

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Rapid Response Suicide Investigation Data Collection Participants.	Rapid Response Suicide Investigation Protocol.	2,000	1	30/60

Jeffrey M. Zirger,
Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.
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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9142–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January Through March 2023

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive

and interpretive regulations, and other **Federal Register** notices that were published in the 3-month period, relating to the Medicare and Medicaid programs and other programs administered by CMS.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

Addenda	Contact	Phone No.
I CMS Manual Instructions	Ismael Torres	(410) 786–1864
II Regulation Documents Published in the Federal Register	Terri Plumb	(410) 786–4481
III CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786–7491
V FDA-Approved Category B IDEs	John Manlove	(410) 786–6877
VI Collections of Information	William Parham	(410) 786–4669
VII Medicare-Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786–2749
VIII American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786–2749
IX Medicare’s Active Coverage-Related Guidance Documents	JoAnna Baldwin, MS	(410) 786–7205
X One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786–7205
XI National Oncologic Positron Emission Tomography Registry Sites	David Dolan, MBA	(410) 786–3365
XII Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	David Dolan, MBA	(410) 786–3365
XIII Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XIV Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XV Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	David Dolan, MBA	(410) 786–3365
All Other Information	Annette Brewer	(410) 786–6580

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, state governments, state Medicaid agencies, state survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners

(NAIC), health insurers, and other stakeholders. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

II. Format for the Quarterly Issuance Notices

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and “real time” accessibility. In addition, many of the

websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a website proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

This notice is organized into 15 addenda so that a reader may access the

subjects published during the quarter covered by the notice to determine whether any are of particular interest. We expect this notice to be used in concert with previously published notices. Those unfamiliar with a description of our Medicare manuals should view the manuals at <http://www.cms.gov/manuals>.

The Director of the Office of Strategic Operations and Regulatory Affairs of the Centers for Medicare & Medicaid Services (CMS), Kathleen Cantwell,

having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the **Federal Register Liaison**, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: May 8, 2023.

Trenesha Fultz-Mimms,
Federal Register Liaison, Department of Health and Human Services.

BILLING CODE 4120-01-P

publications, either in printed or microfilm form, for use by the general public. These libraries provide reference services and interlibrary loans; however, they are not sales outlets. Individuals may obtain information about the location of the nearest regional depository library from any library. CMS publication and transmittal numbers are shown in the listing entitled Medicare and Medicaid Manual Instructions. To help FDLs locate the materials, use the CMS publication and transmittal numbers. For example, to find the manual Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and Additional Claims Modifier for Audio-only Services (CMS-Pub. 100-02) Transmittal No. 11792.

Addendum I lists a unique CMS transmittal number for each instruction in our manuals or program memoranda and its subject number. A transmittal may consist of a single or multiple instruction(s). Often, it is necessary to use information in a transmittal in conjunction with information currently in the manual.

Fee-For-Service Transmittal Numbers

Please Note: Beginning Friday, March 20, 2020, there will be the following change regarding the Advance Notice of Instructions due to a CMS internal process change. Fee-For-Service Transmittal Numbers will no longer be determined by Publication. The Transmittal numbers will be issued by a single numerical sequence beginning with Transmittal Number 10000.

For the purposes of this quarterly notice, we list only the specific updates to the list of manual instructions that have occurred in the 3-month period. This information is available on our website at www.cms.gov/Manuals.

Transmittal Number	Manual/Subject/Publication Number
Medicare General Information (CMS-Pub. 100-01)	
11790	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11791	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
Medicare Benefit Policy (CMS-Pub. 100-02)	
11792	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and Additional Claims Modifier for Audio-only Services
11803	Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Medicare Benefit Policy Manual Chapter 13 Update
11824	An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening – Full Agile Pilot CR
11866	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

Publication Dates for the Previous Four Quarterly Notices

We publish this notice at the end of each quarter reflecting information released by CMS during the previous quarter. The publication dates of the previous four Quarterly Listing of Program Issuances notices are: May 13, 2022 (87 FR 29327), August 4, 2022 (87 FR 47751) November 14, 2022 (87 FR 68161) and February 1, 2023 (88 FR 6729). We are providing only the specific updates that have occurred in the 3-month period along with a hyperlink to the website to access this information and a contact person for questions or additional information.

Addendum I: Medicare and Medicaid Manual Instructions (January through March 2023)

The CMS Manual System is used by CMS program components, partners, providers, contractors, Medicare Advantage organizations, and State Survey Agencies to administer CMS programs. It offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives. In 2003, we transformed the CMS Program Manuals into a web user-friendly presentation and renamed it the CMS Online Manual System.

