facilities in accordance with survey comparability at § 488.5(a)(4)(ii).

- Revising NDAC's Life Safety Code Surveyor Responsibilities section to include survey responsibilities and licensure requirements to ensure the 2012 editions of the Life Safety Code (NFPA 101) and Health Care Facilities Code (NFPA 99) are met.
- Updating NDAC's Surveyor Field Manual to include surveyor process and worksheets for Life Safety Code and Health Care Facilities Code surveyors and revise other associated documents as necessary.
- Revising NDAC's complaint policy to include prioritization classifications for complaints and timeframes to investigate based on the priority level in accordance with § 488.5(a)(12).
- Revising NDAC's survey processes for Emergency Preparedness to align with the CMS requirements. Specifically, to ensure surveyors review ESRD facility plans to include primary and alternate means for communicating as required by § 494.62(c)(3) and testing guidance in accordance with § 494.62(d)(2), including conducting after-action reviews after an actual emergency event.
- Clarifying that NDAC's policy for immediate jeopardy includes: (1) a process for providing the template to the dialysis facility; and (2) documentation of this information on the statement of deficiencies, in accordance with § 488.5(a)(4)(ii) and the State Operations Manual (SOM), Appendix Q Section VI. Calling Immediate Jeopardy.
- Providing additional education to NDAC surveyors on interviewing patients and staff using open-ended questioning, in accordance with SOM Chapter 2, Section 2714.
- Providing additional education and training to NDAC surveyors on emergency preparedness interviews of patients, staff and facility leadership to ensure the facility can demonstrate knowledge of the emergency preparedness program, including its policies and procedures, in accordance with the survey procedures in SOM Appendix Z.

B. Term of Approval

Based on our review and observations described in section III. and section V. of this final notice, we approve NDAC as a national accreditation organization for ESRD facilities that request participation in the Medicare program. The decision announced in this final notice is effective January 4, 2023 through January 4, 2029 (6 years). In accordance with § 488.5(e)(2)(i) the term of the approval will not exceed 6 years.

VI. Collection of Information and Regulatory Impact Statement

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: September 28, 2022.

Lynette Wilson,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2022–21415 Filed 10–3–22; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the Advisory Committee on Heritable Disorders in Newborns and Children

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, this notice announces that the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC or Committee) has scheduled a public meeting. Information about the ACHDNC and the agenda for this meeting can be found on the ACHDNC website at *https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html.*

DATES:

- Thursday, November 3, 2022, from 9:30 a.m.–3:00 p.m. Eastern Time (ET); and
- Friday, November 4, 2022, from 9:30 a.m.–1:00 p.m. ET.

ADDRESSES: This meeting will be held in-person and via webinar. The address for the meeting is 5600 Fishers Lane, Rockville, Maryland 20857. While this meeting is open to the public, advance registration is required. Please register online at *https://www.achdncmeetings.org/registration/* by the deadline of 12:00 p.m. ET on November 2, 2022. Instructions on how to access the meeting via webcast will be provided upon registration.

FOR FURTHER INFORMATION CONTACT: Alaina Harris, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 18W66, Rockville, Maryland 20857; 301–443–0721; or *ACHDNC@hrsa.gov.*

SUPPLEMENTARY INFORMATION: ACHDNC provides advice and recommendations to the Secretary of the Department of Health and Human Services (Secretary) on the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders.

The ACHDNC reviews and reports regularly on newborn and childhood screening practices, recommends improvements in the national newborn and childhood screening programs, and fulfills requirements stated in the authorizing legislation. In addition, ACHDNC's recommendations regarding inclusion of additional conditions for screening on the Recommended Uniform Screening Panel (RUSP), following adoption by the Secretary, are evidence-informed preventive health services provided for in the comprehensive guidelines supported by HRSA pursuant to section 2713 of the Public Health Service Act (42 U.S.C. 300gg–13). Under this provision, non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance are required to provide insurance coverage without cost-sharing (a co-payment, co-insurance, or deductible) for preventive services for plan years (*i.e.,* policy years) beginning on or after the date that is one year from the Secretary's adoption of the condition for screening.

During the November 3–4, 2022, meeting, ACHDNC will hear from experts in the fields of public health, medicine, heritable disorders, rare disorders, and newborn screening. Agenda items include the following:

(1) A presentation on phase two of the Krabbe disease evidence review,

(2) A presentation on the Department of Defense's newborn screening system,

(3) A presentation on the process for states to implement conditions recently added to the RUSP,

(4) A presentation on Blueprint for Change for a system of services for children and youth with special health care needs (see *https://mchb.hrsa.gov/*

programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn/blueprint-change),

(5) A Committee discussion on advancing state newborn screening systems,

(6) Workgroup updates, and

(7) A potential update on the Duchenne muscular dystrophy condition nomination and a potential vote on whether to move it forward to full evidence-based review.

The agenda for this meeting includes a potential vote the Committee may hold on whether or not to recommend a nominated condition, Duchenne muscular dystrophy to full evidence-based review, which may lead to a recommendation to add or not add this condition to the RUSP at a future time. In addition, as noted in the agenda items, the Committee will hear a presentation on the evidence review of Krabbe disease, which may lead to such a recommendation to add or not add this condition to the RUSP at a future time.

Agenda items are subject to change as priorities dictate. Information about the ACHDNC, including a roster of members and past meeting summaries, is also available on the ACHDNC website.

Members of the public also will have the opportunity to provide comments. Public participants may request to provide general oral comments and may submit written statements in advance of the scheduled meeting. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to provide a written statement or make oral comments to the ACHDNC must be submitted via the registration website by 12:00 p.m. ET on Thursday, October 27, 2022.

Individuals who need special assistance or another reasonable accommodation should notify Alaina Harris at the address and phone number listed above at least 10 business days prior to the meeting. Since this meeting occurs in a federal government building, attendees must go through a security check to enter the building. Non-U.S. Citizen attendees must notify HRSA of their planned attendance by contacting *ACHDNC@hrsa.gov* no later than October 12, 2022, in order to facilitate entry into the building. All attendees are required to present government-issued identification prior to entry.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–21461 Filed 10–3–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–4040–0010]

Agency Information Collection Request: 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before November 3, 2022.

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.

FOR FURTHER INFORMATION CONTACT: Sagal Musa, *sagal.musa@hhs.gov* or (202) 205–2634. When submitting comments or requesting information, please include the document identifier 4040–0010–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collections: Project/Performance Site Location(s), Project Abstract, and Key Contacts forms.

Type of Collection: Renewal.

OMB No. 4040–0010.

Abstract

The Project/Performance Site Location(s), Project Abstract, and Key Contacts forms provide the Federal grant-making agencies an alternative to the Standard Form 424 data set and form. Agencies may use Project/Performance Site Location(s), Project Abstract, and Key Contacts forms for grant programs not required to collect all the data that is required on the SF–424 core data set and form.

Type of respondent: Project/Performance Site Location(s), Project Abstract, and Key Contacts forms are used by organizations to apply for Federal financial assistance in the form of grants. This form is submitted to the Federal grant-making agencies for evaluation and review. The IC expires on December 31, 2022. *Grants.gov* seeks a three-year clearance of these collections.

ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
Project/Performance Site Location(s)	Grant Applicants	127,281	1	1	127,281
Project Abstract	Grant Applicants	230	1	1	230
Key Contacts	Grant Applicants	4,566	1	1	4,566
Total		132,077	1	1	132,077