

notice to [www.reginfo.gov/public/do/PRAMain](http://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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

**FOR FURTHER INFORMATION CONTACT:**

William Parham at (410) 786–4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (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 (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:** Extension of a currently approved collection; **Title of Information Collection:** Medical Necessity and Contract Amendments Under Mental Health Parity; **Use:** Upon request, regulated entities must provide a medical necessity disclosure. Receiving this information will enable potential and current enrollees to make more educated decisions given the choices available to them through their plans and may result in better treatment of their mental health or substance use disorder (MH/SUD) conditions. States use the information collected and reported as part of their contracting process with managed care entities, as well as their compliance oversight role. In states where a Medicaid Managed Care Organization (MCO) is responsible for providing the full scope of medical/surgical and MH/SUD services to beneficiaries, the state will review the

parity analysis provided by the MCO to confirm that the MCO benefits are compliant. CMS uses the information collected and reported in an oversight role of State Medicaid managed care programs. **Form Number:** CMS–10556 (OMB control number: 0938–1280); **Frequency:** Once and occasionally; **Affected Public:** Individuals and households, the Private sector, and State, Local, or Tribal Governments; **Number of Respondents:** 78,854,308; **Total Annual Responses:** 473,213; **Total Annual Hours:** 79,050.

(For policy questions regarding this collection contact Matthew Rodriguez at 303–844–4724.)

**William N. Parham, III,**

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

[FR Doc. 2025–23506 Filed 12–19–25; 8:45 am]

**BILLING CODE 4120–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**Statement of Organization, Functions, and Delegations of Authority**

**AGENCY:** Centers for Medicare & Medicaid Services.

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and CHIP Services, Office of Rural Health Transformation, has been established.

**DATES:** This new organizational structure was approved by the Secretary of the Department of Health and Human Services and took effect on December 18, 2025.

**FOR FURTHER INFORMATION CONTACT:** Joe Kane at (410) 786–0655; 7500 Security Blvd., Baltimore, MD.

**SUPPLEMENTARY INFORMATION:** Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) (last amended at **Federal Register**, Vol. 87, No. 205, pp. 64492–64494, dated October 25, 2022) is amended to reflect the establishment of the Office of Rural Health Transformation within Center for Medicaid and CHIP Services (CMCS).

Part F, Section FC. 10 (Organization) is revised as follows: Center for Medicaid and CHIP Services, Office of Rural Health Transformation, Office of Rural Health Transformation, Division of State Rural Engagement.

Part F, Section FC. 20 (Functions) for the new organization is as follows:

**Office of Rural Health Transformation**

\* Establish and provide oversight for the Rural Health Transformation Program (RHTP), which aims to improve healthcare access and outcomes in rural communities.

\* Develop Rural Health Transformation application process and criteria to use in grant application reviews and awards, in accordance with statutory requirements.

\* In partnership with the Office of Acquisition and Grants Management, (OAGM) distribute funds to states in accordance with statutorily defined timelines.

\* Partner with HHS entities, states, healthcare facilities, healthcare advocacy groups, and other key stakeholders to ensure sound guidance and program initiatives that improve rural residents’ access to healthcare services in support of making rural America healthy again.

\* Lead and/or support CMS interactions and collaborations with States and local governments, territories, healthcare providers, key stakeholders (e.g., consumer and policy organizations and the healthcare provider community), and other Federal government entities on making rural America again.

\* Serve as CMS’ lead for rural health transformation program management, oversight, and performance issues related to interactions with States and the stakeholder community.

\* Serve as CMS’s primary contact for RHTP public inquiries, including but not limited to local congressional offices, and providers.

\* Advise the Administrator, Center Leadership, senior staff, and other CMS components on matters that affect RHTP, including policy analysis, Technical Advisory Group perspectives, consultation, and information dissemination strategies.

**Division of State Rural Engagement**

\* Provide Rural Health Transformation policy and operational guidance to States and internal and external stakeholders to ensure appropriate policy application.

\* Collaborate with States in their implementation of approved rural health transformation programs and conduct readiness assessment reviews, ongoing monitoring, and oversight.

\* Establish policy regarding program monitoring, quality and performance management, and quality improvement for programs and services to ensure

progress in improving health outcomes for rural populations.

\* Monitor the implementation of states' rural health transformation plans to ensure resources are appropriately used and hold states accountable for achieving the goals outlined in the states' plans.

\* Conduct training for internal and external stakeholders as necessary.