How to Obtain Manuals

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. Paper-based manuals are CMS manuals that were officially released in hardcopy. The majority of these manuals were transferred into the Internet-only manual (IOM) or retired. Pub 15-1, Pub 15-2 and Pub 45 are exceptions to this rule and are still active paper-based manuals. The remaining paper-based manuals are for reference purposes only. If you notice policy contained in the paper-based manuals that was not transferred to the IOM, send a message via the CMS Feedback tool.

Those wishing to subscribe to old versions of CMS manuals should contact the National Technical Information Service, Department of Commerce, 5301 Shawnee Road, Alexandria, VA 22312 Telephone (703-605-6050). You can download copies of the listed material free of charge at: <http://cms.gov/manuals>.

How to Review Transmittals or Program Memoranda

Those wishing to review transmittals and program memoranda can access this information at a local Federal Depository Library (FDL). Under the FDL program, government publications are sent to approximately 1,400 designated libraries throughout the United States. Some FDLs may have arrangements to transfer material to a local library not designated as an FDL. Contact any library to locate the nearest FDL. This information is available at <http://www.gpo.gov/libraries/>

In addition, individuals may contact regional depository libraries that receive and retain at least one copy of most federal government

11809	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11810	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11811	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11815	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11816	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11817	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11824	An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening - Full Agile Pilot CR
11828	Correction of Split (or Shared) Critical Care Billing Requirement in Section 30.6.12.5. of Chapter 12 of the Medicare Claims Processing Manual
11829	Quarterly Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
11831	File Conversions Related to the Spanish Translation of the Healthcare Common Procedure Coding System (HCPCS) Descriptions
11836	New Biweekly Interim Payments for Domestic N95 Respirator Procurement Cost Reimbursement
11842	Internet-Only Manual (IOM) Updates to Pub. 100-04, Chapter 12 for the New Hospital Inpatient or Observation Care Code Family, Nursing Facility Visits Code Family, Billing the Substantive Portion of a Split (or Shared) Visit, Changes for Prolonged Services, and Updates to the IOM with Policies Finalized for Office/Outpatient E/M Visits in the CY2020 and CY2021 Final Rules
11843	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18, Section 10.2.2.1, to Clarify the Payment Method on Vaccines for Critical Access Hospitals (CAHs)
11848	Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2023 Update
11849	April 2023 Quarterly Update to HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CIB) Enforcement
11851	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11861	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11863	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11865	An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening - Full Agile Pilot CR
11867	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11868	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11871	July 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
11873	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11875	National Coverage Determination (NCD) 50.3 - Cochlear Implantation

11901	Update to the Manual to Clarify Supervision Requirements for Diagnostic Tests
11905	Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the Medicare Policy Manual Chapter 15, Section 50.4.4.2
Medicare National Coverage Determination (CMS Pub. 100-03)	
11824	An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening - Full Agile Pilot CR
11865	An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule, Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening - Full Agile Pilot CR
11875	National Coverage Determination (NCD) 50.3 - Cochlear Implantation Manual Update
11892	Technical Revisions Only to the National Coverage Determination (NCD) Manual
11929	National Coverage Determination (NCD) 50.3 - Cochlear Implantation Manual Update
Medicare Claims Processing (CMS-Pub. 100-04)	
11777	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2023
11778	Clinical Laboratory Fee Schedule - Medicare Travel Allowance Fees for Collection of Specimens and New Updates for 2023
11780	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11781	January 2023 Integrated Outpatient Code Editor (IOCE) Specifications Version 24.0
11786	January 2023 Update of the Ambulatory Surgical Center (ASC) Payment System
11789	Update to the Internet Only Manual (IOM) For Alpha-Numerical Order in Publication (Pub.) 100-04, Chapter 32, Index, Sections 40.2.1 and 40.2.4
11792	Updates to Medicare Benefit Policy Manual and Medicare Claims Processing Manual for Opioid Treatment Programs and Additional Claims Modifier for Audio-only Services
11793	Internet-Only Manual [IOM] Updates for Ambulatory Surgical Centers [ASCs]
11794	Preventing Submission of Cross-Reference Document Control Numbers on Original Claims General Rules for Submitting Adjustment Requests Identifying Institutional Providers Reporting of Taxonomy Codes (Institutional Providers)
11795	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11796	Revisions to Processing of Home Health Disaster Related Claims and Contractor-Initiated Adjustments
11799	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11800	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11801	January 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)
11802	Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year (CY) 2023
11807	Correction to the Manual Instructions Update Established under Change Request 10971 (Implementation of the Medicare Performance Adjustment (MPA) for the Maryland Total Cost of Care (MD TCOCC) Model)

