

legislation/paperwork-reduction-act-1995/pa-listing.

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

SUPPLEMENTARY INFORMATION: CMS is extending the comment period of the revised CHIP State Plan Eligibility collection of information request that published in the **Federal Register** on June 12, 2025 (90 FR 24804). Due to difficulties with posting the collection of information's materials on the internet for public review and comment, this notice extends the comment period by six days. While the notice published, as indicated on June 12, the collection of information's materials did not post until June 18; a difference of six days and an extension of the initial June 26 comment due date to July 2.

Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collection

1. *Title of Information Collection:* CHIP State Plan Eligibility; *Type of Information Collection Request:* Revision of a currently approved collection; *Use:* Under section 2110(b)(2)(A) of the Social Security Act (SSA) and 42 CFR 457.310(c)(2)(i), children who are inmates of a public institution are excluded from the definition of targeted low-income child and therefore are not eligible for CHIP. However, section 5121 of the Consolidated Appropriations Act of 2023 (CAA, 2023) added a new section 2110(b)(7) to the SSA that provides limited exceptions to this exclusion. Effective January 1, 2025, children are no longer subject to the CHIP eligibility exclusion if they are within 30 days prior to their release from incarceration from a public institution.

Also, under section 5121, a new section 2102(d) was added to the SSA, effective January 1, 2025, which prohibits states from terminating otherwise eligible CHIP enrollees who are inmates of a public institution and instead permits states to suspend coverage during the enrollee's incarceration. States that elect to suspend coverage may implement either a benefits or eligibility suspension. States must also provide screening and diagnostic services, and case

management services available under the CHIP state plan in the 30 days prior to release in accordance with section 2102(d)(2) of the SSA.

Additionally, through section 5122 of the CAA, 2023 states may implement the option to lift the CHIP eligibility exclusion for children who are incarcerated while pending disposition of charges and provide them with full CHIP state plan benefits during that time.

This May 2025 iteration adds a new CHIP eligibility template "General Eligibility—Incarcerated CHIP Beneficiaries" and an associated implementation guide. The revision is intended to conform with the sections 5121 and 5122 of the CAA, 2023.

Form Number: CMS–10398 #17 (OMB control number: 0938–1148); *Frequency:* Once and Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 2,805. (For policy questions regarding this collection contact: Mary Beth Hance at 443–934–2613.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity: National Medical Support Notice Part A (Office of Management and Budget #: 0970–0222)

AGENCY: Office of Child Support Services, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Services (OCSS) (Services), Administration for Children and Families (ACF) is requesting the Office of Management and Budget (OMB) to approve the National Medical Support Notice (NMSN) Part A with minor changes, for an additional 3 years. The current OMB approval expires on November 30, 2025. To allow states to

program the changes to the proposed NMSN Part A, OCSS requests that the current NMSN Part A be extended 1 year.

DATES: Comments due August 25, 2025. 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. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires all child support orders under title IV–D of the Social Security Act to provide medical support coverage. The Child Support Performance and Incentive Act of 1998 (CSPIA) requires compliance through the NMSN Part A. NMSN Part A expedites requests for medical coverage between state child support agencies, employers, and health care administrators. OCSS maintains Part A of the NMSN. States populate it and send it to the parent's employer to complete. Then the employer's health care administrator enrolls the children in the health care plan. OCSS provides the NMSN Part A Sample and Instructions for employers as a resource to review while completing the information collection. Minor deletions and changes have been made to the NMSN Part A, the instructions, and the sample language for clarification.

Respondents: States, employers, and health care administrators.

Annual Burden Estimates: The estimated time per response remains the same, but the estimated number of respondents and number of responses has been updated to reflect assumptions for the next 3 years. OCSS estimates it will take state child support agencies about 1 year to implement the revised form.

Table 1 below shows burden hour estimates for respondents to continue to use the currently approved NMSN during an initial implementation period for the updated version. Table 2 shows the burden estimates for respondents once the new version of the NMSN is fully implemented in 2026.

TABLE 1—CURRENT FORM IN USE DURING IMPLEMENTATION THROUGH 2026

Information collection title	Total number of annual respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
NMSN—Part A—Notice to Withhold for Health Care Coverage—States	54	90,194	.17	827,891
NMSN—Part A—Notice to Withhold for Health Care Coverage—Employers	1,310,727	3.72	.17	828,904
State Medical Support Contacts and Program Requirement Matrix—States	54	1	1	54
NMSN—Part A—Notice to Withhold for Health Care Coverage e-NMSN				
record specification layout Electronic system to system—States	5	5,000	.01	250
NMSN—Part A—Notice to Withhold for Health Care Coverage e-NMSN				
record specification layout Electronic system to system—Employers	25	3.72	.01	1
Estimated Annual Burden	1,657,100

TABLE 2—REVISED FORM—ESTIMATED BURDEN AFTER 2026 IMPLEMENTATION

Information collection title	Total number of annual respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
NMSN—Part A—Notice to Withhold for Health Care Coverage—States	54	86,818	.17	796,989
NMSN—Part A—Notice to Withhold for Health Care Coverage—Employers	1,263,267	3.71	.17	796,742
NMSN—Part A—Notice to Withhold for Health Care Coverage e-NMSN				
record specification layout Electronic system to system—States	7	5,000	.01	350
NMSN—Part A—Notice to Withhold for Health Care Coverage e-NMSN				
record specification layout Electronic system to system—Employers	25	3.72	.01	1
Estimated Annual Burden	1,567,082

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: Section 466(a)(19) of the Social Security Act, 42 U.S.C. 666(a)(19); 45 U.S.C. 303.32 National Medical Notice; The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWRORA) Pub. L. 104–193; Child Support Performance and Incentives Act of 1998 (CSPIA) Pub. L. 105–200, section 401(c); 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), Pub. L. 93–406.

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget (OMB) Review; Refugee Assistance Program Estimates: Cash and Medical Assistance—ORR–1 (Office of Management and Budget #: 0970–0030)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services is requesting revisions to an existing data collection, ORR–1 Cash and Medical Assistance (CMA) Program Estimates (Office of Management and Budget (OMB) #0970–0030, expiration June 30, 2025. The proposed revisions include minor revisions to the existing ORR–1 form and the addition of a template recipients must use in preparing their annual budget justification estimates in accordance with the refugee resettlement program regulations.

DATES: *Comments due* July 24, 2025.

OMB must decide 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 infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ORR–1, CMA Program Estimates, is the application for grants under the CMA program. The application is required by ORR program regulations at 45 CFR 400.11(b). The regulation specifies that states must submit, as their application for this program, estimates of the projected costs they anticipate incurring in providing CMA for eligible recipients and the costs of administering the program. Under the CMA program, states are