

pedestrian processing facility for use during the demolition of existing structures and construction of the new processing building while ensuring continued services to those utilizing the international crossing between the United States of American and Mexico. The temporary facility is anticipated to be constructed on Heffernan Road, south of East 1st street, to the west of the Historic Customs House. The facility will require the acquisition of Heffernan Road, to the south of East 1st Street. The building will be approximately 8,804 square feet and include a fire lane to the west, pedestrian ramps leading to/from the building, and pedestrian pick-up and drop-off areas at the north side of the building. The interior building will include wait areas, administrative offices, property storage interview rooms, inspection areas, processing areas, and restrooms.

This Draft Environmental Assessment was prepared pursuant to the National Environmental Policy Act of 1969 (NEPA)(Pub. L. 91–190) and the Council on Environmental Quality Regulations implementing NEPA.

#### Alternatives Under Consideration

The EA will consider one Action Alternative (the Proposed Action) and the No Action Alternative. The Action Alternative would consist of the construction of the temporary processing facility and associated infrastructure. The Project is proposed to provide a temporary pedestrian processing facility for use during the demolition of existing structures and construction of the new processing building while ensuring continued services to those utilizing the international crossing between the United States of American and Mexico. The temporary facility is anticipated to be constructed on Heffernan Road, south of East 1st street, to the west of the Historic Customs House. Even though the facility is temporary, the project will require the permanent acquisition of Heffernan Road, to the south of East 1st Street, removing the parking/pick up area. The building will be approximately 8,804 square feet and include a fire lane to the west, pedestrian ramps leading to/from the building, and pedestrian pick-up and drop-off areas at the north side of the building. The interior building will include wait areas, administrative offices, property storage interview rooms, inspection areas, processing areas, and restrooms. Since the facility is temporary, there would be no change in personnel staffing at this port of entry. Construction is likely to impact parking and loading/unloading

merchandise for the retail facility to the west of the proposed facility, as well as traffic flow along East 1st Street during construction.

Under the No Action Alternative the construction of the temporary facilities, construction of the ramp, and renovations within the existing Historic Customs House would not occur.

**Russell Larson,**

*Director, Portfolio Management Division,  
Pacific Rim Region, Public Buildings Service.*

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**BILLING CODE 6820–YF–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) reapprove the proposed information collection project “*Consumer Assessment of Healthcare Providers and Systems (CAHPS) Home and Community Based Services (HCBS) Survey Database.*”

**DATES:** Comments on this notice must be received by October 18, 2022.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

#### FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

#### “Consumer Assessment of Healthcare Providers and Systems (CAHPS) Home and Community Based Services (HCBS) Survey Database”

AHRQ requests that OMB reapprove AHRQ’s collection of information for the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Home and Community-Based Services: OMB

Control number 0935–0245, expiration October 31, 2022.

The CAHPS Home and Community-Based Services (HCBS) Survey Database consists of data from the HCBS CAHPS Survey, which is the first cross-disability survey of home and community-based service beneficiaries’ experience receiving long-term services and supports. It is designed to facilitate comparisons across state Medicaid HCBS programs throughout the country that target adults with disabilities, *e.g.*, including older adults, individuals with physical disabilities, persons with developmental or intellectual disabilities, those with acquired brain injury and persons with severe mental illness.

The HCBS CAHPS Survey was developed by the Centers for Medicare & Medicaid Services (CMS) for voluntary use by state Medicaid programs, including both fee-for-service HCBS programs as well as managed long-term services and supports (MLTSS) programs. States with adequate sample sizes may consider using survey metrics in value-based purchasing initiatives.

The HCBS CAHPS Database serves as a primary source of data available to states, agency programs and researchers to help answer important questions related to beneficiary experiences. AHRQ, through its contractor, collects and makes available de-identified survey data, enabling HCBS programs to identify areas where quality can be improved.