11930	Claim Adjustment Reason Codes (CARCs), Remittance Advice Remark Manual Update Quarterly Update for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) - July 2023 Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11936	April 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS) Comprehensive APCs Use of Modifiers Where to Report Modifiers on the Hospital Part B Claim Modifier 50 Modifiers LT and RT Modifiers 73 and 74 Modifiers 76 and 77 Modifiers for Radiology Services Modifier CA Modifier FB Modifier FC Modifier PO Modifier PN Modifier CI Modifier FX Modifier FY Modifier JG Modifier TB Modifier ER Modifier CG Complete List of Device Pass-through Category Codes Hospital and CMHC Reporting Requirements for Services Performed on the Same Day
11937	Medicare Secondary Payer (CMS-Pub. 100-05) Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11782	Confidentiality of Instruction
11783	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11788	Electronic Correspondence Referral System (ECRS) Updates to the Check Amount Screens, Removal of the Insurer Phone Number, Batch Processing Error Code Updates, Removal and Relocation of Excluded ICD-10 Diagnosis Codes and Clarification of Action Code II
11844	Online Electronic Correspondence Referral System (ECRS) Added Edits Checking for Medicare Entitlement and Part D Enrollment For Specific Group Health Plan (GHP) Types and Batch Edits, Effective April, 2023, Hierarchy Rules Will Be Applied to Primary and Supplemental Part D Records
11874	Significant Updates to Internet Only Manual (IOM) Publication (Pub.) 100-05 Medicare Secondary Payer (MSP) Manual, Chapter 3
11784	Medicare Financial Management (CMS-Pub. 100-06) Notice of New Interest Rate for Medicare Overpayments and Underpayments -2nd Qtr Notification for FY 2023
11787	Publication (Pub.) 100-06, Chapter 4, Section 70 Revision (Removal of Debt Collection System References and Corresponding Updates) and Inclusion of Existing Debt Close-Out (Termination of Collection Action) Instructions
11913	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction

11876	Manual Update Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11877	Issued to a specific audience, not posted to Internet/Intranet due to Sensitivity of Instruction
11880	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11881	Calendar Year (CY) 2023 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
11882	Instructions for Downloading the Medicare ZIP Code File for July 2023 Files
11883	April 2023 Healthcare Common Procedure Coding System (HCPCS) Quarterly Update Reminder
11885	Claim Status Category and Claim Status Codes Update
11886	Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MIREP) and PC Print Update
11887	Combined Common Edits/Enhancements Modules (CCEM) Code Set Update
11900	Payment Adjustment for Rural Emergency Hospital (REH) Provider Type TOC Outpatient Provider Specific File
11902	Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18 Sections 50.3-50.4, and Chapter 32 Sections 130.1, 170.2 for Coding Revisions to National Coverage Determinations (NCDs)— July 2023 Change Request (CR) 13070 Payment Method - A/B MACs (A) and (B) HCPCS, Revenue, and Type of Service Codes Billing and Payment Requirements Carrier Billing Requirements
11903	April 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
11908	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11909	Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 29.2, Effective July 1, 2023
11910	April Quarterly Update for 2023 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
11911	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11917	Inflation Reduction Act Section 11407: Limitations on Monthly Coinsurance and Adjustments to Supplier Payment Under Medicare Part B for Insulin Furnished Through Durable Medical Equipment (DME) – IMPLEMENTATION
11918	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11919	Indian Health Services (IHS) Hospital Payment Rates for Calendar Year 2023
11920	July 2023 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
11921	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction
11927	April 2023 Update of the Ambulatory Surgical Center [ASC] Payment System
11929	National Coverage Determination (NCD) 50.3 - Cochlear Implantation Billing Requirements for Expanded Coverage of Cochlear Implantation A/B MACs (Part A) Billing Procedures Special Billing Requirements for A/B MACs (A) for Inpatient Billing A/B MACs (Part B) Billing Procedures Healthcare Common Procedural Coding System (HCPCS)

