and any supplementary documents. ACF requests OMB review within 10 days of receiving an individual request.

Results of these methodological studies may be made public through methodological appendices or footnotes, reports on instrument development, instrument user guides, descriptions of respondent behavior, and other publications or presentations describing findings of methodological interest. The results of these pre-testing activities may be prepared for presentation at professional meetings or publication in professional journals. When necessary, results will be labeled as exploratory in nature and any limitations will be described.

Respondents: Participants in ACF programs being evaluated; participants in ACF demonstrations; recipients of ACF grants and individuals served by ACF grant recipients; comparison group members; and other relevant populations, such as individuals at risk of needing ACF services.

Annual Burden Estimates

Burden estimates have been updated to reflect the broadened scope from primarily used by OPRE for research and evaluation to include ACF program office pretesting of data elements used on information collections that are not specifically for research and evaluation. Estimates have been informed by program office input and are consistent with estimates for other ACF-wide umbrella generics (for example, OMB #s 0970–0531 and 0970–0630).

Instrument or activity type	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)
Interviews/Focus Groups/Cognitive Testing/Debriefings	10,000	1.5	1.5	22,500
Questionnaires/Surveys	6,500	1.5	.5	4,875
Iterative Testing	1,500	5	.75	5,625
Usability Tests	5,000	5	.25	6,250
Totals	23,000			39,250

This request will also include a request to extend approval for the following currently approved information collections. For more information, see *https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202403-0970-019.*

Title of approved collection	Number of respondents (total over request period)	Total burden (in hours)
Measuring Self- and Co-Regulation in Sexual Risk Avoidance Education Programs Phase 1	450	153
Supporting and Strengthening the Home Visiting Workforce (SAS–HV): Testing and Validation of a Draft Measure of Reflective Supervision for Home Visiting	785	809.6
Measuring Self- and Co-Regulation in Sexual Risk Avoidance Education Programs Part 2	700	220
Totals	1,935	1,182.6

Authority: Social Security Act, Sec. 1110 [42 U.S.C. 1310].

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2024–19084 Filed 8–23–24; 8:45 am]

BILLING CODE 4184–88–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the Eldercare Locator

AGENCY: Administration Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces its intent to award a single-source supplement to the current cooperative agreement held by USAging for the Eldercare Locator. The purpose of this funding is to continue operation of the Disability Information and Access Line (DIAL). Originally funded in FY 2021 to connect people with disabilities to information about COVID–19 and assistance with accessing the COVID–19 vaccine, DIAL has become a critical resource for people with disabilities to get information and connect to state and local organization able to provide assistance serving over 100,000 since launching in June, 2021.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Erica McFadden, U.S. Department of Health and Human Services, Administration for Community Living, Office of Independent Living Programs, email *erica.mcfadden@acl.hhs.gov* or phone (202) 795–7446; or Bernice Hutchinson, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, phone (202) 795–7313, email *Bernice.hutchinson@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Program Name: The Eldercare Locator.

Recipient: USAging.

Period of Performance: Supplemental funds will be added to the current project year's Notice of Award (NOA) to operate DIAL from October 1, 2024 through September 30, 2025.

Total Award Amount: $1 million in FY 2024.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: This program is authorized under 42 U.S.C. 15081 and 29 U.S.C. 796.

Basis for Award: USAging is currently funded to carry out the objectives of this program, entitled The Eldercare Locator. Older adults and their caregivers and people with disabilities face a complicated array of decisions regarding home and community-based services.

For almost 30 years, the Eldercare Locator has helped older adults and their families navigate this complex environment by connecting those needing assistance with State and local agencies on aging that serve older adults and their caregivers.

The Eldercare Locator serves approximately 450,000 people a year through the call center. To ensure that the needs of those who contact the Eldercare Locator are carefully matched with the appropriate resources, information specialists are trained to listen closely to callers, identify relevant local, state and/or national resources and, when needed, provide a transfer to a particular resource.

As a trusted national resource, the supplement to the Eldercare Locator will be used to expand the capacity of the service to link a larger number of people with disabilities, including older adults and their family caregivers needing services from local organizations that can assist.

With the supplemental funding, ACL will fund the maintenance of the DIAL call center to support at least of 40,000 calls from people with disabilities and their caregivers. In addition, DIAL will utilize, maintain, and update a list of trusted resources to assist callers in making appropriate local connections. Having to sift through countless websites and make multiple phone calls to gain education and access to important community resources is a significant issue for people with disabilities.

