

SUMMARY: The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule) authorizes AHRQ, on behalf of the Secretary of HHS, to list as a patient safety organization (PSO) an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found to no longer meet the requirements of the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. AHRQ accepted a notification of proposed voluntary relinquishment from the QCMetrix PSO, PSO number P0166, of its status as a PSO, and has delisted the PSO accordingly.

DATES: The delisting was effective at 12:00 Midnight ET (2400) on February 11, 2022.

ADDRESSES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. Both directories can be accessed electronically at the following HHS website: <http://www.pso.ahrq.gov/listed>.

FOR FURTHER INFORMATION CONTACT: Cathryn Bach, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, MS 06N100B, Rockville, MD 20857; Telephone (toll free): (866) 403-3697; Telephone (local): (301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; Email: psa@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act, 42 U.S.C. 299b-21 to 299b-26, and the related Patient Safety Rule, 42 CFR part 3, published in the **Federal Register** on November 21, 2008 (73 FR 70732-70814), establish a framework by which individuals and entities that meet the definition of provider in the Patient Safety Rule may voluntarily report information to PSOs listed by AHRQ, on a privileged and confidential basis, for the aggregation and analysis of patient safety work product.

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule

authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of PSOs.

AHRQ has accepted a notification of proposed voluntary relinquishment from the QCMetrix PSO to voluntarily relinquish its status as a PSO. Accordingly, the QCMetrix PSO, PSO number P0166, was delisted effective at 12:00 Midnight ET (2400) on February 11, 2022.

QCMetrix PSO has patient safety work product (PSWP) in its possession. The PSO will meet the requirements of section 3.108(c)(2)(i) of the Patient Safety Rule regarding notification to providers that have reported to the PSO and of section 3.108(c)(2)(ii) regarding disposition of PSWP consistent with section 3.108(b)(3). According to section 3.108(b)(3) of the Patient Safety Rule, the PSO has 90 days from the effective date of delisting and revocation to complete the disposition of PSWP that is currently in the PSO’s possession.

More information on PSOs can be obtained through AHRQ’s PSO website at <http://www.pso.ahrq.gov>.

Dated: March 7, 2022.

Marquita Cullom,

Associate Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Plan for Foster Care and Adoption Assistance—Title IV–E (OMB #0970-0433)

AGENCY: Children’s Bureau, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Children’s Bureau (CB), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting a 3-year extension of the Plan for Foster Care and Adoption Assistance—Title IV–E, (OMB#: 0970-

0433, expiration 11/30/2022). This plan also incorporates the plan requirements for the optional Guardianship Assistance Program, the Title IV–E prevention services plan and the Title IV–E Kinship Navigator program. There are no changes requested to the form.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: A title IV–E plan is required by section 471, Part IV–E of the Social Security Act (the Act) for each public child welfare agency requesting federal funding for foster care, adoption assistance, and guardianship assistance under the Act. Section 479B of the Act provides for an Indian tribe, tribal organization, or tribal consortium (tribe) to operate a title IV–E program in the same manner as a state with minimal exceptions. The tribe must have an approved Title IV–E Plan. The Title IV–E Plan provides assurances the programs will be administered in conformity with the specific requirements stipulated in Title IV–E. The plan must include all applicable state or tribal statutory, regulatory, or policy references and citations for each requirement as well as supporting documentation. A title IV–E agency may use the pre-print format prepared by CB, or a different format, on the condition that the format used includes all of the Title IV–E Plan requirements.

Title IV–E of the Act was amended by Public Law 115-123, which included the Family First Prevention Services Act (FFPSA). FFPSA authorized new optional Title IV–E funding for time-limited (1 year) prevention services for mental health/substance abuse and in-home parent skill-based programs for (1) a child who is a candidate for foster care (as defined in section 475(13) of the Act), (2) pregnant/parenting foster youth, and (3) the parents/kin caregivers of those children and youth (sections 471(e), 474(a)(6), and 475(13) of the Act). Title IV–E prevention services must be rated as promising, supported, or well supported in accordance with HHS criteria and be approved by HHS (section 471(e)(4)(C) of the Act) as part of the Title IV–E Prevention Services Clearinghouse (section 476(d)(2) of the

Act). A state or tribal Title IV–E agency electing to participate in the program must submit a 5-year Title IV–E Prevention Program Plan that meets the statutory requirements. (See Program Instructions ACYF–CB–PI–18–09 and ACYF–CB–PI–18–10 for more information.)