11923	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	Medicare Contractor Beneficiary and Provider Communications (CMS-Pub. 100-09)
11924	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11925	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11933	Update to Process and Responsibility for Tracking Medicare Contractors' Prepayment and Post Payment Reviews in the RAC Data Warehouse (RACDW)	
11798	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instruction	
11870	Supplemental Security Income (SSI) Medicare Beneficiary Data for Fiscal Year (FY) 2021 for Inpatient Prospective Payment System (IPPS) Hospitals, Inpatient Rehabilitation Facilities (IRFs), and Long Term Care Hospitals (LTCs)	
	None	Medicare Quality Improvement Organization (CMS-Pub. 100-10)
	None	
	None	Medicare End Stage Renal Disease Network Organizations (CMS Pub 100-14)
	None	
	None	Medicaid Program Integrity Disease Network Organizations (CMS-Pub 100-15)
126	Update to Section 20.2.4.1 on Special Cost Sharing Requirements for D-SNPs	Medicare Managed Care (CMS-Pub. 100-16)
	None	Medicare Business Partners Systems Security (CMS-Pub. 100-17)
	None	Medicare Prescription Drug Benefit (CMS-Pub. 100-18)
	None	
11823	Prospective Change Requests for Making Care Primary (MCP) Model Analysis and Design	Demonstrations (CMS-Pub. 100-19)
11898	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
		One Time Notification (CMS-Pub. 100-20)
11776	Direct Mailing Notification to Hospice Providers Regarding the Value-Based Insurance Design (VBID) Model, Hospice Benefit Component, Participating Medicare Advantage Organizations	
11812	Shared System Support Hours for Application Programming Interfaces (APIs) - July 2023	
11813	Update to Change Request (CR) 12636 Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim	
11814	Update to Change Request (CR) 12636 Payment for Critical Access Hospitals (CAHs) Ancillary Services Submitted on 12X Type of Bill (TOB) Claim	
11825	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction	
11832	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) July 2023 Update	
11833	Patient Responsibility Reporting with Medicare Secondary Payer (MSP)	
11837	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Comment Screen	
11838	User Enhancement Change Request (UECR) - Update the Multi-Carrier System (MCS) to Allow a Mass Load of Full Procedure Code Inquiry Screen (PL Segments)	
11860	User Enhancement Change Request (UECR): Update the Multi-Carrier	

		Medicare State Operations Manual (CMS-Pub. 100-07)
210	Revisions to the State Operations Manual (SOM) Appendix M – Hospice	
211	Revisions to State Operations Manual (SOM), Appendix PP	
213	Revisions to State Operations Manual (SOM), Chapter 7	
		Medicare Program Integrity (CMS-Pub. 100-08)
11804	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11805	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11806	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11808	Incorporation of Recent Provider Enrollment Regulatory Changes into Chapter 10 of CMS Publication (Pub.) 100-08	
	Definitions	
	Skilled Nursing Facilities (SNFs)	
	Denial Reasons	
	Revocation Reasons	
	Risk-Based Screening	
	Miscellaneous Enrollment Topics	
11818	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11819	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11820	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11821	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11822	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11826	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11827	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11839	First Policy Change Request Regarding Implementation of the Provider Enrollment, Chain and Ownership System (PECOS) 2.0	
11840	Issued to a specific audience, not posted to Internet/Intranet due to a Confidentiality of Instruction	
11841	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11859	Eighth General Update to Provider Enrollment Instructions in Chapter 10 of CMS Publication (Pub.) 100-08	
11872	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11891	Second Policy Change Request (CR) Regarding Implementation of the Provider Enrollment, Chain and Ownership System (PECOS) 2.0	
11906	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11907	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11914	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11915	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	
11916	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions	

Regulations and notices are published in the daily **Federal Register**. To purchase individual copies or subscribe to the **Federal Register**, contact GPO at www.gpo.gov/fdsys. When ordering individual copies, it is necessary to cite either the date of publication or the volume number and page number.

The **Federal Register** is available as an online database through GPO Access. The online database is updated by 6 a.m. each day the **Federal Register** is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) through the present date and can be accessed at <http://www.gpoaccess.gov/fr/index.html>. The following website <http://www.archives.gov/federal-register/> provides information on how to access electronic editions, printed editions, and reference copies.

This information is available on our website at: <https://www.cms.gov/files/document/regs1q23qpu.pdf>

For questions or additional information, contact Terri Plumb (410-786-4481).

Addendum III: CMS Rulings (January through March 2023)

CMS Rulings are decisions of the Administrator that serve as precedent final opinions and orders and statements of policy and interpretation. They provide clarification and interpretation of complex or ambiguous provisions of the law or regulations relating to Medicare, Medicaid, Utilization and Quality Control Peer Review, private health insurance, and related matters.

The rulings can be accessed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings>. For questions or additional information, contact Tiffany Lafferty (410-786-7548).

Addendum IV: Medicare National Coverage Determinations (January through March 2023)

Addendum IV includes completed national coverage determinations (NCDs), or reconsiderations of completed NCDs, from the quarter covered by this notice. Completed decisions are identified by the section of the NCD Manual (NCDM) in which the decision appears, the title, the date the publication was issued, and the effective date of the decision. An NCD is a determination by the Secretary for whether or not a particular item or service is covered nationally under the Medicare Program (title XVIII of the Act), but does not include a determination of the code, if any, that is assigned to a particular covered item or service, or payment determination for a particular covered item or service. The entries below include information concerning completed decisions, as well as sections on program and decision memoranda, which also announce decisions or, in

