requirements for enrollees in cases where a provider leaves the network and for cases where an enrollee might be seen by an out of network ancillary provider in an in-network setting. These standards will help inform consumers about his or her health plan coverage to better make cost effective choices. The Centers for Medicare and Medicaid Services (CMS) is updating an information collection request (ICR) in connection with these standards. The burden estimates for this ICR included in this package reflects the additional time and effort for QHP issuers to provide these notifications to enrollees. *Form Number:* CMS–10594 (OMB control number 0938–1302); *Frequency:* Annually; *Affected Public:* Private Sector (business or other for-profits, not-for-profit institutions); *Number of Respondents:* 374; *Number of Responses:* 374; *Total Annual Hours:* 551,276. (For policy questions regarding this collection contact Nicole Levesque at *nicole.levesque@cms.hhs.gov*).

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Third Party Payment of QHP Premiums and Additional Notices for QHP Issuers Data Collection; *Use:* The Patient Protection and Affordable Care Act (Pub. L. 111–148) and Health Care and Reconciliation Act of 2010 (Pub. L. 111–152), collectively referred to as PPACA, established new competitive private health insurance markets called Marketplaces, or Exchanges, which gave millions of Americans and small businesses access to qualified health plans (QHPs), including stand-alone dental plans (SADPs)-private health and private health and dental insurance plans that have been certified as meeting certain standards.

In the final rule, the Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2017 (CMS–9937–F), we finalized 45 CFR 156.1256, which requires QHP issuers, in the case of a material plan or benefit display error included in 45 CFR 155.420(d)(12), to notify their enrollees of the error and the enrollees' eligibility for a special enrollment period (SEP) within 30 calendar days after the issuer is informed by an Federally-facilitated Exchange (FFE) that the error is corrected, if directed to do so by the FFE. This requirement provides notification to QHP enrollees of errors that may have impacted their QHP selection and enrollment and any associated monthly or annual costs, as well as the availability of an SEP under 155.420(d)(12) for the enrollee to select a different QHP, if desired. The Centers for Medicare and Medicaid Services (CMS) is formally submitting this renewal information collection request (ICR) to OMB for 3-year approval in connection with standards regarding Plan or Display Errors and SEPs. The portion of the ICR related to Third Party Payments has been removed. The burden estimate for the ICR included in this package reflects the time and effort for QHP issuers to provide notifications to enrollees on the ICRs regarding Plan or Display Errors and SEPs. *Form number:* CMS–10595 (OMB control number: 0938–1301); *Frequency:* Annually; *Affected Public:* Private Sector (business or other for-profits, not-for-profit institutions); *Number of Respondents:* 374; *Number of Responses:* 374; *Total Burden Hours:* 293. (For questions regarding this collection contact Samantha Nguyen Kella at 816–426–6339).

3. *Type of Information Collection Request:* Reinstatement of a previously approved collection; *Title of Information Collection:* Initial Request for State Implemented Moratorium Form; *Use:* Congress has enacted section 1866 (j)(7) of the Social Security Act, which allows for the imposition of temporary moratorium. CMS promulgated 42 CFR 424.570 in order to comply with that statute, which requires that prior to implementing state Medicaid moratoria the state Medicaid agency must notify the Secretary in writing, including all of the details of the moratoria, and obtain the Secretary's concurrence with the imposition of the moratoria.

The Initial Request for State Medicaid Implemented Moratorium, named the ''Initial Request for State Medicaid Implemented Moratorium'' has been created to collect that data, in a uniform manner, which the states report to CMS when they request a moratorium. Currently, CMS is collecting this data on an ad-hoc basis, however this process needs to be standardized so that moratoria decisions are being made based on the same criteria each time. The form may be used by states and territories who wish to impose a Medicaid or Children's Health Insurance Program moratorium. CMS will use this information as a standardized method to collect and track state-imposed moratoria requests. *Form number:* CMS–10628 (OMB control number: 0938–1328); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 5; *Number of Responses:* 5; *Total Burden Hours:* 25. (For questions regarding this collection contact Alisha Sanders at 410–786–0671).

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP); *Use:* Medicare Advantage organizations (MAO) and Prescription Drug Plans (PDP) are required to submit an actuarial pricing ''bid'' for each plan offered to Medicare beneficiaries for approval by CMS. The MAOs and PDPs use the Bid Pricing Tool (BPT) software to develop their actuarial pricing bid. The competitive bidding process defined by the ''The Medicare Prescription Drug, Improvement, and Modernization Act'' (MMA) applies to both the MA and Part D programs. It is an annual process that encompasses the release of the MA rate book in April, the bid's that plans submit to CMS in June, and the release of the Part D and RPPO benchmarks, which typically occurs in August. *Form number:* CMS–10142 (OMB control number: 0938–0944); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profits, Not-for-profit institutions; *Number of Respondents:* 555; *Number of Responses:* 4,995; *Total Burden Hours:* 149,850. (For questions regarding this collection contact Rachel Shevland at 410–786–3026).

