

Information Collection

1. *Type of Information Collection Request:* Extension of a currently approved collection of information; *Title of Information Collection:* Health Insurance Common Claims Form; *Use:* The CMS-1500 and the CMS-1490S forms are used to deliver information to CMS in order for CMS to reimburse for provided services. Medicare Administrative Contractors use the data collected on the CMS-1500 and the CMS-1490S to determine the proper amount of reimbursement for Part B medical and other health services (as listed in section 1861(s) of the Social Security Act) provided by physicians and suppliers to beneficiaries. The CMS-1500 is submitted by physicians/suppliers for all Part B Medicare. Serving as a common claim form, the CMS-1500 can be used by other third-party payers (commercial and nonprofit health insurers) and other Federal programs (e.g., TRICARE, RRB, and Medicaid). *Form Number:* CMS-1500 (OMB Control Number: 0938-1197); *Frequency:* Occasionally; *Affected Public:* Private Sector, Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 2,451,781; *Number of Responses:* 975,664,249; *Total Annual Hours:* 17,163,310. (For policy questions regarding this collection contact Charlene Parks at 410-786-8684.)

Dated: June 15, 2023.

William N. Parham, III,

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

[FR Doc. 2023-13197 Filed 6-21-23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Submission for OMB Review: National Child Abuse and Neglect Database System (Office of Management and Budget #0970-0424)**

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

ACTION: Request for public comments.

SUMMARY: The Children's Bureau (CB), the Administration for Children and Families (ACF), in the United States (U.S.) Department of Health and Human Services (HHS) is requesting a three-year extension of the National Child Abuse and Neglect Data System

(NCANDS) collection (Office of Management and Budget (OMB) #0970-0424, expiration August 31, 2023). There are no changes requested to this data collection.

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. 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 Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system.

During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data elements, to the maximum extent practicable, about children who had been maltreated. Most of the required data elements were added to the NCANDS data collection. Subsequent CAPTA reauthorizations and amendments added required data elements. The current list of CAPTA required data elements includes:

(1) The number of children who were reported to the state during the year as victims of child abuse or neglect.

(2) Of the number of children described in paragraph (1), the number with respect to whom such reports were—

- (a) Substantiated;
- (b) Unsubstantiated; or
- (c) Determined to be false.

(3) Of the number of children described in paragraph (2)—

(a) the number that did not receive services during the year under the state

program funded under this section or an equivalent state program;

(b) the number that received services during the year under the state program funded under this section or an equivalent state program; and

(c) the number that were removed from their families during the year by disposition of the case.

(4) The number of families that received preventive services, including use of differential response, from the state during the year.

(5) The number of deaths in the state during the year resulting from child abuse or neglect.

(6) Of the number of children described in paragraph (5), the number of such children who were in foster care.

(7) (a) The number of child protective service personnel responsible for the—

- (i.) intake of reports filed in the previous year;

- (ii.) screening of such reports;
- (iii.) assessment of such reports; and
- (iv.) investigation of such reports.

(b) The average caseload for the workers described in subparagraph (A).

(8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

(10) For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state—

- (a) information on the education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;

- (b) data of the education, qualifications, and training of such personnel;

- (c) demographic information of the child protective service personnel; and

- (d) information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

(12) The number of children for whom individuals were appointed by

the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

(13) The annual report containing the summary of activities of the citizen review panels of the state required by subsection (c)(6).

(14) The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

(16) The number of children determined to be eligible for referral,

and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 *et seq.*).

(17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

(18) The number of infants—
(a) identified under subsection (b)(2)(B)(ii);

(b) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and

(c) for whom a referral was made for appropriate services, including services

for the affected family or caregiver, under subsection (b)(2)(B)(iii).

The items listed under number (10), (13), and (14) are not collected by NCANDS.

The Children’s Bureau proposes to continue collecting the NCANDS data through the two files of the Detailed Case Data Component, the Child File (the case-level component of NCANDS) and the Agency File (additional aggregate data, which cannot be collected at the case level). There are no proposed changes to the NCANDS data collection instruments.

Respondents: State governments, the District of Columbia, and the Commonwealth of Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Detailed Case Data Component: (Child File and Agency File) IT Staff	52	3	42.6	6,646	2,215
Detailed Case Data Component: (Child File and Agency File) Programmatic Staff	52	3	65.4	10,202	3,401

Estimated Total Annual Burden Hours: 5,616.

Authority: 42 U.S.C. 5101 *et seq.*

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–13290 Filed 6–21–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Aging Special Emphasis Panel; Professional Dementia Care Providers Survey.

Date: July 18, 2023.

Time: 1:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Kimberly Firth, Ph.D., National Institutes of Health, National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Suite 2C212, Bethesda, MD 20892, 301–402–7702, firthkm@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: June 15, 2023.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–13208 Filed 6–21–23; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences Notice of Proposed Reorganization

ACTION: Announcement of public forum.

SUMMARY: The National Institute of General Medical Sciences (NIGMS) will host two public online forums to enable public discussion of the Institute’s proposal to reorganize its Division for

Capacity Research Building (DRCB) and Division of Pharmacology, Physiology, and Biological Chemistry (PPBC) by creating a new branch in each division.

DATES: The first public online forum will become available on July 17, 2023, and will remain open for five (5) calendar days, through July 21, 2023. The second online public forum will take place on July 26, 2023, at 11:30 a.m. EDT.

ADDRESSES: The first public forum will be held online, at https://www.research.net/r/NIGMS_DRCB_PPBC_REORG_2023 for the period of time listed above. The second public forum will be held online, at: <https://nih.zoomgov.com/j/1604118277?pwd=NkhsS0E3ekN3VU8zUFRaZG5E UUdWQT09>, on the date listed above.

FOR FURTHER INFORMATION CONTACT: Ayanna Vest, Supervisory Management Analyst, National Institute of General Medical Sciences, NIH, ayanna.vest@nih.gov, or 301–827–4889.

SUPPLEMENTARY INFORMATION: The NIH Reform Act of 2006 (42 U.S.C. 281 (d)(4)) requires public notice of proposed reorganization plans. This announcement and the public forum serve as that notice. The proposed DRCB reorganization seeks to provide much-needed infrastructure to afford the most effective management support for the Native American Research Centers for Health (NARCH) and the IDeA Network of Clinical and Translational Research