

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: Revision of a currently approved collection; *Title of Information Collection:* National Implementation of the Hospital CAHPS Survey; *Use:* The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, also known as the CAHPS® Hospital Survey or Hospital CAHPS®, is a standardized survey instrument and data collection methodology that has been in use since 2006 to measure patients’ perspectives of hospital care. While many hospitals collect information on patient satisfaction, HCAHPS created a national standard for the collection and public reporting of information that enables valid comparisons to be made across all hospitals to support consumer choice.

In the FY 2018 IPPS/LTCH PPS final rule (82 FR 38328 through 38342), out of an abundance of caution, in the face of a nationwide epidemic of opioid over prescription, we finalized a refinement to the HCAHPS Survey measure as used in the Hospital Inpatient Quality Reporting Program by removing the previously adopted Pain Management questions and incorporating new Communication About Pain questions beginning with patients discharged in January 2018. As discussed in the CY 2019 OPPS/ASC proposed rule (83 FR 37218), since finalization of the Communication About Pain questions, we have received feedback that some stakeholders are concerned that, although the revised questions focus on communications with patients about their pain and treatment of that pain, rather than how well their pain was controlled, the questions still could potentially impose pressure on hospital staff to prescribe more opioids in order to achieve higher scores on the HCAHPS Survey.

In response to stakeholder feedback, recommendations from the *President’s Commission on Combatting Drug Addiction and the Opioid Crisis*, to comply with the requirements of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. 115–271), and to avoid any potential unintended consequences under the Hospital Inpatient Quality Reporting (IQR) Program, CMS is revising the HCAHPS survey by removing the three recently revised pain communication questions. The removal of these questions is effective with October 2019 discharges. At that point, the HCAHPS survey will consist of 29 questions which will result in a burden decrease. *Form Number:* CMS–10102 (OMB control number 0938–0981); *Frequency:* Occasionally; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 4,200; *Total Annual Responses:* 3,104,200; *Total Annual Hours:* 379,290. (For policy questions regarding this collection contact William Lehrman at 410–786–1037.)

2. *Type of Information Collection*
Request: New collection (Request for a new OMB control number); *Title of Information Collection:* Home and Community Based Services (HCBS) Incident Management Survey; *Use:* The Survey will be disseminated to all 51 state Medicaid agencies (including the District of Columbia) to assess incident management systems in 1915(c) waivers. States will be surveyed to identify methods and promising practices for identifying, reporting, tracking, and resolving incidents of abuse, neglect, and exploitation. The survey results will also be used to review the strengths and weaknesses of each state’s incident management system and will inform guidance to help ensure compliance with sections 1902(a)(30(A) and 1915(c)(2)(A) of the Social Security Act. *Form Number:* CMS–10692 (OMB control number: 0938–TBD); *Frequency:* Once and on occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 102; *Total Annual Hours:* 153. (For policy questions regarding this collection contact Ryan Shannahan at 410–786–0295.)

3. *Type of Information Collection*
Request: New collection (Request for a new OMB control number); *Title of Information Collection:* The State Flexibility to Stabilize the Market Grant Program Reporting; *Use:* Section 1003 of the Affordable Care Act (ACA) adds a new section 2794 to the PHS Act

entitled, “Ensuring That Consumers Get Value for Their Dollars.” Specifically, section 2794(a) requires the Secretary of the Department of Health and Human Services (the Secretary) (HHS), in conjunction with the States, to establish a process for the annual review of health insurance premiums to protect consumers from unreasonable rate increases. Section 2794(c) directs the Secretary to carry out a program to award grants to States. Section 2794(c)(2)(B) specifies that any appropriated Rate Review Grant funds that are not fully obligated by the end of FY 2014 shall remain available to the Secretary for grants to States for planning and implementing the insurance market reforms and consumer protections under Part A of title XXVII of the Public Health Service Act (PHS Act). States that are awarded funds under this funding opportunity are required to provide CMS with four quarterly reports and one annual report (except for the last year of the grant) until the end of the grant period detailing the state’s progression towards planning and/or implementing the pre-selected market reforms under Part A of Title XXVII of the PHS Act. A final report is due at the end of the grant period. *Form Number:* CMS–10657 (OMB control number: 0938–NEW); *Frequency:* Annually and Quarterly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 31; *Total Annual Responses:* 155; *Total Annual Hours:* 2,108. (For policy questions regarding this collection contact Jim Taing at 301–492–4182.)

Dated: March 12, 2019.

William N. Parham, III,
Director, Paperwork Reduction Staff Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

[OMB No. 0985–0006]

Agency Information Collection Activities; Proposed Collection; Public Comment Request; Performance (Progress) Report for AoA Grantees

AGENCY: 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 collection of

information 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 Extension Without Changes (ICR Ext); solicits comments on the information collection requirements related to the Performance (Progress) Report for AoA Grantees under the Older Americans Act Public Law 109–365 Section 411.

DATES: Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by May 14, 2019.

ADDRESSES: Submit electronic comments on the collection of information to: Tomakie Washington tomakie.washington@acl.hhs.gov. Submit written comments on the collection of information to Administration for Community Living, Washington, DC 20201, Attention: Tomakie Washington.

FOR FURTHER INFORMATION CONTACT: Tomakie Washington, Administration for Community Living, Washington, DC 20201, 202–795–7336, tomakie.washington@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: Under the 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. “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 provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, ACL invites comments on our burden estimates or any other aspect of this collection of information, including:

(1) Whether the proposed collection of information is necessary for the proper performance of ACL’s functions, including whether the information will have practical utility;

(2) the accuracy of ACL’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine burden estimates;

(3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

This request proposes no changes to the currently approved 0985–0006. The Administration for Community Living (ACL) requires grantees funded under its discretionary grants programs to report on the performance of their projects. This request is for an extension without change of the generic clearance mechanism currently in use to meet AoA’s performance reporting

requirements. Under the PRA, a “Generic Clearance” is approved by OMB for conducting more than one information collection (IC) using very similar methods and set protocols of questions that are approved for multiple ICs. AoA uses the generic clearance mechanism to collect performance data for a number of its smaller programs. The information submitted by ACL discretionary grantees is used by AoA to: (a) Review and monitor the grantee’s progress in achieving project objectives; (b) identify significant findings, products, and practices of the project; and (c) identify areas of performance that may benefit from advice and assistance from ACL and, in rare instances, take corrective action.

The current AoA Grantee Performance Report Instrument and Instructions will expire on April 30, 2019. Under this request, ACL would request that OMB approve an extension without change of this information collection mechanism for 18 months after expiration. During this extension period, ACL plans to substantively revise and submit a Generic Clearance request covering discretionary grant ICs across ACL, not just under the Older Americans Act.

The proposed data collection instruments may be found on the ACL website for review at <https://www.acl.gov/about-acl/public-input>.

Estimated Program Burden

ACL estimates the annual burden hours associated with this collection as follows. The burden estimate is specific to the type of work done by the grantees that use this reporting format. Based on 266 respondents taking an average estimate of 20 hours per response twice a year the annual burden hours total 10,460.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Annual number responses per respondent	Average burden hours per response	Total annual burden hours
ACL Grantee	266	2	20	40
Total	10,640

Dated: March 11, 2019.

Mary Lazare,
Principal Deputy Administrator.

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