

document is not a regulatory or deregulatory action for the purposes of Executive Order 13771.

G. Conclusion

Overall, IPPS hospitals are projected to experience an increase in estimated payments of \$468 million as a result of the changes made by sections 50204 and 50205 of the Bipartisan Budget Act of 2018 presented in this document. The analysis above, together with the preamble, provides a Regulatory Flexibility Analysis. Furthermore, the previous analysis, together with the preamble, provides a Regulatory Impact Analysis. In accordance with the provisions of Executive Order 12866, this document was reviewed by the Office of Management and Budget.

V. Waiver of Proposed Rulemaking and Delay of Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite public comment prior to a rule taking effect in accordance with section 553(b) of the Administrative Procedure Act (APA) and section 1871 of the Act. In addition, in accordance with section 553(d) of the APA and section 1871(e)(1)(B)(i) of the Act, we ordinarily provide a 30 day delay to a substantive rule's effective date. For substantive rules that constitute major rules, in accordance with 5 U.S.C. 801, we ordinarily provide a 60-day delay in the effective date.

None of the processes or effective date requirements apply, however, when the rule in question is interpretive, a general statement of policy, or a rule of agency organization, procedure or practice. They also do not apply when the statute establishes rules that are to be applied, leaving no discretion or gaps for an agency to fill in through rulemaking.

In addition, an agency may waive notice and comment rulemaking, as well as any delay in effective date, when the agency for good cause finds that notice and public comment on the rule as well as the effective date delay are impracticable, unnecessary, or contrary to the public interest. In cases where an agency finds good cause, the agency must incorporate a statement of this finding and its reasons in the rule issued.

The policies being publicized in this document do not constitute agency rulemaking. Rather, the statute, as amended by the Bipartisan Budget Act of 2018, has already required that the agency make these changes, and we are simply notifying the public of the extension of certain temporary changes to the payment adjustment for low-volume hospitals and the MDH program

for FY 2018, that is effective October 1, 2017. As this document merely informs the public of these extensions, it is not a rule and does not require any notice and comment rulemaking. To the extent any of the policies articulated in this document constitute interpretations of the statute's requirements or procedures that will be used to implement the statute's directive; they are interpretive rules, general statements of policy, and rules of agency procedure or practice, which are not subject to notice and comment rulemaking or a delayed effective date.

However, to the extent that notice and comment rulemaking or a delay in effective date or both would otherwise apply, we find good cause to waive such requirements. Specifically, we find it unnecessary to undertake notice and comment rulemaking in this instance as this document does not propose to make any substantive changes to the policies or methodologies already in effect as a matter of law, but simply applies payment adjustments under the Bipartisan Budget Act of 2018 to these existing policies and methodologies. As the changes outlined in this document have already taken effect, it would also be impracticable to undertake notice and comment rulemaking. For these reasons, we also find that a waiver of any delay in effective date, if it were otherwise applicable, is necessary to comply with the requirements of the Bipartisan Budget Act of 2018. Therefore, we find good cause to waive notice and comment procedures as well as any delay in effective date, if such procedures or delays are required at all.

Dated: March 29, 2018.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2018-08704 Filed 4-24-18; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-2540-10]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid 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 (the 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 June 25, 2018.

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, you may make your request using one of following:

1. Access CMS' website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at (410) 786-1326.

FOR FURTHER INFORMATION CONTACT: William 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).

