

Centers for Medicare & Medicaid Services (or the Administrator's designee); the Administrator of the Administration for Community Living (or the Administrator's designee who has experience with both aging and disability); and the Secretary of Veterans Affairs (or the Secretary's designee). Heads of other federal departments or agencies (or their designees) also may be appointed as ex officio members. In addition, the Secretary will appoint a maximum of fifteen voting members with at least one from each of the following constituencies: family caregivers; older adults who need long-term services and supports; individuals with disabilities; health care and social service providers; providers of long-term services and supports; employers; paraprofessional workers; state and local officials; accreditation bodies; veterans; and as appropriate, other experts and advocacy organizations engaged in family caregiving. The membership of the Advisory Council will reflect the diversity of family caregivers and individuals receiving services and supports.

Advisory Council Responsibilities: The Advisory Council is required to meet quarterly during its first year and at least three times each year thereafter. Meetings will be open to the public. Advisory Council members will be expected to meaningfully and substantively participate in at least one subcommittee, which will meet periodically between meetings of the full Advisory Council. Within 12 months, the Advisory Council will develop an initial report that includes: (a) An inventory and assessment of all federally funded efforts to recognize and support family caregivers and the outcomes of such efforts, including analyses of the extent to which federally funded efforts are reaching family caregivers and gaps in such efforts; (b) Recommendations to improve and better coordinate federal programs and activities to recognize and support family caregivers, as well as opportunities to improve the coordination of federal and state programs and activities; (c) Recommendations to effectively deliver services based on the performance, mission, and purpose of a program, while eliminating redundancies, avoiding unnecessary duplication and overlap, and ensuring the needs of family caregivers are met; (d) Identification of challenges faced by family caregivers, including financial, health, and other challenges, and existing approaches to address such challenges; and (e) An evaluation of

how family caregiving impacts Medicare, Medicaid, and other federal programs. The initial report will be used by the U.S. Department of Health and Human Services to inform the development of a national family caregiving strategy (the strategy), which will be updated biennially. To that end, the Advisory Council shall recommend actions that may be taken by the federal government (under existing programs), state and local governments, communities, health care providers, long-term services and supports providers, and others to recognize and support family caregivers in a manner that reflects their diverse needs. Once the strategy has been published, the Advisory Council will support the preparation of biennial updates, which will include: new developments, challenges, opportunities, and solutions; as well as recommendations for priority actions to improve the implementation of the strategy, as appropriate. In addition, the Advisory Council will submit an annual report on the development, maintenance, and updating of the strategy. The report will include a description of the implementation of the actions recommended in the initial report, as appropriate. This report will be provided to the Secretary, Congress, and the state agencies responsible for carrying out family caregiver programs. The completion of all described activities is dependent upon the identification of federal funding that can be utilized for the purposes of carrying out the legislation.

Nomination Process: Any person or organization may nominate one or more qualified individuals for membership. Nomination packages must include: (1) A nomination letter not to exceed one (1) page that provides the reason(s) for nominating the individual, the constituency they represent (from the list above; may be more than one), and the nominee's particular relevant experience and/or professional expertise; (2) Contact information for the nominee (name, title (if applicable), address, phone, and email address); and (3) The nominee's resume (not to exceed two (2) pages), if the nomination is based on their professional capacity or qualifications. A resume is optional otherwise. Nominees will be appointed based on their demonstrated knowledge, qualifications, and professional or personal experience related to the purpose and scope of the Advisory Council. Members will be appointed for the full life of the Advisory Council, which will sunset in January 2021. Members appointed to fill subsequent

vacancies will be appointed for the remainder of the life of the Advisory Council.

Dated: October 4, 2018.

Lance Robertson,

Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Solicitation for Nominations To Serve on the Advisory Council To Support Grandparents Raising Grandchildren

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Secretary of Health & Human Services (Secretary) seeks nominations for grandparents who are raising grandchildren and older relatives who are caring for children to serve on the Advisory Council to Support Grandparents Raising Grandchildren.

DATES: Nominations must be submitted by Monday December 3, 2018. (Nominations submitted via mail must be postmarked by Monday December 3, 2018.)

ADDRESSES: Nominations, including attachments, may be submitted as follows:

(1) *Email:* Send to: SGRG.Act@acl.hhs.gov (include the name of the nominee in the subject line)

(2) *Mail or express delivery:* Submit materials to: Advisory Council to Support Grandparents Raising Grandchildren, Administration for Community Living, 330 C Street SW, Washington, DC 20201.