11862	System (MCS) Procedure Maintenance Screen, PG Segment	System Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Reason Code 10404 Assigns on Accrete Claims
11864	User Enhancement Change Request (UECR): Fiscal Intermediary Shared System (FISS) - Automate Inpatient/Skilled Nursing Facility Common Working File (CWF) Alerts Received on the L1001 and L1002 Reports	User Enhancement Change Request (UECR): VIPS Medicare System (VMS) - Create an Audit Record for Manual Denials on Claim Edit Audit Trail (BUDS05)
11878	Extensions of Certain Temporary Changes to the Low-Volume Hospital Payment Adjustment and the Medicare Dependent Hospital (MDH) Program under the Inpatient Prospective Payment System (IPPS) Provided by the Further Continuing Appropriations and Extensions Act, 2023, and the Consolidated Appropriations Act, 2023	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing
11879	International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--July 2023 Update	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11889	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11890	User Enhancement Change Request (UECR): VIPS Medicare System (VMS) - Update Beneficiary Information Tracking System (BITS) Edit BT06 to allow the Response Date to be equal to the Receipt Date+	Upload of Notice Program Reimbursement (NPR) Letters, Interim Rate Reviews, and Tentative Settlement Documentation into the System for Tracking Audit and Reimbursement (STAR)
11904	Implementation of Consolidated Appropriations Act (CAA) of 2023, Section 4143: Waiver of Cap on Annual Payments for Nursing and Allied Health Education Payments	Instructions Relating to the Evaluation of Section 1115 Waiver Days in the Calculation of Disproportionate Share Hospital Reimbursement
11912	User Enhancement Change Request (UECR): Update the Multi-Carrier System (MCS) Procedure Code Lookup Screen and the Procedure Maintenance Screen	Issued to a specific audience, not posted to Internet/Intranet due to Confidentiality of Instructions
11931	Enhancements to Patient Driven Payment Model (PDPM) Claim Edits to Improve Claim Processing	Issued to a specific audience, not posted to Internet/Intranet due to a Sensitivity of Instruction
11932	State Payment of Medicare Premiums (CMS-Pub.100-22)	None
11935	Information Security Acceptable Risk Safeguards (CMS-Pub.100-25)	None

Addendum II: Regulation Documents Published in the Federal Register (January through March 2023)

Regulations and Notices

some cases, explain why it was not appropriate to issue an NCD. Information on completed decisions as well as pending decisions has also been posted on the CMS website. For the purposes of this quarterly notice, we are providing only the specific updates to national coverage determinations (NCDs), or reconsiderations of completed NCDs published in the 3-month period. This information is available at: www.cms.gov/medicare-coverage-database/. For questions or additional information, contact Wanda Belle, MPA (410-786-7491).

Title	NCDM Section	Transmittal Number	Issue Date	Effective Date
An Omnibus CR to Implement Policy Updates in the CY 2023 PFS Final Rule.	NCD 160.22	R11865	02/16/2023	01/01/2023
Including (1) Removal of Selected NCDs (NCD 160.22 Ambulatory EEG Monitoring), and, (2) Expanding Coverage of Colorectal Cancer Screening.	NCD 210.3	R11865	02/16/2023	01/01/2023
Coellear Implantation	NCD 50.3	R11929	03/27/2023	03/24/2023

Addendum V: FDA-Approved Category B Investigational Device Exemptions (IDEs) (January through March 2023)
(Inclusion of this addenda is under discussion internally.)

Addendum VI: Approval Numbers for Collections of Information (January through March 2023)

All approval numbers are available to the public at Reginfo.gov. Under the review process, approved information collection requests are assigned OMB control numbers. A single control number may apply to several related information collections. This information is available at www.reginfo.gov/public/do/PRAMain. For questions or additional information, contact William Parham (410-786-4669).

Addendum VII: Medicare-Approved Carotid Stent Facilities (January through March 2023)

Addendum VII includes listings of Medicare-approved carotid stent facilities. All facilities listed meet CMS standards for performing carotid artery stenting for high risk patients. On March 17, 2005, we issued our decision memorandum on carotid artery stenting. We determined that carotid artery stenting with embolic protection is reasonable and necessary only if performed in facilities that have been determined to be competent in performing the evaluation, procedure, and follow-up necessary to ensure optimal patient outcomes. We have created a list of minimum standards for facilities modeled in part on professional society statements on competency.

