

health effects of ingredients, research activities related to the health effects of ingredients, and other information that

the Secretary determines to be of public interest.

There are no costs to respondents other than their time. OMB approval is requested for three years.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers.	SLT Nicotine and Ingredient and Report	11	1	1,713

Jeffrey M. Zirger,

Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-19-18FJ]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Evaluation of the Chronic Disease Self-Management Program in the US Affiliated Pacific Islands to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on February 2, 2018 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Evaluation of the Chronic Disease Self-Management Program in the US Affiliated Pacific Islands—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCCDPHP plans to evaluate the first ever implementation of Stanford University’s Chronic Disease Self-Management Program (CDSMP) in the US Affiliated Pacific Islands (USAPIs). CDSMP is a 6-week series of workshops

for people with arthritis, diabetes, lung disease, cancer, and other health problems. The workshops focus on helping participants learn strategies to manage chronic disease, including techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; and appropriate use of medications among others. Proven benefits of CDSMP include decreased pain and health distress, increased energy and fatigue, increased physical activity, better communication with health care providers, and increased confidence in managing chronic disease.

The program will be offered repeatedly over the course of three years, which will cover repeated data collections in the USAPIs. These jurisdictions include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. Because this is the first time CDSMP is being implemented in the USAPIs, we do not know if the intervention, which has proven to improve health outcomes in many ethnic groups within the United States, will lead to improved health outcomes for these communities.

The purpose of the evaluation is to understand how CDSMP is being implemented in the region, to identify barriers and facilitators to implementation, to monitor fidelity to Stanford University’s model and document adaptations to the curriculum, and to understand the self-reported effects of the program on program participants. The estimated annual burden hours are 95. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Program Participant	Chronic Disease Self-Management Workshop Evaluation.	190	1	10/60
Program Participant	Chronic Disease Self-Management Questionnaire (Pre-Post Test).	190	2	10/60

Jeffrey M. Zirger,

Acting Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

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. 76, No. 203, pp. 65197-65199, dated October 20, 2011 is amended to reflect a change in functional responsibility between the Center for Medicaid and CHIP Services (CMCS) within the Office of the Administrator and the Consortium for Medicaid and Children’s Health Operations (CMCHO) within the Chief Operating Officer.

CMCS serves as CMS’ focal point for assistance with formulation, coordination, integration, and implementation of all national program policies and operations relating to Medicaid, Children’s Health Insurance Program (CHIP), and the Basic Health Program. In partnership with States, CMCS assists State agencies in successfully carrying out their responsibilities for effective program administration and beneficiary protection, and, as necessary, supports States in correcting problems and improving the quality of their operations. CMCHO serves as the local point of contact for CMS activities related to Medicaid and CHIP. CMCHOs’ key activities are linked to and carried out in conjunction with CMCS. The key activities include: supporting program transparency and fiscal oversight of the Medicaid and

CHIP; and delivering technical assistance to States to help achieve the Administration’s and States’ Medicaid goals and objectives to support high-functioning State Medicaid programs.

Close collaboration between CMCS and CMCHO is critical in addressing the need for an increased level of consistency and accountability in working with the States. The complexities of the Medicaid program make this particularly challenging since each State has a different approach to the program. In order to maximize consistency across the two organizations, there already have been several standard operating procedures and quality improvement initiatives instituted.

This reorganization addresses the Agency’s needs by supporting consistent policy implementation and accountability (structural and outcome measures) for Medicaid and CHIP activities, and improved communication. The functions in CMCHO were merged within CMCS as the Regional Operations Group in addition to establishing the Regional Management Office (RMO) and the Division of Health Information Technology for Economic and Clinical Health and Medicaid Management Information System. The functions in the Special Initiatives Division were merged within CMCS and the RMO.

Part F, Section FC.20 (Functions) is amended as follows:

Section FC.20 (Functions)

- Serves as CMS’ focal point for assistance with formulation, coordination, integration, and implementation of all national program policies and operations relating to Medicaid, the Children’s Health Insurance Program (CHIP), and the Basic Health Program (BHP).

- In partnership with States, assists State agencies in successfully carrying out their responsibilities for effective program administration and beneficiary protection, and, as necessary, supports States in correcting problems and improving the quality of their operations.

- Identifies and proposes modifications to Medicaid, CHIP, and

BHP program measures, regulations, laws, and policies to reflect changes or trends in the health care industry, program objectives, and the needs of Medicaid, CHIP, and BHP beneficiaries. Collaborates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements.

- Serves as CMS’ lead for management, oversight, budget, and performance issues relating to Medicaid, CHIP, BHP and the related interactions with States and the stakeholder community.

- Coordinates with the Center for Program Integrity on the identification of program vulnerabilities and implementation of strategies to eliminate fraud, waste, and abuse. Leads and supports all CMS interactions and collaboration relating to Medicaid, CHIP, and BHP with States and local governments, territories, Indian tribes and tribal healthcare providers, key stakeholders (e.g., consumer and policy organizations and the health care provider community) and other Federal government entities. Facilitates communication and disseminates policy and operational guidance and materials to all stakeholders and works to understand and consider their perspectives, support their efforts, and to develop best practices for beneficiaries across the country and throughout the health care system.

- Develops and implements a comprehensive strategic plan, objectives, and measures to carry out CMS’ Medicaid, CHIP, and BHP mission and goals and positions the organization to meet future challenges with Medicaid, CHIP, and BHP.

The functional responsibilities for CMCHO have been deleted at *cms.gov* (<https://www.cms.gov/About-CMS/Agency-Information/CMSLeadership/index.html>).

Authority: 44 U.S.C. 3101.

Dated: February 5, 2019.

Seema Verma,
Administrator, Centers for Medicare and Medicaid Services.

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