

**FEDERAL RESERVE SYSTEM****Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company**

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Benjamin W. McDonough, Deputy Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than March 26, 2026.

A. *Federal Reserve Bank of St. Louis* (Holly A. Rieser, Senior Manager) P.O. Box 442, St. Louis, Missouri 63166–2034. Comments can also be sent electronically to

[Comments.applications@stls.frb.org](mailto:Comments.applications@stls.frb.org):

1. *Heath O'Brien Jenkins, Madison, Mississippi*; to acquire voting shares of Genesis Bancorp, Inc., and thereby indirectly acquire voting shares of Genesis Bank, both of Benoit, Mississippi.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Associate Secretary of the Board.*

[FR Doc. 2026–04741 Filed 3–10–26; 8:45 am]

**BILLING CODE P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Agency for Healthcare Research and Quality****Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the extension without change of the previously approved information collection project “AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Home and Community-Based Services Survey (HCBS) Database” (OMB Control number 0935–0245, last approved on January 3, 2023, for three years). This information collection was previously published in the **Federal Register** on November 28, 2025, and allowed 60 days for public comment. No comments were received by AHRQ.

The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by April 10, 2026.

**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](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.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Margie Shofer, AHRQ Reports Clearance Officer, 301–427–1696 or by email at [REPORTSCLEARANCEOFFICER@ahrq.hhs.gov](mailto:REPORTSCLEARANCEOFFICER@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:****Proposed Project**

The CAHPS Home and Community-Based Services Survey (HCBS–CAHPS Survey) is the first cross-disability survey of home and community-based service beneficiaries' experience receiving long-term services and supports. It is designed to facilitate comparisons across state Medicaid

HCBS programs throughout the country that target adults with disabilities, *e.g.*, including older adults, individuals with physical disabilities, persons with developmental or intellectual disabilities, those with acquired brain injury and persons with severe mental illness.

The HCBS–CAHPS Database serves as a primary source of data available to states, agency programs and researchers to help answer important questions related to beneficiary experiences. AHRQ, through its contractor, collects and makes available de-identified survey data, enabling HCBS programs to identify areas where quality can be improved.

The HCBS–CAHPS Database supports AHRQ's goals of promoting improvements in the quality and patient-centeredness of health care in home or community-based care settings.

The HCBS–CAHPS Survey was developed by the Centers for Medicare & Medicaid Services (CMS) for voluntary use by state Medicaid programs, including both fee-for-service HCBS programs as well as managed long-term services and supports (MLTSS) programs. States with adequate sample sizes may consider using survey metrics in value-based purchasing initiatives.

This research seeks to answer the following questions:

1. What are the key drivers of patient experience in HCBS programs?
2. How do beneficiary experiences with HCBS vary across states and program types?
3. What are the highest and lowest scoring measures in specific domains of HCBS delivery of care?

This research has the following goals:

1. Produce aggregated results from HCBS–CAHPS survey users that voluntarily submit their data; and
2. Provide feedback reports to HCBS–CAHPS survey users that voluntarily submit their data to help them identify their strengths and areas for improvement in patient care.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement [42 U.S.C 299a(a)(1), (2) and (8)].

The development and operation of the HCBS–CAHPS Database will include the following major components undertaken by AHRQ through its contractor.

1. *Program Recruitment.* Outreach will be conducted with the HCBS–CAHPS user community (including state agencies, managed long-term services and supports (MLTSS) programs, centers for independent living, improvement collaborative organizations, survey vendors, etc.) to promote the database and its benefits and encourage voluntary contributions of survey data. A variety of communications will be used (e.g., GovDelivery announcements, personal email messages, conference and meeting presentations, etc.) to present the value case for the database and key dates and details about submitting data.

2. *Data Submission Platform.* AHRQ’s contractor currently provides a web-based user-friendly submission platform for both the CAHPS Health Plan and CAHPS Child Hospital survey data. This platform was used as a model to develop the HCBS–CAHPS Database submission system, including data submission specifications; technical assistance and step-by-step instructions for participation; analysis programs for data cleaning and reporting; and data use agreements to protect the confidentiality of the participating organizations and their data.

