

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Foreign-born from specific country of birth in the United States.	Screeners for focus groups (assuming 2 screenings for each recruited participant in focus groups) (150 × 2 = 300).	300	1	10/60
Foreign-born from specific country of birth in the United States.	Focus Groups (Approximately 15 focus groups/year and 10 participants per focus group).	150	1	2
Foreign-born community leaders and staff from organizations serving those communities.	Key informant interviews (Approximately 100 interviews/year).	100	1	1

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–20–19GH]

**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 Evaluating the implementation and impact of a fall prevention program, including opioid medication management, in a hospital discharge setting, 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 02/07/2019 to obtain comments from the public and affected agencies. CDC received three 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**

Evaluating the implementation and impact of an opioid medication management program, in a hospital discharge setting, to reduce falls in older adults—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Over one in four older adults report a fall, and one in 10 report a fall injury each year. Falls result in serious injuries. They are the leading cause of traumatic brain injuries in older adults and 95% of hip fractures in older adults are due to falls.

Certain types of medications, known as psychoactive medications, have been associated with an increased fall risk in older adults. Psychoactive medications,

including opioids and benzodiazepines, affect the central nervous system and can cause side effects such as dizziness, sedation, confusion, blurred vision, and orthostatic hypotension. Opioid prescribing in emergency department settings, inpatient settings, and at hospital discharge settings is very common and may increase future chronic opioid use. Studies have shown that opioid treatments in older adults are associated with significantly increased risk of falls, injurious falls, and fractures.

This data collection will perform a formative evaluation of the implementation and impact of a fall prevention program in a hospital discharge setting at the University of California, San Francisco (UCSF). Components of the program will target opioid medication management in the acute and post-acute settings and referral to clinically effective programs to reduce the risk of falls and opioid misuse. A total of four questionnaires will be administered. (1) The Pre-discharge patient questionnaire will be used to survey older adults at University of California San Francisco (UCSF) Medical Center while in the hospital (before discharge). The questionnaire includes 47 questions and is expected to take approximately 10 minutes to complete. (2) The Post-discharge patient questionnaire will be used to survey the older adults that completed the pre-discharge survey three additional times (at 14, 30 and 60 days) after being discharged from UCSF Medical Center. This questionnaire includes 60 questions and is expected to take approximately 10 minutes to complete. (3) The UCSF Clinical staff evaluation questionnaire will be used to survey clinical staff at the UCSF Medical Center. The questionnaire includes 31 questions and is expected to take approximately five minutes to complete. (4) The Primary Care Provider (PCP) post-discharge questionnaire will be used to survey primary care providers

involved in the care of patients discharged from USCF. The questionnaire includes 11 questions and is expected to take approximately five minutes to complete.

CDC will use the information collected to: (1) Examine post-discharge use of opioids or alternative therapies for pain management among older adult patients, (2) examine post-discharge compliance and follow up by older

adults with primary care doctors and/or specialist referrals for pain management and fall prevention efforts, (3) identify rate of readmission for a fall by level of patient compliance and follow-up post-discharge, (4) evaluate the uptake of the program by clinical staff, and (5) identify opportunities for program and process improvement.

The data collection proposed by this project represents the first federal effort

to monitor use of opioids and other pain relief strategies through implementation of the fall prevention and opioid management initiative in a hospital discharge setting to measure impact on older adult health outcomes. The total estimated annualized burden hours is 541. There are no costs to the respondents other than their time.

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Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Older adult Patients .....	Pre-discharge Patient Questionnaire .....	800	1	10/60
	Post-discharge Patient Questionnaire .....	800	3	10/60
UCSF clinical staff .....	Clinical Staff Evaluation Questionnaire .....	50	1	5/60
Primary care providers (PCP) .....	PCP post discharge survey .....	50	1	5/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Request for Information; Innovative Approaches and Knowledge Gaps Related To Enhancing Nonresident Parents' Ability To Support Their Children Economically and Emotionally

AGENCY: Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: Through this Request for Information (RFI), the Administration for Children and Families (ACF), in the U.S. Department of Health and Human Services (HHS), seeks to further the development of employment programs for nonresident parents by soliciting information and recommendations from a broad array of stakeholders in the public and private sectors, including state, regional, tribal, and local areas. The Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act) requires federal agencies to develop evidence-building plans to identify and address policy questions relevant to programs, policies, and regulations of the agency. In this vein, ACF will analyze information collected from this RFI to continue developing a learning and action agenda to better understand

the effectiveness of employment programs for nonresident parents.

DATES: Send comments on or before March 6, 2020.

ADDRESSES: Submit questions, comments, and supplementary documents to nonresidentemploymentRFI@acf.hhs.gov.

SUPPLEMENTARY INFORMATION:

Invitation to Comment: HHS invites comments regarding the questions included in this notice. To ensure that your comments are clearly stated, please identify the specific question, or other section of this notice, that your comments address.

1.0 Background

A key responsibility of all parents is to economically support their children, whether or not they live with them. Parents are better able to fulfill this responsibility when they are working regularly. While the Temporary Assistance for Needy Families (TANF) program has encouraged parents receiving government assistance (who are typically custodial mothers) to pursue employment, increasing work among nonresident parents (who are typically fathers and not receiving assistance) remains a challenge. An analysis by the federal Office of Child Support Enforcement (OCSE) estimates that in 2015, 13% of noncustodial parents had been out of work for at least a year.

ACF recently issued three Information Memorandums to encourage states to provide employment services to noncustodial parents. TANF-ACF-IM-18-01 reminded states that they may use federal TANF funds and state

maintenance-of-effort funds to provide employment services to noncustodial parents (please see <https://www.acf.hhs.gov/ofa/resource/tanf-acf-im-2018-01the-use-of-tanf-funds-to-promote-employment-programs-for-noncustodial-parents>). OCSE-ACF-IM-18-02 encouraged states to use IV-D incentive funds to promote noncustodial parent work activities (please see <https://www.acf.hhs.gov/css/resource/use-of-iv-d-incentive-funds-for-ncp-work-activities>). OCSE-ACF-IM-19-04 conveys that HHS is prepared to review requests for demonstration waivers that would allow states and tribes to fund employment programs for noncustodial parents, under section 1115 of the Social Security Act (please see <https://www.acf.hhs.gov/css/resource/availability-of-section-1115-waivers-to-fund-ncp-work-activities>).

Child support programs typically refer to parents in the program who live apart from their children and are expected to pay child support as “noncustodial parents.” We use a broader term—nonresident parents—to reflect ACF’s interest in soliciting information about and recommendations of employment programs that target all parents who live apart from one or more of their children, regardless of their participation in the child support program.

Prior research has found that employment programs for nonresident parents can be successful at improving employment opportunities for parents. OCSE sponsored the Child Support Noncustodial Parent Employment Demonstration, which tested the effectiveness of child support-led employment programs. The evaluation found that this program increased the employment and earnings of