FFPSA also amended section 474(a)(7) of the Act to reimburse state and tribal Title IV–E agencies for a portion of the costs of operating kinship navigator programs that meet certain criteria. To qualify for funding under

the Title IV–E Kinship Navigator Program, the program must meet the requirements of a kinship navigator program described in section 427(a)(1) of the Act. The Kinship Navigator Program must meet practice criteria of promising, supported, or well-supported in accordance with HHS criteria and be approved by HHS (section 471(e)(4)(C) of the Act). To begin participation in the Title IV–E Kinship Navigator Program, a Title IV–E agency must submit an attachment to its Title IV–E plan that specifies the kinship navigator model it

has chosen to implement and the date on which the provision of program services began or will begin, and provide an assurance that the model meets the requirements of section 427(a)(1) of the Act, as well as a brief narrative describing how the program will be operated. (Please see Program Instruction ACYF–CB–PI–18–11 for additional information: <https://www.acf.hhs.gov/cb/policy-guidance/pi-18-11>.)

Respondents: State and tribal Title IV– E agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Title IV–E Plan	17	1	16	272
Title IV–E prevention services plan	12	1	5	60
Attachment to Title IV–E plan for Kinship Navigator Program	15	1	1	15

Estimated Total Annual Burden Hours: 347.

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: Title IV–E of the Social Security Act as amended by Public Law 115– 123 enacted February 9, 2018.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Solicitation for Nominations To Serve on the Advisory Council To Support Grandparents Raising Grandchildren

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Principal Deputy Administrator of the Administration for Community Living (ACL) seeks nominations for individuals to serve on the Advisory Council to Support Grandparents Raising Grandchildren.

DATES: Nominations must be submitted electronically by 11:59 p.m., Eastern on April 11, 2022 to be considered for appointment.

Method of Submission: Nominations, including all requested information (see *Nomination Process* below) and attachments, must be submitted electronically to: SGRG.mail@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The Advisory Council to Support Grandparents Raising Grandchildren is authorized by the Supporting Grandparents Raising Grandchildren Act (Pub. L. 115–196) of 2018. The Advisory Council identifies, promotes, coordinates, and disseminates to the public information, resources, and the best practices available to help grandparents and other older relatives both meet the needs of the children in their care; and maintain their own physical and mental health and emotional well-being. The Advisory Council is specifically directed to consider the needs of those affected by the opioid crisis, as well as the needs of members of Native American Tribes.

The Administration for Community Living has been delegated the authority to execute the requirements and responsibilities as outlined in the Act.

The Advisory Council is made up of the following (or their designees): The Administrator of the Administration for

Community Living (ACL); the Secretary of Education; the Assistant Secretary for Mental Health and Substance Use; the Assistant Secretary for the Administration for Children and Families; and, as appropriate, the heads of other federal departments or agencies with responsibilities related to current issues affecting grandparents or other older relatives raising children.

The Advisory Council also must include at least one grandparent who is raising a grandchild, and an older relative (kinship) caregiver caring for children. Given the Biden administration’s commitment to equity and inclusion, ACL anticipates selecting up to ten (10) non-federal members to serve on the Advisory Council who will be reflective of the diversity of grandparents and older relative/kinship caregivers and the professionals working on their behalf, with particular emphasis placed on individuals representing racially and ethnically diverse communities, tribal communities, and those families impacted by the opioid crisis.

Advisory Council Responsibilities: The Advisory Council’s efforts will build on the accomplishments of the previous council, whose term expires in August 2022. In this regard, the Advisory Council will support the information gathering for, and preparation of, updates to the initial Report to Congress. The Advisory Council will provide input to update the sections of the National Family Caregiving Strategy pertaining to grandparents and older relative (kinship) caregiver support. The