accrediting organization is voluntary and is not required for Medicare participation.

If an accrediting organization is recognized by the Secretary of Health and Human Services as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare conditions. A national accrediting organization applying for CMS approval of their accreditation program under 42 CFR part 488, subpart A must provide CMS with reasonable assurance that the accrediting organization requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare conditions. Our regulations concerning the approval of accrediting organizations are set forth at § 488.5. The regulations at § 488.5(e)(2)(i) require accrediting organizations to reapply for continued approval of its accreditation program every 6 years or sooner as determined by CMS.

The Community Health Accreditation Partner's (CHAP'S) term of approval for their HHA accreditation program expires March 31, 2018.

II. Approval of Accreditation Organizations

Section 1865(a)(2) of the Act and our regulations at § 488.5 require that our findings concerning review and approval of a national accrediting organization's requirements consider, among other factors, the applying accrediting organization's requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide us with the necessary data for validation.

Section 1865(a)(3)(A) of the Act further requires that we publish, within 60 days of receipt of an organization's complete application, a notice identifying the national accrediting body making the request, describing the nature of the request, and providing at least a 30-day public comment period. We have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

The purpose of this proposed notice is to inform the public of CHAP's request for continued approval for its HHA accreditation program. This notice also solicits public comment on whether CHAP's requirements meet or exceed the Medicare conditions for participation (CoPs) for HHAs.

III. Evaluation of Accreditation Organization Request

CHAP submitted all the necessary materials to enable us to make a determination concerning its request for continued approval of its HHA accreditation program. This application was determined to be complete on August 25, 2017. Under section 1865(a)(2) of the Act and our regulations at § 488.5 (Application and re-application procedures for national accrediting organizations), our review and evaluation of CHAP will be conducted in accordance with, but not necessarily limited to, the following factors:

- The equivalency of CHAP's standards for HHAs as compared with CMS' HHA CoPs.
- CHAP's survey process to determine the following:

++ The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training.

++ The comparability of CHAP's processes to those of state agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited HHAs.

++ CHAP's processes and procedures for monitoring HHAs found out of compliance with CHAP's program requirements. These monitoring procedures are used only when CHAP identifies noncompliance. If noncompliance is identified through validation reviews or complaint surveys, the state survey agency monitors corrections as specified at § 488.9(c).

++ CHAP's capacity to report deficiencies to the surveyed HHAs and respond to the HHA's plan of correction in a timely manner.

++ CHAP's capacity to provide us with electronic data, and reports necessary for effective validation and assessment of the organization's survey process.

++ The adequacy of CHAP's staff and other resources, and its financial viability.

++ CHAP's capacity to adequately fund required surveys.

++ CHAP's policies with respect to whether surveys are announced or unannounced, to assure that surveys are unannounced.

++ CHAP's agreement to provide us with a copy of the most current accreditation survey together with any other information related to the survey as we may require (including corrective action plans).

IV. Collection of Information Requirements

This document does not impose information collection requirements, that is reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office Management and Budget under the authority of the Paperwork Reduction Act of 1955 (44 U.S.C. Chapter 35).

V. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this notice, and, we will respond to the comments in the preamble to that document.

Dated: October 6, 2017.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2017–22812 Filed 10–19–17; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Prenatal Alcohol and Other Drug Exposures in Child Welfare (PAODE–CW) Study.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing a data collection activity as part of the Prenatal Alcohol and Other Drug Exposures in Child Welfare (PAODE–CW) Study. The study examines the current state of child welfare practice regarding the identification and provision of services for children with prenatal substance exposures, including alcohol and other drugs.

The descriptive study will document the policies and practices of child welfare agencies and related organizations to identify, assess, and refer to services children who may have been exposed to prenatal substances and/or diagnosed with a resulting condition such as fetal alcohol spectrum disorders (FASD). The study will

document procedures as well as challenges faced and lessons learned to inform the field of practice as well as policy makers, program administrators, and funders at various levels.

The proposed information collection activities consist of semi-structured interviews and surveys conducted at 28 child welfare agency sites. Focus groups conducted at 8 of the 28 sites will gather information on needs, challenges, and strategies to support children with prenatal substance exposures and their families within the child welfare system.

Respondents: State and child welfare agency directors, child welfare staff and supervisors; agency partners and service providers; and family members and caregivers of children who may have been prenatally exposed to substances.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per tresponse	Total burden hours
Interview Protocol for Local Agency Staff—Frontline Only	28	1	1	28
Interview Protocol for Local Agency Staff—Ongoing Only	28	1	1	28
Interview Protocol for Local Agency Staff—Frontline and Ongoing	15	1	1.25	19
Interview Protocol for Local Agency Medical Staff	14	1	1	14
Interview Protocol for Local Agency Director	14	1	1	14
Focus Group of Caregivers	32	1	1.5	48
Survey Instrument for Local Agency Staff—Form A General	140	1	.5	70
Survey Instrument for Local Agency—Form B General	90	1	.5	45
Survey Instrument for Local Agency Form B Differential Response	50	1	.5	25
Survey Instrument for Service Providers	12	1	.5	6
Interview Protocol for Data Staff	6	1	1.5	9
Estimated Total Annual Burden Hours				305

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW., Washington, DC 20201, Attn: ACF Reports Clearance Officer. Email address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

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.

Mary Jones,

ACF/OPRE Reports Clearance Officer.

[FR Doc. 2017–22716 Filed 10–19–17; 8:45 am]

BILLING CODE 4184–25–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Head Start Child and Family Experiences Survey (FACES).

OMB No.: 0970–0151.

Description: The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to collect data for a new round of the Head Start Family and Child Experiences Survey (FACES). Featuring a ''Modified Core Plus'' Study design, FACES 2019 will provide data on a set of key indicators in Head Start Regions I–XI. While data collection for FACES 2019 will occur in Regions I–XI, there is a slightly different sample design and recruitment strategy for Regions I–X and Region XI (whose grants are awarded to tribal governments or consortiums of tribes). In fall 2019 and spring 2020, FACES will assess the school readiness skills of 2,400 Head Start children in Regions I–X and 800 children in Region XI, survey their parents, and ask their Head Start teachers to rate children's social and emotional skills. This sample will be drawn from 60 programs in Regions I–X and 22 programs in Region XI. In spring 2020 classroom observations of sampled programs will occur. In Regions I–X, the number of programs will increase from the 60 that are used to collect data on children's school readiness outcomes to 180 for the purpose of conducting observations in 720 Head Start classrooms. In Region XI, the program sample will remain at 22, and approximately 80 Head Start classroom observations will take place. Program director, center director, and teacher surveys will also be conducted in spring 2020 in Regions I–XI. In spring 2022, program level data collection will be repeated in Regions I–X only. If any plus studies are conducted, they will be conducted within the Core sample.

This notice is specific to the data collection activities needed to recruit Head Start programs and centers into FACES 2019. A future notice will provide information about data collection for the study. A nationally representative sample of Head Start programs and centers from Regions I–X and a representative sample of Head Start programs and centers from Region XI will be selected to participate in FACES 2019. From Regions I–X, the programs participating in the Core child-level data collection will be contacted and recruited for the study in spring 2019. In fall 2019, the remaining