CMS-2540-10 Skilled Nursing Facility and Skilled Nursing Facility Cost Report

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*: Extension of a currently approved collection; *Title of Information Collection*: Skilled Nursing Facility and Skilled Nursing Facility Cost Report; *Use*: Providers of services participating in the Medicare program are required under sections 1815(a), 1833(e) and 1861(v)(1)(A) of the Social Security Act (42 U.S.C. 1395g) to submit annual information to achieve settlement of costs for health care services rendered to Medicare beneficiaries. In addition, regulations at 42 CFR 413.20 and 413.24 require adequate cost data and cost reports from providers on an annual basis. The Form CMS-2540-10 cost report is needed to determine a provider's reasonable cost incurred in furnishing medical services to Medicare beneficiaries and reimbursement due to or from a provider. Reimbursement outside of the PPS may be for payment of Medicare reimbursable bad debt. *Form Number*: CMS-2540-10 (OMB control number: 0938-0463); *Frequency*: Yearly; *Affected Public*: Private Sector; Not-for-profit institutions, Businesses or other for-profits; *Number of Respondents*: 14,486; *Total Annual Responses*: 14,486; *Total Annual Hours*: 2,926,172. (For policy

questions regarding this collection contact Julie Stankivic at 410-786-5725.)

Dated: April 20, 2018.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2018-08723 Filed 4-25-18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the Advancing Person-Centered, Trauma-Informed Supportive Services for Holocaust Survivors Program

The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the Jewish Federations of North America for the project *Advancing Person-Centered, Trauma-Informed Supportive Services for Holocaust Survivors*. The purpose of this project is to, (1) advance the development and expansion of person-centered, trauma-informed (PCTI) supportive services for Holocaust survivors living in the U.S. and, (2) improve the nation's overall capacity to deliver PCTI health and human services for this population and to any older adult with a history of trauma. The administrative supplement for FY 2018 will be in the amount of \$2,467,000, bringing the total award for FY 2018 to \$4,935,000.

The additional funding will not be used to begin new projects, but to serve more Holocaust survivors with vital supports such as legal assistance, case management, transportation, medication management, social engagement activities designed to reduce isolation, loneliness and depression, and supports for family caregivers, all of which will employ PCTI approaches. The additional funds will also be used to expand existing technical assistance activities, under the second objective, in a variety of ways, including replicating and translating proven models of PCTI developed under this grant; developing new training materials, curricula and partnerships to aid in the replication of PCTI practices; enhance and expand the evaluation activities currently under way; and enhance website capacities for improved information dissemination.

Program Name: Advancing Person-Centered, Trauma-Informed (PCTI)

Supportive Services for Holocaust Survivors.

Recipient: The Jewish Federations of North America.

Period of Performance: The supplement award will be issued for the fourth year of the five-year project period of September 30, 2015 through September 29, 2020.

Total Award Amount: \$4,935,000 in FY 2018.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: The Older Americans Act (OAA) of 1965, as amended, Public Law 109-365—Title 4, Section 411.

Basis for Award: The Jewish Federations of North America (JFNA) is currently funded to carry out the objectives of this project, entitled *Advancing PCTI Supportive Services for Holocaust Survivors* for the period of September 30, 2015 through September 29, 2020. Since project implementation began in late 2015, the grantee has accomplished a great deal. The supplement will enable the grantee to carry their work even further, serving more Holocaust survivors and providing even more comprehensive training and technical assistance in the development of PCTI supportive services. The additional funding will not be used to begin new projects or activities.

The JFNA is uniquely positioned to complete the work called for under this project. JFNA and its project partners, including the Network of Jewish Human Services Agencies (NJHSA), and the Conference on Material Claims Against Germany (Claims Conference), have the cultural competence and long history of serving and advocating for Holocaust survivors. Additionally, JFNA is already working in collaboration with numerous partners representing a broad cross section of the Jewish human services network (e.g., Selfhelp Community Services, Bet Tzedek, The Blue Card, and the Orthodox Union of America) and the "mainstream aging services network," (e.g., Meals on Wheels of America (MoWA), the National Association of Area Agencies on Aging (n4a), the National Council on Aging (NCOA), Leading Age and other members of the Leadership Council of Aging Organizations [LCAO]).

Establishing an entirely new grant project at this time would be potentially disruptive to the current work already well under way. More importantly, the Holocaust survivors currently being served by this project could be negatively impacted by a service disruption, thus posing the risk of re-traumatization and further negative impacts on health and wellbeing. If this