

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:

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.

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**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. 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.

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)].