All facilities must at least meet our standards in order to receive coverage for carotid artery stenting for high risk patients. For the purposes of this quarterly notice, we are providing only the specific updates that have occurred in the 3-month period. This information is available at: <http://www.cms.gov/MedicareApprovedFacilities/CASF/list.asp#TopOfPage>. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Facility	Provider Number	Date Approved	State
The following facilities are new listings for this quarter.			
Robert Wood Johnson University Hospital Hamilton ("RWJUH") 1 Hamilton Health Place Hamilton, NJ 08690	31-0110	12/20/2022	NJ
City of Wooster dba Wooster Community Hospital 1761 Beall Avenue Wooster, OH 44691	360036	01/24/2023	OH
Providence Medford Medical Center 1111 Crater Lake Avenue Medford OR 97504	380075	02/07/2023	OR
Riverview Regional Medical Center 601 South 3rd Street Gadsden, AL 35901	010046	01/30/2023	AL
Virtua West Jersey Hospital Marlton 90 Brick Road Marlton, NJ 08053	310022	02/07/2023	NJ
Margaret R. Pardee Memorial Hospital 800 North Justice Street Hendersonville, NC 28791 Other Information: Henderson County Hospital Corporation	340017	02/07/2023	NC
Coffee Regional Medical Center Inc 1101 Ocilla Road Douglas, GA 31533	110089	02/14/2023	GA
Protestant Memorial Medical Center 4500 Memorial Drive Belleville, IL 62226	140185	02/14/2023	IL
Licking Memorial Hospital 1320 W. Main Street Newark, OH 43035	360218	02/14/2023	OH
Oklahoma Surgical Hospital 2408 81st Street, Suite 300 Tulsa, OK 74137	1487651857	03/07/2023	OK
Memorial Hermann Cypress 27800 Northwest Freeway Cypress, TX 77433	1982666111	03/07/2023	TX
Johnston Health Services Corporation 509 N. Brightleaf Boulevard Smithfield, NC 27577	340090	07/15/2022	NC
The following facilities have editorial changes (in bold).			
Hearst Hospital of Austin 3801 N. Lamar Boulevard	450431	08/04/2005	TX

Facility	Provider Number	Date Approved	State
Austin, TX 78756			

Addendum VIII: American College of Cardiology’s National Cardiovascular Data Registry Sites (January through March 2023)

The initial data collection requirement through the American College of Cardiology’s National Cardiovascular Data Registry (ACC-NCDR) has served to develop and improve the evidence base for the use of ICDs in certain Medicare beneficiaries. The data collection requirement ended with the posting of the final decision memo for Implantable Cardioverter Defibrillators on February 15, 2018.

For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum IX: Active CMS Coverage-Related Guidance Documents (January through March 2023)

CMS issued a guidance document on November 20, 2014 titled “Guidance for the Public, Industry, and CMS Staff: Coverage with Evidence Development Document”. Although CMS has several policy vehicles relating to evidence development activities including the investigational device exemption (IDE), the clinical trial policy, national coverage determinations and local coverage determinations, this guidance document is principally intended to help the public understand CMS’s implementation of coverage with evidence development (CED) through the national coverage determination process. The document is available at <http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=27>. There are no additional Active CMS Coverage-Related Guidance Documents for the 3-month period. For questions or additional information, contact JoAnna Baldwin, MS (410-786-7205).

Addendum X: List of Special One-Time Notices Regarding National Coverage Provisions (January through March 2023)

There were no special one-time notices regarding national coverage provisions published in the 3-month period. This information is available at <http://www.cms.gov>. For questions or additional information, contact JoAnna Baldwin, MS (410-786 7205).

Addendum XI: National Oncologic PET Registry (NOPR) (January through March 2023)

Addendum XI includes a listing of National Oncologic Positron Emission Tomography Registry (NOPR) sites. We cover positron emission

tomography (PET) scans for particular oncologic indications when they are performed in a facility that participates in the NOPR.

In January 2005, we issued our decision memorandum on **positron emission tomography (PET) scans**, which stated that CMS would cover PET scans for particular oncologic indications, as long as they were performed in the context of a clinical study. We have since recognized the National Oncologic PET Registry as one of these clinical studies. Therefore, in order for a beneficiary to receive a Medicare-covered PET scan, the beneficiary must receive the scan in a facility that participates in the registry. There were no additions, deletions, or editorial changes to the listing of National Oncologic Positron Emission Tomography Registry (NOPR) in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilities/NOPR/list.asp#TopOfPage>. For questions or additional information, contact David Dolan, MBA (410-786-3365).

Addendum XII: Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities (January through March 2023)

Addendum XII includes a listing of Medicare-approved facilities that receive coverage for ventricular assist devices (VADs) used as destination therapy. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy. On October 1, 2003, we issued our decision memorandum on VADs for the clinical indication of destination therapy. We determined that VADs used as destination therapy are reasonable and necessary only if performed in facilities that have been determined to have the experience and infrastructure to ensure optimal patient outcomes. We established facility standards and an application process. All facilities were required to meet our standards in order to receive coverage for VADs implanted as destination therapy.