\* Work with the CMCS, Data and Systems Group (DSG), Division of State Systems to leverage existing systems to develop and implement new applications for state system enhancements and quality improvement activities. For example, Medicaid Statistical Information System (MSIS), Transformed-MSIS, and Medicaid & CHIP Program (MACPro), DataConnect, Medicaid and CHIP Data Collection Tool and develop and maintain the system for the collection, organization, review, and analysis of data necessary for program integrity, program oversight, and administration.

\* Partners with the Center for Program Integrity (CPI), OAGM and other CMS stakeholder offices to develop and implement a comprehensive strategic plan, objectives, and measures to ensure program vulnerabilities with waste, fraud, and abuse are identified and resolved.

(Authority: 44 U.S.C. 3101)

**Robert F. Kennedy Jr.,**  
Secretary, Department of Health and Human Services.

[FR Doc. 2025-23588 Filed 12-19-25; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[OMB #: 0970-0386]

### Submission for Office of Management and Budget Review; Proposed Information Collection Activity; Office of Community Services Community Economic Development Performance Progress Report

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

**ACTION:** Request for public comments.

**SUMMARY:** The Office of Community Services (OCS), Administration for

Children and Families (ACF), U.S. Department of Health and Human Services is requesting a 3-year extension of the Community Economic Development (CED) Performance Progress Report (PPR) (Office of Management and Budget (OMB) #: 0970-0386), expiration date February 28, 2026, with revisions to support a quarterly reporting schedule. This request updates burden estimates to account for new quarterly reporting requirements. While the core CED PPR form remains unchanged and will still be submitted semi-annually, new awardees must now report quarterly. In alternate quarters (Q1 and Q3), they will complete a shorter version of the form with narrative updates only.

**DATES:** *Comments due January 21, 2026.*

**ADDRESSES:** The public may view and comment on this information collection request at: [https://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=202512-0970-006](https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202512-0970-006). 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:** OCS is seeking to extend the CED PPR (OMB #: 0970-0386), with revisions, for three years. This extension will permit OCS to continue collecting the performance progress information about projects funded through the CED program from current and future grant recipients.

The CED PPR collects information regarding the implementation and outcomes of CED projects to support program monitoring, the provision of training and technical assistance, and the fulfillment of congressional reporting requirements. The report tracks quantitative information, including measures of job creation and project expenditures, along with narrative descriptions of project activities, challenges, and changes.

The CED PPR will continue to be administered to all active grant recipients of the CED program. Grant recipients will complete this report based on activities completed through the second and fourth quarters of each project year.

This request revises the burden estimates to reflect new reporting requirements for quarterly reporting. The burden estimates reflect quarterly reporting for new awardees as well as a shorter response time for quarterly

reporters in alternate quarters when they will only be required to complete a subset of items on the form. This request makes no changes to the current approved CED PPR form that all grant recipients will be required to complete semi-annually. The current approved CED PPR is cumulative and covers activities completed through the second and fourth quarters of each project year. For the first and third quarters of each project year, quarterly reporters will complete a subset of items to provide narrative updates on project progress.

Currently, grant recipients submit the CED PPR semi-annually. Through this request, OCS proposes to change the reporting requirements to collect information on CED project progress on a quarterly basis. This will allow OCS to monitor grant recipient progress more frequently and to support the timely provision of training and technical assistance. The reporting schedule for CED projects will be identified in the Notice of Funding Opportunity (NOFO) under which projects are funded. In the past, CED NOFOs identified a semi-annual reporting schedule. Quarterly reporting requirements were included in the federal fiscal year (FFY) 2025 NOFO for the first time.

To reduce the burden for quarterly reporters, OCS will only require grant recipients to complete a subset of items from the CED PPR in the first and third quarters of each project year. The burden estimates for the subset of items are included in the annual burden estimates for the CED PPR Short Form. The CED PPR Short Form does not include the quantitative measures and focuses on narrative descriptions of project activities, challenges, and changes.

**Respondents:** The CED PPR will be completed by all CED grant recipients active during the 3-year extension. The CED PPR Short Form will be completed by grant recipients receiving awards through an application to a NOFO requiring quarterly reporting.

### Annual Burden Estimates

OCS anticipates including quarterly reporting requirements in NOFOs published in FFY 2025 and later. Because CED projects are funded for 3- to 4-year project periods, OCS anticipates that only half of active grant recipients will be required to complete the short-form during the extension period. These assumptions are reflected in the burden estimates below.