3. *Submission Notifications and Instructions.* Clear instructions and notifications are of paramount importance for successful submission of valid data, seamless report dissemination, and streamlined communication with survey vendors, state programs, or other submitters.

**Method of Collection**

The development and operation of the HCBS–CAHPS Database will include the following data collection activities:

- Registration with the site to obtain an account with a secure username and password;
- Submission of DUAs and survey questionnaires;
- Submission of program information form;
- Submission of de-identified survey data files
- Generation of status reports indicating that submitted files are either accepted or rejected; and
- Follow-up with submitters in the event of a rejected file, to assist in making corrections and resubmitting the file.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated burden hours for the respondents to participate in the database. The 51 POCs in Exhibit 1 represent the 51 states or agencies that will administer the Adult HCBS survey. An estimated thirteen survey vendors will assist them.

Each POC will:

1. Register online for submission. The online registration form will require about five minutes to complete.
2. Complete a program information form of information about each program such as the name of the program, program size, state, etc. The online program information form takes on average 5 minutes to complete.
3. Complete a DUA. The DUA requires about 3 minutes to sign and return by fax or mail.

Each submitter, which in most cases will be the survey vendor performing the data collection, will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the HCBS–CAHPS Database. Since the unit of analysis is at the program level, submitters will upload one data file per program. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each program.

The total burden is estimated to be 63 hours annually.

**EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents/ POCs*	Number of responses per POC	Hours per response	Total burden hours
Registration Form .....	51	1	5/60	4.25
Program Information Form .....	51	1	5/60	4.25
Data Use Agreement .....	51	1	3/60	2.5
Data Files Submission .....	13	4	1	52
Total .....	NA	NA	NA	63

\*The 51 POC’s for the registration form, program information form and the DUA are the estimated POC’s from the estimated participating programs.

Exhibit 2 shows the estimated annualized cost burden based on the respondents’ time to complete one

submission process. The cost burden is estimated to be \$6,940 annually.

**EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN**

Form name	Total burden hours	Average hourly wage rate*	Adjusted hourly wage rate**	Total cost burden
Registration Form .....	4.25	<sup>a</sup> 66.22	132.44	\$563
Program Information Form .....	4.25	<sup>a</sup> 66.22	132.44	563
Data Use Agreement .....	2.5	<sup>b</sup> 126.41	252.82	632
Data Files Submission .....	52	<sup>c</sup> 49.83	99.66	5,182
Total .....	63	NA	NA	6,940

\* National Compensation Survey: Occupational wages in the United States May 2024, “U.S. Department of Labor, Bureau of Labor Statistics.”

\*\* The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

- (a) Based on the mean hourly wage for Medical and Health Services Managers (11–9111).  
 (b) Based on the mean hourly wage for Chief Executives (11–1011).  
 (c) Based on the mean hourly wages for Computer Programmers (15–1251).

### Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: February 6, 2026.

**Jeffrey Toven,**

*Executive Officer.*

[FR Doc. 2026–04738 Filed 3–10–26; 8:45 am]

BILLING CODE 4160–90–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10949]

#### 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 (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 May 11, 2026.

**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, 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 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**).

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 (Request for a new OMB control number); *Title of Information Collection:* Rural Health Transformation Program Reporting; *Use:* On July 4, 2025, President Trump signed Public Law 119–21, also known as the “One Big Beautiful Bill Act,” which the Centers for Medicare & Medicaid Services (CMS) refers to as the “Working Families Tax Cut” (WFTC) legislation, into law. The legislation authorized the Rural Health Transformation (RHT) Program, marking a significant federal investment of up to \$50 billion over five years and is designed to empower as many as 50 State awardees to catalyze transformative improvements within their rural healthcare ecosystems. The principal objective is to enhance healthcare access, quality, and outcomes through innovative, system-wide change, thereby investing in the health of rural communities for future generations.

Funding for approved State awardees is determined through a formal scoring and allocation process. The financial architecture of the program is composed of two primary streams: baseline funding, distributed equally among all awardees, and performance-based workload funding, which is allocated based on the scoring of specific rural and technical score factors within each State's application and their subsequent annual performance.

To ensure continued eligibility and funding, State awardees must adhere to