For the purposes of this quarterly notice, we are providing only the specific updates to the list of Medicare-approved facilities that meet our standards that have occurred in the 3-month period. This information is available at <http://www.cms.gov/MedicareApprovedFacilities/VAD/list.asp#TopOfPage>. For questions or additional information, contact David Dolan, MBA, (410-786-3365).

Facility	Provider Number	Date of Initial Certification	Date of Re-certification	State
The following facilities are new listings for this quarter.				
Novant Health New Hanover Regional Medical Center 2131 South 17th Street Wilmington, NC 28401	340141		02/02/2023	NC
Other information:				

03/08/2016; 03/13/2018; 4/14/2021	050348	12/16/2019	12/17/2022	CA
UCI Medical Center 101 The City Dr. South; Building 53, Suite 304A Orange, CA 92868 Other information: DNV ID #: C569686 Previous Re-certification Dates: 12/16/2019	050327	02/07/2012	11/23/2022	CA
Loma Linda University Medical Center 11234 Anderson Street Loma Linda, CA 92354 Other information: Joint Commission ID # 9898 Previous Re-certification Dates: 02/07/2012; 01/23/2014; 02/23/2016; 04/10/2018; 05/15/2021	390111	05/22/2008	11/24/2022	PA
Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104 Other information: Joint Commission ID# 6129 Previous Re-certification Dates: 05/22/2008; 06/08/2010; 05/25/2012; 04/15/2014; 06/15/2016; 05/06/2021	050047	12/08/2009	11/09/2022	CA
California Pacific Medical Center-Van Ness Campus 1101 Van Ness Avenue San Francisco, CA 94109 Other information: Joint Commission ID # 5152 Previous Re-certification Dates: 12/08/2009; 11/11/2011; 01/07/2014; 02/09/2016; 03/20/2018; 02/20/2021	340091	01/07/2014	12/03/2022	NC
Moses H. Cone Memorial Hospital Operating Corporation 1200 North Elm Street Greensboro, NC 27401-1020 Other information:				

DNV ID#: C534547				
Previous Re-certification n/a				TX
The following facilities have editorial changes (in bold).				
Medical City Dallas 7777 Forest Lane Dallas, TX 75230 Other information: Joint Commission ID # 9008	450647	09/09/2008	10/20/2022	TX
Previous Re-certification Dates: 09/09/2008; 08/10/2010; 07/17/2012; 06/27/2014; 07/12/2016; 04/03/2021	340002	05/17/2016	11/16/2022	NC
Mission Hospital 509 Biltmore Avenue Asheville, NC 28801-4690 Other information: Joint Commission ID # 6468	330182	11/08/2016	12/14/2022	NY
Previous Re-certification Dates: 05/17/2016; 04/14/2021	490024	12/29/2019	12/30/2022	VA
St. Francis Hospital 100 Fort Washington Blvd Roslyn, NY 11576 Other information: Joint Commission ID # 5860	050017	02/11/2014	11/18/2022	CA
Previous Re-certification Dates: 11/08/2016; 05/08/2021				
Carilion Roanoke Memorial Hospital 1906 Bellview Ave Roanoke, VA 24014 Other information: DNV ID # C564108				
Previous Re-certification Dates: 12/29/2019				
Mercy General Hospital 4001 J Street Sacramento, CA 95819 Other information: Joint Commission ID # 10053				
Previous Re-certification Dates: 02/11/2014;				

University of Cincinnati Medical Center 3188 Bellevue Avenue Cincinnati, OH 45219 Other information: Joint Commission ID# 6988 Previous Re-certification Dates: 12/13/2011; 01/07/2014; 02/23/2016; 03/13/2018; 05/19/2021	360003	12/13/2011	03/16/2023	OH
Piedmont Hospital, Inc. 1968 Peachtree Rd. NW Atlanta, GA 30309 Other information: DNV ID# C599369 Previous Re-certification Dates: 06/09/2011; 02/08/2017; 03/19/2020	110083	06/09/2011	03/19/2023	GA
University of Mississippi Medical Center 2500 North State Street Jackson, MS 39216 Joint Commission ID# 8064 Previous Re-certification Dates: 08/16/2016; 08/08/2018; 5/20/21	250001	08/16/2016	02/04/2023	MS

**Addendum XIII: Lung Volume Reduction Surgery (LVRS)
(January through March 2023)**

Addendum XIII includes a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery. Until May 17, 2007, facilities that participated in the National Emphysema Treatment Trial were also eligible to receive coverage. The following three types of facilities are eligible for reimbursement for Lung Volume Reduction Surgery (LVRS):

- National Emphysema Treatment Trial (NETT) approved (Beginning 05/07/2007, these will no longer automatically qualify and can qualify only with the other programs);
- Credentialed by the Joint Commission (formerly, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) under their Disease Specific Certification Program for LVRS; and
- Medicare approved for lung transplants.