For questions, contact Whitney Bailey at Whitney.Bailey@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The number of grandparents and other older relatives who are caring for children is significant and growing, in part due to the opioid crisis. Although caregivers' lives are enhanced by the experience, providing full-time care to children can decrease caregivers' abilities to address their own health and well-being needs. Recognizing that these caregivers would benefit from improved coordination of resources intended to support them, as well as better dissemination of information about those resources, the Supporting Grandparents Raising Grandchildren Act (Pub. L. 115-196) established an Advisory Council to

Support Grandparents Raising Grandchildren The Advisory Council will identify, promote, coordinate, and disseminate to the public information, resources, and the best practices available to help grandparents and other older relatives both meet the needs of the children in their care; and maintain their own physical and mental health and emotional well-being. The Advisory Council is specifically directed to consider the needs of those affected by the opioid crisis, as well as the needs of members of Native American Tribes.

The Department of Health and Human Services is the lead agency, and within it, the Administration for Community Living has been designated to execute its responsibilities.

Membership

The Advisory Council will include the following (or their designees): The Secretary of Health and Human Services; the Secretary of Education; the Administrator of the Administration for Community Living (ACL); the Assistant Secretary for Mental Health and Substance Use; the Assistant Secretary for the Administration for Children and Families; and, as appropriate, the heads of other federal departments or agencies with responsibilities related to current issues affecting grandparents or other older relatives raising children. The Advisory Council also must include at least one grandparent who is raising a grandchild, and at least one older relative caring for children.

Report Requirements: The Advisory Council will develop a report that includes best practices, resources, and other useful information for grandparents and other older relatives raising children (including information related to the needs of children impacted by the opioid epidemic); an identification of gaps in such information and resources; and, where applicable, identification of any additional federal legislative authorities necessary to implement. This report will be provided to the Secretary, Congress, and the state agencies responsible for carrying out family caregiver programs. The initial report will be submitted within six months, with an update submitted within two years. The Advisory Council will establish a process for obtaining public input to inform the development of both the initial report and the subsequent update.

Nomination Process: Any person or organization may nominate one or more qualified grandparents raising grandchildren and/or older relative caregivers of children for membership on the Advisory Committee. ACL also

welcomes nominations of others who may be able to provide subject matter expertise or technical contributions to the Advisory Council. This may include (but is not limited to) professionals in academia, providers of supportive services, mental/behavioral health experts, legal and financial service providers, and others who serve these populations. Nomination packages must include: (1) A nomination letter not to exceed one (1) page that provides the reason(s) for nominating the individual, and a description of their relevant experience and/or professional expertise; (2) Contact information for the nominee (name, title (if applicable), address, phone, and email address); and (3) The nominee's resume (not to exceed two (2) pages), if the nomination is based on their professional capacity. For all others, a resume or a written summary of qualifications and life experience (not to exceed two (2) pages) may be submitted, but is not required. Nominees will be appointed based on their demonstrated knowledge, qualifications, and professional or personal experience related to the purpose and scope of the Advisory Council. Members will be appointed for the full life of the Advisory Council, which will sunset in January 2021. Members appointed to fill subsequent vacancies will be appointed for the remainder of the life of the Advisory Council.

Dated: October 5, 2018.

Lance Robertson,

Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Community Living

Agency Information Collection Activity; Proposed Collection: Public Comment Request; One Protection and Advocacy Annual Program Performance Report

AGENCY: Office of Program Support, Administration on Intellectual and Developmental Disabilities, Administration on Disabilities, Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed new data collection (ICR New) listed above.

Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice.

This notice seeks to collect comments on the proposed new data collection (ICR New), which will replace four existing Protection and Advocacy Program Performance Reports and other revisions. The four annual reports include the following: (1) Developmental Disabilities Protection and Advocacy Systems Program Performance Report (0985-0027), (2) Protection and Advocacy for Assistive Technology (PAAT) Program Performance Report (0985-0046); (3) Protection and Advocacy Voting Access Annual Report (Help America Vote Act) (HAVA) (0985-0028); and (4) Protection and Advocacy for Traumatic Brain Injury (PATBI) Program Performance Report (0985-0058).

State Protection and Advocacy (P&A) Systems in each State and Territory provide individual legal advocacy, systemic advocacy, monitoring and investigations to protect and advance the rights of people with developmental disabilities, using funding administered by the Administration on Intellectual and Developmental Disabilities (AIDD), Administration on Disabilities, Administration for Community Living, HHS. To meet statutory reporting requirements, P&As have used four separate forms for submitting annual reports. It is proposed that the four forms be combined by creating the One Protection and Advocacy Annual Program Performance Report form. Once the four program performance reports are combined, the current OMB approval numbers for each report will be retired, and a new approval number will be created for the One Protection and Advocacy Program Performance Report.

DATES: Comments on the proposed collection of information must be submitted electronically by 11:59 p.m. (EST) on December 11, 2018.

ADDRESSES: Submit electronic comments on the collection of information by email to: Clare.Huerta@acl.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Clare Huerta, Administration for Community Living, Administration on Intellectual and Developmental Disabilities, Office of Program Support, 330 C Street SW, Washington, DC