create and strengthen their systems of services and supports in order to maximize the independence, well-being, and health of people at risk for elder abuse, neglect, and exploitation, their family members, and their support networks. We also seek feedback on how the Council can advance equity, in alignment with Executive Order 13985 *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*. In this regard, please keep in mind the following:

- All submissions will be considered and reviewed by ACL.