The total annual burden hours for the survey and key informant interviews are estimated to be 688 hours, as shown in Exhibit 1.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Hours per response	Total burden hours
Survey instrument—participant	1,662	.33	548
Survey instrument—nonparticipant	556	.08	44
Nursing Home Key Informant Interview	96	1	96
Total	2,314		688

Exhibit 2 shows the estimated annual cost burden associated with the respondents' time to participate in this information collection, which comes to $41,837.28

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate **	Total cost burden
Survey instrument—participant	1,662	548	[1] $60.81	$33,323.88
Survey instrument—nonparticipant	556	44	[1] 60.81	2,675.64
Nursing Home Key Informant Interview (Management)	96	96	[1] 60.81	5,837.76
Total	2,314	688		41,837.28

** Wage rates were calculated using the mean hourly wage from the U.S. Department of Labor, Bureau of Labor Statistics, May 2020 National Occupational Employment and Wage Estimates for the United States, *https://www.bls.gov/oes/current/oes_nat.htm*.
[1] Average rate for Nursing Care Facilities: Management Occupations.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: February 22, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–04102 Filed 2–25–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No. 0970—0060]

Submission for OMB Review; Annual Report on Households Assisted by the Low Income Home Energy Assistance Program (LIHEAP)

AGENCY: Office of Community Services, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Community Services (OCS), Division of Energy Assistance, is requesting a 3-year extension of the Household Report Form (OMB #0970–0060, expiration 02/28/2022). Submission of the completed report is one requirement for LIHEAP grant recipients applying for federal LIHEAP block grant funds. OCS proposes minor changes related to reporting of supplemental funding and to update reporting dates and number of respondents.

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.* One can find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: States, the District of Columbia, and the Commonwealth of Puerto Rico are required by the Low-Income Energy Assistance Act of 1981 (42 U.S.C. 8624, Sec 2610) to report statistics for the previous federal fiscal year (FFY) on the following:

- Assisted and applicant households, by type of LIHEAP assistance and funding source;
- Assisted households receiving nominal payments of $50 or less, by funding source;
- Assisted households receiving only utility payment assistance, by funding source; this information will

automatically be transferred to the grant recipient's Performance Data Form;

- Assisted households, regardless of the type(s) of LIHEAP assistance or funding source, excluding households that only receive nominal payments of $50 or less;
- Assisted households, by type of LIHEAP assistance and funding source, having at least one vulnerable member who is at least 60 years or older, disabled, or 5 years old or younger;
- Assisted households, by type of LIHEAP assistance and funding source, with at least one member age 2 years or under;
- Assisted households, by type of LIHEAP assistance and funding source, with at least one member ages 3 years through 5 years; and
- Assisted households, regardless of the type(s) of LIHEAP assistance or funding source, having at least one member 60 years or older, disabled, or 5 years old or younger.

Indian tribal grant recipients are required to submit data only on the number of households, by funding source, receiving heating, cooling, energy crisis, and/or weatherization benefits.

In FFY 2020, OCS updated the form to allow for the reporting of households served by separate LIHEAP funding types and benefits provided by the following: (1) Funds from regular LIHEAP FFY appropriations acts, including any Continuing Resolutions and final appropriations acts, reallotted prior year funds, and federal LIHEAP funds carried-over to or expended in the current year; (2) supplemental funds from the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) (Pub. L. 116–136); and (3) funds from any subsequent supplemental LIHEAP appropriations acts. ACF proposes similar changes to the report for FFY 2022, including the addition of lines that allow for the reporting of households served by LIHEAP funds from the American Rescue Plan Act of 2021 (Pub. L. 117–2). OCS has also updated the request to reflect the current number of expected respondents and appropriate reporting dates.

The information is being collected for the Department's annual LIHEAP Report to Congress. The data also provides information about the need for LIHEAP funds. Finally, the data are used in the calculation of LIHEAP performance measures under the Government Performance and Results Act of 1993. The data elements will allow the accuracy of measuring LIHEAP targeting performance and LIHEAP cost efficiency.

Respondents: State governments, tribal governments, U.S. territories, and the District of Columbia.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Assisted Household Report—Long Form	56	1	43	2,408
Assisted Household Report—Short Form	151	1	2	302

Estimated Total Annual Burden Hours: 2,710.

Authority: U.S.C. 8629 and 45 CFR.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–04085 Filed 2–25–22; 8:45 am]

BILLING CODE 4184–80–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2019–D–4247]

Patient-Focused Drug Development: Methods To Identify What Is Important to Patients; Guidance for Industry, Food and Drug Administration Staff, and Other Stakeholders; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the availability of a final guidance for industry, FDA staff, and other stakeholders entitled ''Patient-Focused Drug Development: Methods To Identify What Is Important to Patients.'' This guidance (Guidance 2) is the second in a series of four methodological guidance documents that FDA committed to develop to describe how to collect and submit information from patients and caregivers to be used for medical product development and regulatory decision making. This guidance finalizes the draft guidance of the same title issued on October 1, 2019.

DATES: The announcement of the guidance is published in the **Federal Register** on February 28, 2022.

ADDRESSES: You may submit either electronic or written comments on Agency guidances at any time as follows:

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''