Having an established one-stop call center to provide accurate and up-to-date state and local specific information and referrals on important information regarding local community resources for people with disabilities is critically needed. Using the established DIAL and Eldercare Locator infrastructure, this supplement will be used for maintaining and providing technical assistance about DIAL to assist people with disabilities to make appropriate state and local linkages to resources. The grantee, working with appropriate national disability organizations, will maintain a call center with a dedicated line and trained information specialists to serve approximately 40,000 people with disabilities.

Dated: August 20, 2024.

Alison Barkoff,

Principal Deputy Administrator, for the Administration for Community Living, performing the duties of the Administrator and Assistant Secretary for Aging.

[FR Doc. 2024–19070 Filed 8–23–24; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2013–N–0134]

Withdrawal of Approval and Amending of Mammography Quality Standards Act Alternative Standards

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of withdrawal.

SUMMARY: The Food and Drug Administration (FDA or the Agency) is announcing the withdrawal of two Mammography Quality Standards Act (MQSA) Alternative Standards and the amending of one Alternative Standard due to the updated MQSA regulations.

DATES: The relevant Alternative Standards will be withdrawn or amended as of September 10, 2024.

FOR FURTHER INFORMATION CONTACT: Preetham Sudhaker, Division of Mammography Quality Standards (DMQS), Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Silver Spring, MD 20993, 301–796–5911.

SUPPLEMENTARY INFORMATION:

I. Background

On March 10, 2023, FDA issued a final rule (88 FR 15126) to update the mammography regulations that were issued under the Mammography Quality Standards Act of 1992 and the Federal Food, Drug, and Cosmetic Act. The final rule amending §§ 900.1 through 900.25 (21 CFR 900.1 through 900.25) will become effective September 10, 2024. Based on FDA's determination that withdrawing and amending several MQSA Alternative Standards is justified by § 900.12 (as amended in that final rule), in accordance with § 900.18, FDA is withdrawing approval of and amending those alternatives.

II. Withdrawal of Approval and Amendment of Alternative Standards

As of September 10, 2024, FDA is withdrawing approval of MQSA Alternative Standards #11 ''Modifications in the Assessment Categories Used in Medical Reports'' (*https://www.fda.gov/radiation-emitting-products/regulations-mqsa/mqsa-alternative-standard-11-modifications-assessment-categories-used-medical-reports*) and #12 ''Assessment category for 'Post Procedure Mammograms for Marker Placement' '' (*https://www.fda.gov/radiation-emitting-products/regulations-mqsa/mqsa-alternative-standard-12-assessment-category-post-procedure-mammograms-marker-placement*). FDA is also amending the Alternative Standard #8 ''Separate Assessment for Findings for Each Breast'' (*https://www.fda.gov/radiation-emitting-products/regulations-mqsa/mqsa-alternative-standard-8-separate-assessment-findings-each-breast*).

FDA may approve an alternative to a quality standard under § 900.12 when the Agency determines that the proposed alternative standard is at least as effective in assuring quality mammography as the standard it proposes to replace, and is too limited in applicability to justify amending the standard, or when the expected benefit to human health is so great that the time needed to amend the standard presents an unjustifiable risk to human health. See § 900.18. Under § 900.18(g), FDA shall amend or withdraw approval of an alternative standard whenever the Agency determines that such action is necessary to protect the human health or where otherwise justified by § 900.12. For the reasons discussed below, FDA has determined that withdrawing and/or amending the Alternative Standards is justified by § 900.12.

FDA has determined that withdrawing Alternative Standard #11 is justified by § 900.12. Alternative Standard #11 provided an alternative standard to § 900.12(c)(1)(iv) and (v), which provides the categories of overall assessment of findings for use in the reports of mammography examinations. Specifically, the approved alternative allowed use of: (1) an additional assessment category (''Known Biopsy-Proven Malignancy''), (2) a reference to the possible need to obtain prior mammograms to make a final assessment for the ''Incomplete'' assessment category, and (3) certain clarifying language to various existing assessment categories (*e.g.,* ''Benign *Finding(s),*'' ''Suspicious *Abnormality*'' (emphases added)).

Amended § 900.12(c)(1)(iv) includes the additional assessment category ''Known Biopsy-Proven Malignancy'' and amended § 900.12(c)(1)(v) includes a new provision that addresses the potential need for prior mammograms for comparison for ''Incomplete'' assessments. Specifically, the amended § 900.12(c)(1)(v)(A) and (B) provides different requirements depending on whether facilities use the assessment category of ''Incomplete: Need additional imaging evaluation'' or ''Incomplete: Need prior mammograms for comparison.'' Alternative Standard #11, however, groups these two assessment categories into a single