

or security, in collaboration with appropriate CDC CIOs; (8) manages the EOC facility, including its components (e.g., audiovisual and communications equipment and tools) and processes, to maintain its operational capability, including when COOP plans are implemented; (9) leads CDC's Emergency Coordinator (EC) program, maintaining communication with representatives from all CIOs on public health preparedness and emergency response activities; and (10) supports the development, maintenance, and implementation of policies related to public health emergency management operations activities.

*Plans, Exercise, and Evaluation Branch (CBCDE).* (1) Develops, coordinates, and maintains CDC emergency operations plans, the CDC All-Hazards Plan, event-specific incident annexes, and National Special Security Event plans, and related procedures; (2) directs the Planning Section within an IMS structure during CDC emergency responses; (3) develops, publishes, and maintains contingency plans, incident action plans, transition plans, situation reports, and evaluation products, including through the IMS Planning Section; (4) liaises with internal and external organizations to develop, maintain, exercise, and implement federal and national plans; (5) leads the scheduling, design, development, and conduct of, and participation in, CDC's public health preparedness and response exercises, including through delivery of threat-driven training and exercise programs; (6) coordinates CDC's participation in the National Exercise Program and the agency's support to other external, all-hazards exercises; (7) evaluates CDC emergency responses and exercises to assess the agency's response capabilities; (8) develops and disseminates After-Action Reports/Improvement Plans and other preparedness and response evaluation products; (9) manages CDC's Corrective Action Program and tracks improvement plans; (10) chairs CDC's Steering Committees for Plans, Exercises, and Evaluations; and (11) supports the development, maintenance, and implementation of policies related to public health emergency management planning, exercise, and evaluation activities.

*Response Analytics and Decision Support Branch (CBCDG).* (1) Leads the management and maintenance of public health emergency preparedness and response information gathering, analysis, and sharing through knowledge management and scalable processes that support response

decision making; (2) establishes public health emergency preparedness vocabulary and information exchange standards to meet the reporting and information sharing requirements of cross-jurisdictional partners; (3) compiles, correlates, analyzes, creates, and distributes reports and visualizations to support IMS and CDC leadership decision-making; (4) provides coordination, planning, and development support for data collection, management, and production of analytics and geospatial data, including GIS/mapping; (5) provides informatics, data management, and reporting support to external federal, state, tribal, local, territorial, and international partners; (6) conducts and supports data management, information exchange, and risk communication among federal, state, and local partners; and (7) supports the development, maintenance, and implementation of policies related to public health emergency situational awareness, data analytics and visualization, and knowledge management activities.

*Emergency Management Training and Capacity Development Branch (CBCDH).* (1) Promotes public health emergency management doctrine, standards, guidelines, and tools through training and technical assistance within CDC and among its domestic and international partners; (2) conducts needs assessments, establishes role-specific core competencies, and identifies training requirements, including for response plans and related IMS activations; (3) develops and delivers training curricula for emergency responders and IMS response leadership within CDC; (4) manages public health emergency management fellowship programs and related trainings to build emergency management leadership capacity domestically and internationally; (5) provides direct technical assistance to partners in public health risk assessments, the establishment of public health emergency management programs and public health emergency operations centers, and the execution of public health emergency management activities during responses; (6) leads and maintains an international community of practice for public health emergency managers; (7) evaluates emergency response training and capacity building programs and recommends changes to established doctrine; and (8) supports the development, maintenance, and implementation of policies related to public health emergency management training and capacity building activities.

Retitle the *Advance Team Activity (CAT12)* to the *Advance Team (CAT12)*.

Retitle the *Office of the Associate Director for Global Health Diplomacy and Strategy (CAE)* to the *Office of the Associate Director for Global Health Coordination (CAE)*.

**Robin D. Bailey Jr.,**

*Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2022-18094 Filed 8-22-22; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifiers CMS-10816]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments must be received by October 24, 2022.

**ADDRESSES:** When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the

instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number: \_\_\_\_, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS’ website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

**FOR FURTHER INFORMATION CONTACT:** William N. Parham at (410) 786–4669.

**SUPPLEMENTARY INFORMATION:**

**Contents**

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection’s supporting statement and associated materials (see

**ADDRESSES).**

CMS–10816 Medicare Part C and Medicare Part D Enrollment Form Interviews

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. 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 requires federal agencies to publish a 60-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.

**Information Collection**

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Medicare Part C and Medicare Part D Enrollment Form Interviews; *Use:* As CMS moves towards

stratified reporting of quality measures and addressing healthcare inequity, highlighted by the COVID–19 pandemic, the ability to analyze disparities across Medicare programs and policies depends on the ability to access and collect reliable race and ethnicity data consistently from Medicare Part C and Part D plans. The recent Executive Orders (E.O.) 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government and E.O. 14031 on Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders, have focused attention on the need for CMS to improve the collection and quality of its enrollees’ race and ethnicity data, especially at the disaggregated level. Collecting complete race/ethnicity data is important to CMS because CMS has interest in identifying patterns of differences across many key process and care outcomes by sociodemographic characteristics, including race and ethnicity.

CMS’ primary objective for the interviews is to identify the drivers of nonresponse to the race and ethnicity questions. Specifically, we aim to solicit detail on whether and what concerns drove individuals’ nonresponse to these items, including (but not limited to) (a) concerns about confidentiality of their data, (b) concerns about how their race and ethnicity data would be used, including concerns about whether disclosing such information could in any way affect eligibility for Medicare benefits (which it would not), or (c) concerns about response options (*e.g.*, missing response options for race or ethnicity groups in which they may identify). We also intend to explore whether it is possible to amend the race and ethnicity elements on Part C/D enrollment form to address any of those concerns, and if so, how. Additionally, we plan to ask whether there are other—beyond the Part C/D enrollment form—vehicles for collecting race and ethnicity information that would be more acceptable to non-responders, and if so, what those are.; *Form Number:* CMS–10816 (OMB control number: 0938–New); *Frequency:* Annually; *Affected Public:* Individuals and Households; *Number of Respondents:* 120; *Total Annual Responses:* 120; *Total Annual Hours:* 114. (For policy questions regarding this collection contact Deme Umo at 410–786–8854).

Dated: August 17, 2022.

**William N. Parham, III,**

*Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2022–18092 Filed 8–22–22; 8:45 am]

**BILLING CODE 4120–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Administration for Children and Families Uniform Project Description**

**AGENCY:** Office of Administration, Office of Grants Policy, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families (ACF) is requesting revisions to the approved ACF Uniform Project Description (UPD) (Office of Management and Budget (OMB) #0970–0139, expiration March 31, 2025).

**DATES:** *Comments due within 60 days of publication.* 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](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* The proposed information collection would revise the approved ACF UPD. The UPD provides a uniform format for applicants to submit project information in response to ACF discretionary Notices of Funding Opportunity. The UPD requires applicants to describe how program objectives will be achieved and provide a rationale for the project’s budgeted costs. All ACF discretionary grant programs are required to use the UPD.

ACF uses this information, along with other OMB-approved information collections (Standard Forms), to evaluate and rank applications. Use of the UPD protects the integrity of the ACF award selection process.

*The UPD has been revised as follows:* (1) included a text field for the Geographic Location standardized text, which will allow ACF program offices