

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
ACF-800: CCDF Annual Aggregate Report	56	1	45	2,520

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.

In addition, the Department seeks public comment on use of the pooling factor for CCDF administrative data reporting. The current ACF-800 and ACF-801 reports instruct states that pool CCDF and non-CCDF funds to report all children and families funded by these pooled funding sources on both the ACF-800 and ACF-801. ACF then applies a pooling factor (reported by the state on the ACF-800) to determine the number of children and families served by CCDF. During the public comment period, ACF is soliciting comments on this approach, or whether it is possible for states to identify and separately report all children and families served by CCDF without the need to apply a pooling factor.

Authority: The Child Care and Development Block Grant Act (42 U.S.C.

9857 *et seq.*); regulations at 45 CFR 98.70 and 98.71.

Mary C. Jones,
ACF/OPRE Certifying Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; ACF-801: Child Care and Development Fund (CCDF) Quarterly Case-Level Report (Office of Management and Budget #0970-0167)

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

ACTION: Request for public comments.

SUMMARY: The Office of Child Care (OCC), Administration for Children and Families (ACF) is requesting a three-year extension with changes to the form ACF-801: CCDF Quarterly Case-Level Report (Office of Management and Budget (OMB) #0970-0167, expiration 4/30/2025). OCC proposes changes to the reporting requirements for family co-payments and to combine race and ethnicity into a single category. Additionally, OCC proposes to add a new data element, the provider's county Federal Information Processing Series (FIPS) code, as well as including modified instructions for the total hours of care being provided.

DATES: *Comments due* January 6, 2025. In compliance with the requirements of

the Paperwork Reduction Act 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 infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ACF-801 provides monthly case-level data on the children and families receiving direct child care services under CCDF. The ACF-801 case-level data are reported either monthly or quarterly. OCC proposes changes to the reporting requirements for family co-payments to better understand how co-payments are distributed across multiple children and program settings.

OCC has updated the race and ethnicity question to align with the updated Statistical Policy Directive 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15). The new categories and instructions for reporting race and ethnicity will provide improved data quality and uniformity of information collected that is consistent with OMB guidance. Additionally, OCC proposes to add a new data element, the provider's county FIPS code, for county-level analysis, such as mapping or geocoding. Revised instructions for the collection of total hours of care provided monthly will address provisions in the 2024 CCDF final rule related to payment based on a child's enrollment rather than attendance.

Respondents: State and Territory Lead Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
ACF-801: CCDF Quarterly Case-Level Report	56	4	6.5	1,456

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.

The Department also seeks public comment on the proposed changes related to reporting family co-payments.

Finally, the Department seeks public comment on use of the pooling factor for CCDF administrative data reporting. The current ACF-800 and ACF-801 reports instruct states that pool CCDF and non-CCDF funds to report all children and families funded by these pooled funding sources on both the ACF-800 and ACF-801. ACF then applies a pooling factor (reported by the state on the ACF-800) to determine the number of children and families served by CCDF. During the public comment period, ACF is soliciting comments on this approach, or whether it is possible for states to identify and separately report all children and families served by CCDF without the need to apply a pooling factor.

Authority: Section 658K of the Child Care and Development Block Grant Act (42 U.S.C. 9858); regulations 45 CFR 98.70 and 98.71.

Mary C. Jones,
ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice informs the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as primary medical care, dental health, and mental health professional shortage areas (HPSAs) in a designated status as of October 15, 2024. The lists are available on the shortage area topic page on HRSA's data.hrsa.gov website.

ADDRESSES: Complete lists of HPSAs designated as of October 15, 2024, are available on the website at <https://data.hrsa.gov/tools/health-workforce/shortage-areas/fjn>. Frequently updated

information on HPSAs is available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas>. Information on shortage designations is available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>.

FOR FURTHER INFORMATION CONTACT: For further information on the HPSA designations listed on the website or to request additional designation, withdrawal, or reapplication for designation, please contact Dr. Shelby Hockenberry, Branch Chief, Shortage Designation Branch, Division of Policy and Shortage Designation, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857, sdb@hrsa.gov, (301) 443-1993.

SUPPLEMENTARY INFORMATION:

Background

Section 332 of the Public Health Service (PHS) Act, 42 U.S.C. 254e, provides that the Secretary shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. Section 332 further requires that the Secretary annually publish lists of the designated geographic areas, population groups, and facilities. The lists of HPSAs are to be reviewed at least annually and revised as necessary.

Final regulations (42 CFR part 5) were published on November 17, 1980 (45 FR 75996), that include the criteria for designating HPSAs. Criteria were defined for seven health professional types: primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary care. The criteria for correctional facility HPSAs were published on October 29, 1987 (52 FR 41594), and revised March 2, 1989 (54 FR 8735). The criteria for psychiatric HPSAs were expanded to mental health HPSAs on January 22, 1992 (57 FR 2473). Currently funded PHS Act programs use only the primary medical care, mental health, or dental HPSA or relevant sub-score designations such as Maternity Care Target Areas.

HPSA designation offers access to potential federal assistance. Public or private nonprofit entities are eligible to apply for assignment of National Health Service Corps personnel to provide primary medical care, mental health, or dental health services in or to these HPSAs. National Health Service Corps health professionals enter into service agreements to serve in federally designated HPSAs. Entities with clinical

training sites located in HPSAs are eligible to receive priority for certain residency training program grants administered by HRSA. Other federal programs also utilize HPSA designations. For example, under authorities administered by the Centers for Medicare & Medicaid Services, certain qualified providers in geographic area HPSAs are eligible for increased levels of Medicare reimbursement.

Content and Format of Lists

The three lists of designated HPSAs are available on the HRSA Data Warehouse shortage area topic web page and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of October 15, 2024. This notice incorporates the most recent annual reviews of designated HPSAs and supersedes the HPSA lists published in the **Federal Register** on July 1, 2024, (89 FR 54471/Document Number 2024-14477). That publication served as a notice that if those HPSAs in a proposed for withdrawal status were not re-evaluated and/or continued to not meet designation requirements by the time the HPSA **Federal Register** notice published on or before November 1, 2024, they would be withdrawn.

In addition, all Indian tribes that meet the definition of such tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603, are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHCs) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this listing. Absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been