Only the first two types are in the list. For the purposes of this quarterly notice, there were no additions, deletions, or editorial changes to a listing of Medicare-approved facilities that are eligible to receive coverage for lung volume reduction surgery. This information is available at

Joint Commission ID # 6504 Previous Re-certification Dates: 01/07/2014; 02/09/2016; 02/13/2018; 4/17/2021; 10/24/2012; 10/21/2014; 11/01/2016; 05/05/2021	440039	10/28/2003	12/07/2022	TN
Vanderbilt University Medical Center 1211 Medical Center Drive Nashville, TN 37232-2101 Other information: Joint Commission ID # 7892 Previous Re-certification Dates: 04/20/2012; 03/11/2014; 04/05/2016; 05/08/2018; 04/28/2021	450193	10/28/2003	02/11/2023	TX
CHI St. Luke's Health Baylor College of Medicine Medical Center 6720 Bertner Avenue Houston, TX 77030 Other information: Joint Commission ID # 9098 Previous Re-certification Dates: 10/07/2008; 11/17/2010; 11/06/2012; 10/16/2014; 11/22/2016; 06/05/2021	150056	11/25/2003	01/20/2023	IN
Indiana University Health, Inc. 1701 North Senate Boulevard Indianapolis, IN 46202 Other information: Joint Commission ID # 188549 Previous Re-certification Dates: 08/12/2008; 08/17/2010; 08/17/2012; 08/19/2014; 10/04/2016; 05/29/21				

www.cms.gov/MedicareApprovedFacilities/LVRS/list.asp#TopOfPage. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum XIV: Medicare-Approved Bariatric Surgery Facilities (January through March 2023)

Addendum XIV includes a listing of Medicare-approved facilities that meet minimum standards for facilities modeled in part on professional society statements on competency. All facilities must meet our standards in order to receive coverage for bariatric surgery procedures. On February 21, 2006, we issued our decision memorandum on bariatric surgery procedures. We determined that bariatric surgical procedures are reasonable and necessary for Medicare beneficiaries who have a body-mass index (BMI) greater than or equal to 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with medical treatment for obesity. This decision also stipulated that covered bariatric surgery procedures are reasonable and necessary only when performed at facilities that are: (1) certified by the American College of Surgeons (ACS) as a Level I Bariatric Surgery Center (program standards and requirements in effect on February 15, 2006); or (2) certified by the American Society for Bariatric Surgery (ASBS) as a Bariatric Surgery Center of Excellence (BSCOE) (program standards and requirements in effect on February 15, 2006).

There were no additions, deletions, or editorial changes to Medicare-approved facilities that meet CMS' minimum facility standards for bariatric surgery that have been certified by ACS and/or ASMBS in the 3-month period. This information is available at www.cms.gov/MedicareApprovedFacilities/BFS/list.asp#TopOfPage. For questions or additional information, contact Sarah Fulton, MHS (410-786-2749).

Addendum XV: FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials (January through March 2023)

There were no FDG-PET for Dementia and Neurodegenerative Diseases Clinical Trials published in the 3-month period. This information is available on our website at www.cms.gov/MedicareApprovedFacilities/PETDT/list.asp#TopOfPage. For questions or additional information, contact David Dolan, MBA (410-786-3365).

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BILLING CODE 4120-01-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Home-Based Child Care Practices and Experiences Study (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation is proposing a new primary data collection to examine the experiences, strengths, resources, and strategies used by home-based child care providers to serve and support equitable outcomes for children and families. The Home-Based Child Care Practices and Experiences study will explore the experiences of a particular group of home-based child care providers who are legally exempt from state licensing or other state

regulations that apply to non-custodial care of children in the provider's own home; these providers are commonly referred to as family, friend, and neighbor providers.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. You can also obtain copies of the proposed collection of information by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The study will use semi-ethnographic, open-ended methods

(including semi-structured interviews, and photo and audio journals) to generate rich information about the experiences of study respondents. The study will be conducted in four sites across the United States and will involve one round of data collection. Data collection will be conducted virtually and is planned to occur over a 5-month period. The study results are intended to inform future research and federal programs by contributing rich data on the ways family, friend, and neighbor providers think about and enact quality for children and families. The study will address substantial gaps in the existing evidence around "why" and "how" family, friend, and neighbor providers care for and educate children, and it will provide the foundation for future research on home-based child care. Study findings can also inform efforts to better align quality improvement efforts with the aspects of quality that providers and families find the most important in these settings.

Respondents: Family, friend, and neighbor child care providers, family members of the children cared for by the providers, and community members who support the providers.