

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total/annual burden (in hours)
Survey of Employment and Training Programs	80	1	.33	27
Phone Interviews	15	1	1.5	23
Virtual Site Visit Interviews	32	1	1.5	48
Participant Interviews	16	1	1.5	24
Employer Interviews	10	1	1	10
Program Administrator Focus Groups	10	1	1.5	15

Estimated Total Annual Burden Hours: 147.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 613.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021-18520 Filed 8-26-21; 8:45 am]

BILLING CODE 4184-09-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Evaluation of the Family Unification Program—Extension (OMB #0970-0514)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) requests an extension to continue data collection for the Evaluation of the Family Unification Program (FUP) (OMB #0970-0514). Information collection activities requested include interviews, focus group discussions, program data, and administrative data collection.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

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.

SUPPLEMENTARY INFORMATION:

Description: The ACF, Office of Planning, Research, and Evaluation (OPRE) requests public comment on a proposed extension to a currently approved information collection for the Evaluation of FUP. The approved instruments, supporting statements, and attachments are available at https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202009-0970-004. No changes are proposed.

Activities include site visits to each program to speak with program leaders, partners and key stakeholders, front-line staff, and participants as well as program and administrative data collection. The evaluation will contribute to understanding the effects of FUP on project participants' child welfare involvement. This evaluation is part of a larger project to help ACF build the evidence base in child welfare through rigorous evaluation of programs, practices, and policies. The Department of Housing and Urban Development (HUD) funds and administers FUP. The study will also contribute to HUD's understanding of how housing can serve as a platform for improving quality of life.

Respondents: Public housing authority staff, public child welfare agency staff, other services provider staff, and child welfare-involved families.

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Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Guide for Implementation Study for PCWA Management	2	1	1.00	2.00	1
Guide for Implementation Study for PHA Management	2	1	1.00	2.00	1
Guide for Implementation Study for CoC Management	2	1	1.00	2.00	1

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Guide for Implementation Study for Referral Provider Administrators	2	1	1.00	2.00	1
Guide for Implementation Study with PCWA FUP Management (Second)	2	1	1.00	2.00	1
Guide for Implementation Study for PHA FUP Management	2	1	1.00	2.00	1
Guide for Implementation Study Focus Groups with PHA Frontline Workers	6	1	1.50	9.00	3
Guide for Implementation Study for Parents (Second, Third)	72	1	1.50	108	36
Guide for Implementation Study Focus Groups with Frontline Workers	180	1	1.50	270	90
Guide for Implementation Study for PCWA FUP Management (Third)	6	1	1.00	6.00	2
Guide for Implementation Study for Service Provider Management	5	1	1.00	5.00	2
Housing Status Form	185	31	0.04	230	77
Referral Form	60	10	0.17	102	34
Randomization Tool	3	200	0.02	12	4
Housing Assistance Questionnaire	120	3	0.09	33	11
Ongoing Services Questionnaire	120	3	0.09	33	
Dashboard	12	27	0.17	56	19
Administrative Data List	18	2	5.00	180	60

Estimated Total Annual Burden Hours: 355.

Authority: 42 U.S.C. 676.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021-18438 Filed 8-26-21; 8:45 am]

BILLING CODE 4184-25-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[CMS-3402-N]

Secretarial Review and Publication of the 2020 Annual Report to Congress and the Secretary Submitted by the Consensus-Based Entity Regarding Performance Measurement

AGENCY: Office of the Secretary, Health and Human Services, (HHS).

ACTION: Notice.

SUMMARY: This notice acknowledges the Secretary of the Department of Health and Human Services (the Secretary) receipt and review of the National Quality Forum 2020 Annual Activities Report to Congress and the Secretary submitted by the consensus-based entity (CBE) under a contract with the Secretary as mandated by the Social Security Act (the Act). The Secretary has reviewed and determined that the National Quality Forum’s 2020 Annual Report satisfied all requirements mandated in statute, and is publishing the report in the **Federal Register** together with the Secretary’s comments

on the report not later than 6 months after receiving the report in accordance with section 1890(b)(5)(B) of the Act. This notice fulfills the statutory requirements.

FOR FURTHER INFORMATION CONTACT: LaWanda Burwell, (410) 294-2056.

I. Background

The United States Department of Health and Human Services (HHS) has long recognized that a high functioning health care system that provides higher quality care requires accurate, valid, and reliable measurement of quality and efficiency. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-275) added section 1890 of the Social Security Act (the Act), which requires the Secretary of HHS (the Secretary) to contract with a consensus based entity (CBE) to perform multiple duties to help improve performance measurement. Section 3014 of the Patient Protection and Affordable Care Act (the Affordable Care Act) (Pub. L. 111-148) expanded the duties of the CBE to help in the identification of gaps in available measures and to improve the selection of measures used in health care programs. The Secretary extends his appreciation to the CBE in their partnership for the fulfillment of these statutory requirements.

In January 2009, a competitive contract was awarded by HHS to the National Quality Forum (NQF) to fulfill requirements of section 1890 of the Act.

A second, multi-year contract was awarded again to NQF after an open competition in 2012. A third, multi-contract was awarded again to NQF after an open competition in 2017. Section 1890(b) of the Act requires the following:

Priority Setting Process: Formulation of a National Strategy and Priorities for Health Care Performance Measurement. The CBE must synthesize evidence and convene key stakeholders to make recommendations on an integrated national strategy and priorities for health care performance measurement in all applicable settings. In doing so, the CBE must give priority to measures that: (1) Address the health care provided to patients with prevalent, high-cost chronic diseases; (2) have the greatest potential for improving quality, efficiency, and patient-centered health care; and (3) may be implemented rapidly due to existing evidence, standards of care, or other reasons. In addition, the CBE must take into account measures that: (1) May assist consumers and patients in making informed health care decisions; (2) address health disparities across groups and areas; and (3) address the continuum of care furnished by multiple providers or practitioners across multiple settings.

Endorsement of Measures: The CBE must provide for the endorsement of standardized health care performance measures. This process must consider whether measures are evidence-based,