Dated: January 5, 2023.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2023–00275 Filed 1–9–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Evaluation of Resources To Support the Identification and Care of Children With Prenatal Substance or Alcohol Exposure in the Child Welfare System (New Collection)

AGENCY: Children's Bureau, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Children's Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to collect data for an evaluation of a set of resources that are

being developed to support the identification and care of children with prenatal substance or alcohol exposure in the child welfare system.

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget (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. 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: The proposed information collection effort will gather data from end users of a toolkit of resources sponsored by the Children's Bureau in collaboration with the Centers for Disease Control and Prevention under an interagency agreement. The toolkit is intended to support child welfare agency staff in the identification and support of children living with prenatal exposure to alcohol and other substances. The data collected will be used in a formative evaluation of the toolkit, which will be guided by three research questions: (1) To what degree do agency staff find toolkit resource to be relevant and applicable to their work?; (2) To what degree do toolkit resources change agency staff attitudes and increase staff knowledge?; (3) What implementation approaches and organizational supports facilitate toolkit use by child welfare agencies? Proposed data sources for this effort include five surveys: (1) a survey to measure users' reactions to the toolkit; (2) a survey of users' attitudes toward Prenatal Alcohol Exposure (PAE)-related issues; (3) a survey of users' knowledge about PAE-related issues; and (4 and 5) two versions of a survey of transfer potential and perceived competence, which measures users' sense of competence in PAE-related knowledge and skills and the extent to which users believe they will transfer knowledge/skills to their work. One version of this instrument contains the full survey and will be administered after users have been exposed to the full toolkit and its resources. The second version contains a smaller selection of key items from the survey, tailored to collect information from users after their exposure to each of five key modules of the toolkit. All data will be collected over the course of 6–9 months in 2023.

Respondents: Child welfare professionals, including state and/or county-level directors of child welfare agencies; supervisors; program staff (*e.g.,* investigation/intake, case management, foster care/adoption/permanency, etc.); staff working in specialist roles that align with toolkit resources (*e.g.,* data/quality improvement specialists); local or state agency managers involved in determining agency strategic plans and practice guidance (*e.g.,* substance-exposed newborn program manager); training system lead staff.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total/annual burden hours
Survey of reactions to the toolkit	32	1	.05	2
Survey of attitudes	32	2	.17	11
Survey of PAE-related knowledge	32	3	.27	26
Survey of transfer potential and perceived competency	32	1	.09	3
Module-specific transfer potential and perceived competency items	32	5	.03	5

Estimated Total Annual Burden Hours: 47.

Authority: Child Abuse Prevention and Treatment Act Reauthorization Act, 42 U.S.C. 5105, (2010).

John M. Sweet Jr.,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–00306 Filed 1–9–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advisory Council on Alzheimer's Research, Care, and Services; Meeting

AGENCY: Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the public meeting of the Advisory Council on Alzheimer's Research, Care, and Services (Advisory Council). The Advisory Council provides advice on how to prevent or reduce the burden of Alzheimer's disease and related dementias (ADRD) on people with the disease and their caregivers. During the meeting on January 30 and 31, 2023, the Advisory Council will hear presentations on issues related to clinical practice and plans for advanced care planning. The second day presentations will review the impact of new drug approvals and focus on risk reduction and social determinants of health. The National Institute of Neurological Disorders and Stroke (NINDS) will present research milestones from the 2022 ADRD summit and other Federal agencies will also provide updates.

DATES: The meeting will be held virtually on January 30th from 12:30 p.m. to 4:30 p.m. EST and January 31st from 12:30 p.m. to 4:30 p.m. EST.

ADDRESSES: The meeting will be virtual. It will stream live at *www.hhs.gov/live.*

Comments: Time is allocated on the agenda to hear public comments from 4:00 p.m. to 4:30 p.m. on Tuesday January 31st. The time for oral comments will be limited to two (2) minutes per individual. In order to provide a public comment, please register by emailing your name to *napa@hhs.gov* by Thursday, January 26. Registered commenters will receive both a dial-in number and a link to join the meeting virtually; individuals will have the choice to either join virtually via the link, or to call in only by using the dial-in number. **NOTE:** There may be a 30–45 second delay in the livestream video presentation of the conference. For this reason, if you have pre-registered to submit a public comment, it is