

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786-4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Reinstatement with change of a currently approved collection; *Title of Information Collection:* Application for Enrollment in Medicare Part A internet Claim (iClaim) Application Screen Modernized Claims System and Consolidated Claim Experience Screens; *Use:* The Centers for Medicare and Medicaid Services (CMS) Form “Application for Hospital Insurance” supports sections 1818 and 1818A of the Social Security Act (the Act) and corresponding regulations at 42 CFR 406.6 and 406.7.

The CMS-18-F5 is used to establish entitlement to Part A and enrollment in Part B for claimants who must file an application. The application follows the questions and requirements used by SSA on the electronic application. This is done not only for consistency purposes but because certain requirements under titles II and XVIII of the act must be met in order to qualify for Part A and Part B; including insured status, relationship and residency. The form is owned by CMS but is not utilized by CMS staff. SSA uses the form to collect information and make Part A

and Part B entitlement determinations on behalf of CMS. *Form Number:* CMS-18F5 (OMB control number: 0938-0251); *Frequency:* Once; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,042,263; *Total Annual Responses:* 1,042,263; *Total Annual Hours:* 260,566. (For policy questions regarding this collection contact Carla Patterson at 410-786-8911 or [Carla.Patterson@cms.hhs.gov](mailto:Carla.Patterson@cms.hhs.gov)).

2. *Type of Information Collection Request:* Extension without change of a previously approved collection; *Title of Information Collection:* Home Office Cost Statement; *Use:* A home office/chain organization (HO/CO) submits the home office cost statement annually as the documentary support required for a provider that is a member of the HO/CO to be reimbursed for HO/CO costs claimed in the provider’s cost report (see 42 CFR 413.24(f)(5)(i)(E)(1) and (2)).

The relationship of the HO/CO is that of a related organization to a provider (see 42 CFR 413.17). A HO/CO usually furnishes central management and administrative services, e.g., centralized accounting, purchasing, personnel services, management direction and control, and other services. To the extent that the HO/CO furnishes services related to patient care to a provider, the reasonable costs of such services are included in the provider’s cost report and are reimbursable as part of the provider’s costs.

CMS requires the form to determine a HO/CO’s reasonable cost incurred in furnishing management and administrative services to Medicare providers, each of which includes the costs in their cost report for reimbursement. A Medicare-certified provider includes costs allocated from the home office cost statement in the provider’s costs used by CMS for rate setting; payment refinement activities, including developing a market basket; and Medicare Trust Fund projections; and to support program operations. Additionally, the Medicare Payment Advisory Commission (MedPAC) uses the cost report data to calculate Medicare margins (a measure of the relationship between Medicare’s payments and providers’ Medicare costs) and analyze data to formulate Medicare Program recommendations to Congress. *Form Number:* CMS-287-22 (OMB control number: 0938-0202); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profits, Not-for-profit institutions; *Number of Respondents:* 1,646; *Total Annual Responses:* 1,646; *Total Annual Hours:* 767,036. (For policy questions

regarding this collection contact Gail S. Duncan at (410) 786-7278.)

**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 Community Living

#### Announcing the Intent To Award a Single-Source Supplement for the Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative

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

**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 National Council on Aging for the “Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative”. The administrative supplement for FY 2024 will be in the amount of \$1,787,524 bringing the total award for FY 2024 to \$3,087,207. The supplement will provide sufficient resources to enable the grantee and their partners to increase funding for technical assistance (TA) to state aging and disability partnerships to collaborate with workforce entities to strengthen the Direct Care Workforce. The funding will enable the grantee to support additional states, including at more robust levels than originally planned.

**FOR FURTHER INFORMATION CONTACT:** For further information or comments regarding this program supplement, contact Caroline Ryan, U.S. Department of Health and Human Services, Administration for Community Living, telephone (202) 795-7429; email [caroline.ryan@acl.hhs.gov](mailto:caroline.ryan@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** Through this initiative, ACL is advancing the capacity to recruit, train and retain a high-quality, competent, and effective direct care workforce of professionals capable of meeting the growing needs that older adults and people with disabilities have for such supports. The purpose of this program is to catalyze change at a systems level that will address the insufficient supply of trained DCWs, promote promising practices at all levels of the service

system and improve data collection to enable a full understanding of the workforce issue.