Aggregated HCBS Database results are made publicly available on AHRQ’s CAHPS website. Technical assistance is provided by AHRQ, through its contractor, at no charge to programs, to facilitate the access and use of these materials for quality improvement and research. Technical assistance is also provided to support HCBS CAHPS data submission.

The HCBS CAHPS Database supports AHRQ’s goals of promoting improvements in the quality and patient-centeredness of health care in home or community-based care settings. This research has the following goals:

1. Improve care provided by individual providers and state programs.
2. Offer several products and services, including providing survey results presented through the AHRQ Data Tools website, summary chartbooks, custom analyses, private reports and data for research purposes.
3. Provide information to help identify strengths and areas with potential for improvement in patient care.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ’s statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services; quality measurement and improvement; and health surveys and database development 42 U.S.C. 299a(a)(1), (2), and (8).

**Method of Collection**

The development and operation of the HCBS CAHPS Database will include the following major components undertaken by AHRQ through its contractor. To achieve the goals of this project, the following activities and data collections will be implemented:

- Registration with the site to obtain an account with a secure username and password: The point-of-contact (POC) completes an online registration form, providing contact and organizational information required to initiate the registration process.
- Submission of signed Data Use Agreements (DUAs) and survey questionnaires: The data use agreement completed by the participating

organization provides confidentiality assurances and states how the data submitted will be used.

- Submission of program information form: The POC completes an online information form to describe organizational characteristics of the program.
- Submission of de-identified survey data files: POCs upload data files in the format specified in the data file specifications to ensure data submitted is standardized and consistently named and coded.
- Follow-up with submitters in the event of a rejected file, to assist in making corrections and resubmitting the file.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated burden hours for the respondents to participate in the database. The 51 POCs in Exhibit 1 represent the 51 states or agencies that will administer the Adult HCBS survey. An estimated thirteen survey vendors will assist them.

Each state or agency will register online for submission. The online Registration form will require about 5 minutes to complete. Each submitter will also complete a program information form of information about

each program such as the name of the program, program size, state, etc. The online program information form takes on average 5 minutes to complete. The data use agreement will be completed by each of the 51 participating States. Survey vendors do not sign or submit DUAs. The DUA requires about 3 minutes to sign and return by fax or mail. Each submitter, which in most cases will be the survey vendor performing the data collection, will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provided by the HCBS CAHPS Database. Since the unit of analysis is at the program level, submitters will upload one data file per program. Once a data file is uploaded the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each program. The total burden is estimated to be 63 hours annually.

**EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form .....	51	1	5/60	4.25
Program Information Form .....	51	1	5/60	4.25
Data Use Agreement .....	51	1	3/60	2.5
Data Files Submission .....	13	4	1	52
<b>Total .....</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>63</b>

Exhibit 2 shows the estimated annualized cost burden based on the respondents’ time to complete one

submission process. The cost burden is estimated to be \$3,162 annually.

**EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN**

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Registration Form .....	51	4.25	<sup>a</sup> 57.61	\$245
Program Information Form .....	51	4.25	<sup>a</sup> 57.61	245
Data Use Agreement .....	51	2.5	<sup>b</sup> 102.41	256
Data Files Submission .....	13	52	<sup>c</sup> 46.46	2416
<b>Total .....</b>	<b>**166</b>	<b>63</b>	<b>NA</b>	<b>3,162</b>

\* National Compensation Survey: Occupational wages in the United States May 2021, “U.S. Department of Labor, Bureau of Labor Statistics.”

<sup>a</sup> Based on the mean hourly wage for Medical and Health Services Managers (11–9111).

<sup>b</sup> Based on the mean hourly wage for Chief Executives (11–1011).

<sup>c</sup> Based on the mean hourly wages for Computer Programmers (15–1251).

\*\* The 51 POCs listed for the registration form, program information form and the data use agreement are the estimated POCs from the estimated participating programs.

## 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: August 15, 2022.

**Marquita Cullom,**

*Associate Director.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket No. CDC–2022–0098; NIOSH 278]

### Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH)

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice of meeting and request for comment.

