

response system and return to a “live” interviewer if they wish to do so. *Form Number:* CMS–10102 (OMB control number: 0938–0981); *Frequency:* Occasionally; *Affected Public:* Individuals and Households; *Number of Respondents:* 2,843,617; *Total Annual Responses:* 2,843,617; *Total Annual Hours:* 347,648. (For policy questions regarding this collection contact William Lehrman at 410–786–1037.)

2. Type of Information Collection
Request: Extension of a currently approved collection; *Title of Information Collection:* Hospice Facility Cost Report Form; *Use:* Under the authority of §§ 1815(a) and 1833(e) of the Social Security Act (the Act), CMS requires that providers of services participating in the Medicare program submit information to determine costs for health care services rendered to Medicare beneficiaries. CMS requires that providers follow reasonable cost principles under 1861(v)(1)(A) of the Act when completing the Medicare cost report (MCR). The regulations at 42 CFR 413.20 and 413.24 require that providers submit acceptable cost reports on an annual basis and maintain sufficient financial records and statistical data, capable of verification by qualified auditors. In addition, regulations require that providers furnish such Information to the contractor as may be necessary to assure proper payment by the program, receive program payments, and satisfy program overpayment determinations.

CMS regulations at 42 CFR 413.24(f)(4) require that each hospice submit an annual cost report to their contractor in a standard American Standard Code for Information Interchange (ASCII) electronic cost report (ECR) format. A hospice submits the ECR file to contractors using a compact disk (CD), flash drive, or the CMS approved Medicare Cost Report E-filing (MCREF) portal, [URL: <https://mcref.cms.gov>]. The instructions for submission are included in the hospice cost report instructions on page 43–3.

CMS requires the Form CMS–1984–14 to determine a hospice’s reasonable costs incurred in furnishing medical services to Medicare beneficiaries. CMS uses the Form CMS–1984–14 for rate

setting; payment refinement activities, including developing a market basket; Medicare Trust Fund projections; and program operations support. Additionally, the Medicare Payment Advisory Commission (MedPAC) uses the hospice 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–1984–14 (OMB control number: 0938–0758); *Frequency:* Yearly; *Affected Public:* Private Sector, Business or other for-profits, Not for profits institutions; *Number of Respondents:* 4,379; *Total Annual Responses:* 4,379; *Total Annual Hours:* 823,252. (For policy questions regarding this collection contact Duncan Gail at 410–786–7278.)

Dated: March 26, 2021.

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

[FR Doc. 2021–06642 Filed 3–30–21; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Head Start Program Performance Standards (0970–0148)

AGENCY: Office of Head Start, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office Head Start (OHS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting a 3-year extension of the information collection requirements under the Head Start Program Performance Standards (OMB #0970–0148). There are no changes to the information collection.

DATES: *Comments due within 60 days of publication.* In compliance with the

requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing infocollection@acf.hhs.gov. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Section 641A of the Head Start Act, 42 U.S.C. 9836A, directs HHS to develop “scientifically based and developmentally appropriate education performance standards related to school readiness” and “ensure that any such revisions in the standards do not result in the elimination of or any reduction in quality, scope, or types of health, educational, parental involvement, nutritional, social, or other services.” The Office of Head Start (OHS) announced in the **Federal Register** in 2016 the first comprehensive revision of the Head Start Program Performance Standards (HSPPS) since their original release in 1975. This information collection was approved alongside the final rule for the HSPPS.

This information collection is entirely record keeping and does not contain any standardized instruments to provide flexibility for local programs. These records are intended to act as a tool for grantees and delegate agencies to be used in their day-to-day operations. For example, this includes the requirement that programs maintain a waiting list of eligible families. There are no changes to the record keeping requirements.

Respondents: Head Start Grantees. Depending on the standard, the calculated burden hours is based on the individual enrollee (1,054,720), family (956,120), program (3,020), or staff (265,030). In a few cases, only a proportion of one of these may apply.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
1301.6(a)	3,020	1	0.70	2,114	2,114
1302.12(k)	1,054,720	1	.166	175,084	175,084
1302.14(c)	3,020	1	2.00	6,040	6,040
1302.16(b)	3,020	1	5.00	15,100	15,100
1302.33(a)–(b)	1,054,720	1	1.00	1,054,720	1,054,720

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
1302.33(c)(2)	294,632	1	2.00	589,264	589,264
1302.42(a)–(b)	1,054,720	1	0.66	696,115	696,115
1302.42(e)	3,020	1	0.50	1,510	1,510
1302.47(b)(7)(iv)	3,020	1	0.50	1,510	1,510
1302.53(b)–(d)	3,020	1	0.166	501	501
1302.90(a)	3,020	1	0.50	1,510	1,510
1302.90(b)(1)(i)–(iv), (b)(4)	79,509	1	0.33	26,238	26,238
1302.93(a)	26,503	1	0.25	6,626	6,626
1302.94(a)	3,020	1	0.166	501	501
1302.101(a)(4), 1302.102(b)–(c)	3,020	1	79.00	238,580	238,580
1302.102(d)(3)	110	1	10.00	1,100	1,100
1303.12	3,020	1	0.166	501	501
1303.22–24	956,120	1	0.33	315,520	315,520
1303.42–53	260	1	40.00	10,400	10,400
1303.70(c)	200	1	1.00	200	200
1303.72(a)(3)	3,020	1	2.00	6,040	6,040
1304.13	75	1	60.00	4,500	4,500
1304.15(a)	400	1	0.25	100	100

Estimated Total Annual Burden Hours: 3,153,774.

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.

(Authority: 42 U.S.C. 9836A)

John M. Sweet Jr.,
ACF/OPRE Certifying Officer.

[FR Doc. 2021–06639 Filed 3–30–21; 8:45 am]

BILLING CODE 4184–40–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections

552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Allergy and Infectious Diseases Special Emphasis Panel NIAID Investigator Initiated Program Project Applications (P01 Clinical Trial Not Allowed).

Date: April 30, 2021.

Time: 12:30 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G50, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Louis A. Rosenthal, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3G50, Rockville, MD 20852, (240) 669–5070, rosenthalla@niaid.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: March 25, 2021.

Tyeshia M. Roberson,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2021–06563 Filed 3–30–21; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–6256–N–01]

Tribal HUD–VASH Expansion; Notice of Rating Factors

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The 2017 Consolidated Appropriations Act provided \$7 million for the U.S. Department of Housing and Urban Development (HUD) to use for the Tribal HUD–VASH demonstration program. HUD–VASH is a collaborative program between HUD and the Department of Veterans Affairs (VA) that combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing. The 2017 Appropriations Act also requires HUD to publish in the **Federal Register** the “need” and “administrative capacity” review and selection criteria HUD includes in the Tribal HUD–VASH Notice of Funding Availability.

This Notice does not provide information on the application process. Those seeking to review all of the NOFA’s content and/or apply for funds may do so at <https://www.grants.gov/web/grants/view-opportunity.html?oppId=330966>.

FOR FURTHER INFORMATION CONTACT:

Hilary Atkin, Department of Housing and Urban Development, 451 Seventh Street SW, Room 4108, Washington, DC 20410–8000; telephone (202) 402–3427 (this is not a toll-free number).