The intended outcomes of the initiative are as follows:

1. Increase the availability and visibility of tools and resources to attract, train and retain the direct care workforce in quality jobs where they earn livable wages and have voice in their working environment, and have access to benefits and opportunities for advancement.

2. Increase the number of states that develop and sustain collaborations across state systems and workforce agencies to implement strategies that will improve the recruitment, retention, and advancement of high quality DCW jobs.

*Program Name: Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative.*

*Recipient:* The National Council on Aging.

*Period of Performance:* The supplement award will be issued for the third year of the five-year project period of September 30, 2022 through September 29, 2027.

*Total Award Amount:* \$3,087,207 in FY 2024.

*Award Type:* Cooperative Agreement.

*Statutory Authority:* Section 411(13) of the Older Americans Act, section 161(2) of the Developmental Disabilities Assistance and Bill of Rights Act, and section 21 program of the Rehabilitation Act of 1973.

*Basis for Award:* The National Council on Aging is currently funded to carry out the objectives of the project entitled *Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative* for the project period of September 30, 2022 through September 29, 2027. This supplement will enable the grantee to carry their work even further, providing technical assistance to more state partnerships. The additional funding will also expand grantee's capability to produce issue briefs, case studies, and other materials to disseminate lessons learned and best practices via the Direct Care Workforce Strategies Center website. The NCOA is uniquely positioned to complete the work called for under this cooperative agreement. NCOA's partners on this project include the University of Minnesota Institute on Community Integration, National Association of Councils on Developmental Disabilities, Advancing States, PHI, Lincoln University Paula J. Carter Center on Minority Health and Aging, National Association of Medicaid Directors, National Council on

Independent Living, Center for Innovation, National Alliance of Caregiving, National Association of State Directors of Developmental Disabilities Services, and Social Policy Research Associates (SPR). The grantee, and all partners, will work in close coordination with one another and ACL on those tasks and activities to which they have committed to ensure realization of project goals and objectives.

ACL believes it is in the best interest of the Federal Government to supplement the current grantee's existing project. Establishing an entirely new grant project at this time would be potentially disruptive to the current work already well under way. Further, it could create unintended duplication of effort and missed opportunities for greater coordination. Additionally, if this supplement is not provided, the project would be unable to expand its current technical assistance and training efforts to reach more state partnerships across aging, disability and workforce stakeholders to work together to strengthen the direct care workforce.

Dated: August 24, 2024.

**Alison Barkoff,**

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

[FR Doc. 2024-19418 Filed 8-28-24; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2022-D-2873]

#### Voluntary Malfunction Summary Reporting Program for Manufacturers; Guidance for Industry and Food and Drug Administration Staff; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of availability.

**SUMMARY:** The Food and Drug Administration (FDA or Agency) is announcing the availability of a final guidance entitled "Voluntary Malfunction Summary Reporting (VMSR) Program for Manufacturers." This final guidance document is intended to help manufacturers better understand and use the VMSR Program. This guidance describes and clarifies several aspects of the VMSR Program, including the FDA's approach to determining the eligibility of product codes for the program and the

conditions for submitting medical device reports (MDRs) for device malfunctions in summary format under the program.

**DATES:** The announcement of the guidance is published in the **Federal Register** on August 29, 2024.

**ADDRESSES:** You may submit either electronic or written comments on Agency guidances at any time as follows:

#### Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal:* <https://www.regulations.gov>. Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on <https://www.regulations.gov>.

- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (*see* "Written/Paper Submissions" and "Instructions").

#### Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in "Instructions."

*Instructions:* All submissions received must include the Docket No. FDA-2022-D-2873 for "Voluntary Malfunction Summary Reporting (VMSR) Program for Manufacturers." Received comments will be placed in the docket and, except for those submitted as "Confidential Submissions," publicly viewable at