**SUMMARY:** In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting of the Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH). This meeting is open to the public via virtual meeting, limited only by the number of web conference lines (500 web conference lines are available). Time will be available for public comment.

**DATES:** The meeting will be held on October 4, 2022, from 10:00 a.m. to 3:00 p.m., EDT.

Written comments must be received on or before September 27, 2022.

**ADDRESSES:** If you wish to attend the meeting, please register at the NIOSH website at <https://www.cdc.gov/niosh/bsc/> or by telephone at (202) 245–0649 no later than September 27, 2022.

You may submit comments, identified by Docket No. CDC–2022–0098; NIOSH–278, by either of the methods listed below. Do not submit comments for the docket by email. CDC does not accept comments for the docket by email.

- **Federal eRulemaking Portal:** <https://www.regulations.gov>. Follow the instructions for submitting comments.

- **Mail:** Sherri Diana, NIOSH Docket Office, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, Mailstop C–34, Cincinnati, Ohio 45226. Attn: Docket No. CDC–2022–0098; NIOSH–278.

**Instructions:** All submissions received must include the Agency name and Docket Number. Docket number CDC–2022–0098; NIOSH–278 will close September 27, 2022.

**FOR FURTHER INFORMATION CONTACT:**

Maria Strickland, M.P.H., Designated Federal Officer, BSC, NIOSH, CDC, Patriots Plaza 1, 395 E Street SW, Suite 9200, Washington, DC 20201; Telephone: (202) 245–0649; Email: [MStrickland2@cdc.gov](mailto:MStrickland2@cdc.gov).

**SUPPLEMENTARY INFORMATION:**

**Purpose:** The Secretary of Health and Human Services, the Assistant Secretary for Health, and by delegation the Director, Centers for Disease Control and Prevention, are authorized under Sections 301 and 308 of the Public Health Service Act to conduct directly, or by grants or contracts, research, experiments, and demonstrations relating to occupational safety and health and to mine health.

The Board of Scientific Counselors, National Institute for Occupational Safety and Health provides advice to the Director, National Institute for Occupational Safety and Health, on NIOSH research and prevention programs. The Board also provides guidance on the Institute's research activities related to developing and evaluating hypotheses, systematically documenting findings, and disseminating results. In addition, the Board evaluates the degree to which the activities of NIOSH: (1) conform to those standards of scientific excellence appropriate for federal scientific institutions in accomplishing objectives in occupational safety and health; (2) address currently relevant needs in the fields of occupational safety and health either alone or in conjunction with

other known activities inside and outside of NIOSH; and (3) produce their intended results in addressing important research questions in occupational safety and health, both in terms of applicability of the research findings and dissemination of the findings.

**Matters To Be Considered:** The agenda for the meeting addresses health communications, updates from the National Firefighter Registry Subcommittee, progress on the NIOSH Evaluation Capacity Building Plan, and implementation science. Agenda items are subject to change as priorities dictate.

The agenda is posted on the NIOSH website at <https://www.cdc.gov/niosh/bsc/>.

### Public Participation

**Written Public Comment:** Written comments will be accepted per the instructions provided in the addresses section above. Comments received in advance of the meeting are part of the public record and are subject to public disclosure. They will be included in the official record of the meeting. Do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign. CDC will carefully consider all comments submitted into the docket.

Written comments received by September 27, 2022, will be provided to the Board prior to the meeting.

**Oral Public Comment:** The public is welcome to participate during the public comment period, from 1:00 p.m. to 1:15 p.m., EDT, October 4, 2022. Each commenter will be provided up to 5 minutes for comment. A limited number of time slots are available and will be assigned on a first-come, first-served basis. Members of the public who wish to address the BSC, NIOSH are requested to contact the Designated Federal Officer for scheduling purposes (see **FOR FURTHER INFORMATION CONTACT** above).

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been