

Contextual Factors	<ul style="list-style-type: none"> • Individual-level factors <ul style="list-style-type: none"> ○ Demographics (e.g., age, sex, race, ethnicity) ○ Workforce type (EMS vs. 911) ○ Education/training, proficiency, experience/career stage, trauma exposure ○ People with self-identified burnout, occupational stress, moral injury, or who may be at increased risk for mental or behavioral health issues • Agency factors <ul style="list-style-type: none"> ○ Agency size ○ Agency location (urban vs. suburban vs. rural) ○ Shift characteristics (e.g., duration, frequency, timing, predictability) ○ Workflow (e.g., role conflict, role ambiguity, warnings before psychological exposures) ○ Regulations ○ Financing ○ Availability of mental health resources • Intervention factors <ul style="list-style-type: none"> ○ Intervention level (individual, organizational, system-wide [local/state/national], or combined) ○ Intervention target (CISM, subacute coping/stress management, or long-term stress management)
Timing	<ul style="list-style-type: none"> • 2001 to current
Setting	<ul style="list-style-type: none"> • Prehospital • Public Safety Answering Point (PSAP) or Emergency Communication Center (ECC) • Emergency department • Any high-income country (according to World Bank Criteria)

Dated: September 28, 2023.

Marquita Cullom,
Associate Director.

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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) approve the proposed

information collection project “TeamSTEPPS 3.0 Training Assessment.” In accordance with the Paperwork Reduction Act of 1995, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by December 4, 2023.

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

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

TeamSTEPPS 3.0 Training Assessment

In 2006 the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense developed Strategies & Tools to Enhance

Performance and Patient Safety, or TeamSTEPPS®, an evidence-based patient safety program. The main objective of the TeamSTEPPS program is to improve patient safety by training health care staff in various teamwork, communication, and patient safety concepts, tools, and techniques and ultimately helping to build national capacity for supporting teamwork-based patient safety efforts in health care organizations. Given the advancements in health information technology, changes in how care is delivered and a recent emphasis on engaging patients and families as members of the healthcare team, the TeamSTEPPS curriculum was significantly refreshed in 2023 and made into a singular comprehensive program to better support teams in improving their communication skills and collaboration.

The updated TeamSTEPPS training will now be implemented in different settings of various large and small

healthcare and healthcare-related organization and institutions around the country. Following implementation of the updated training, an assessment for change in individuals and teams is necessary to examine the degree to which the updated TeamSTEPPS program enhances users experience, improves the teams' effectiveness, streamlines team communication and overall increases healthcare professionals' commitment to interdisciplinary teamwork.

This project has the following goals:

(1) Assess the overarching short-term (immediately after the training) impact of the TeamSTEPPS program to determine what improvements should be made to the training and how it is delivered, and

(2) Assess the long-term (3–9 months after the training) impact of the TeamSTEPPS program to determine how trained participants use and implement the TeamSTEPPS tools and resources.

This project is being conducted by AHRQ through its contractor, Chatham Communications, 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 and with respect to quality measurement and improvement. 42 U.S.C 299a(a)(1) and (2).

Method of Collection

To achieve the goals of this project the following data collections will be implemented:

Online surveys: Data will be collected from up to 30 trainees at each of 115 sites (i.e., up to 3,450 respondents) via online surveys. All trainees will be invited to complete the following online surveys:

- (1) Baseline Survey (administered prior to training)
 - a. TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ)
 - b. Knowledge assessment
 - c. Self-reported event rates
- (2) Post-training Survey (administered immediately after training completion)
 - a. Participant Training Reactions and Experiences
 - b. TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ)
 - c. Knowledge assessment

- (3) Follow-up Survey (administered 3–9 months after training completion)
 - a. TeamSTEPPS Teamwork Perceptions Questionnaire (T-TAP)
 - b. Self-reported behavior/implementation activities
 - c. Facilitators and barriers to use of TeamSTEPPS concepts, tools, or strategies
 - d. Self-reported changes in awareness, policies, or processes
 - e. Self-reported event rates

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for trainees' time to participate in this data collection. All trainees will complete:

- (1) Pre-training Survey—estimated to take 20 minutes per response.
- (2) Post-training Survey—estimated to take 20 minutes per response.
- (3) Follow-up Survey—estimated to take 20 minutes per response.

The total annual burden hours are estimated to be 3,415.5 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The cost burden is estimated to be \$155,889.06.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Pre-training Survey	3,450	1	.33	1,138.5
Post-training Survey	3,450	1	.33	1,138.5
Follow-up Survey	3,450	1	.33	1,138.5
Total	10,350	N/A	N/A	3,415.5

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Pre-training Survey	3,450	1,138.5	\$46.52	\$52,963.02
Post-training Survey	3,450	1,138.5	46.52	52,963.02
Follow-up Survey	3,450	1,138.5	46.52	52,963.02
Total	10,350	3,415.5	N/A	158,889.06

* Based on the mean of the average wages for all health professionals (29–0000): Occupational Wages in the United States, May 2022, U.S. Department of Labor, Bureau of Labor Statistics (https://www.bls.gov/oes/current/oes_nat.htm).

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: September 29, 2023.

Marquita Cullom,
Associate Director.

[FR Doc. 2023–22089 Filed 10–3–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10692]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by December 4, 2023.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number: __, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–10692 Home and Community Based Services (HCBS) Incident Management Survey

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Home and Community Based Services (HCBS) Incident Management Survey; *Use:* This collection of information request sets out a follow up survey that states will be requested to complete in order to identify current methods and new

promising practices for identifying, reporting, tracking, and resolving incidents of abuse, neglect, and exploitation. The results of the survey will also be used to review the strengths and weaknesses of each state's current incident management system, progress toward enhancements and improvements to these systems, and will inform guidance to help ensure states comply with sections 1902(a)(30)(A) and 1915(c)(2)(A) of the Social Security Act. *Form Number:* CMS–10692 (OMB control number: 0938–1362); *Frequency:* Once and on occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 47; *Total Annual Responses:* 105; *Total Annual Hours:* 158. (For policy questions regarding this collection contact Ryan Shannahan at 410–786–0295.)

Dated: September 29, 2023.

William N. Parham, III

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

[FR Doc. 2023–22044 Filed 10–3–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Matching Program

AGENCY: Centers for Medicare & Medicaid Services, Department of Health and Human Services.

ACTION: Notice of a new matching program.

SUMMARY: In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of the re-establishment of a matching program between CMS and State-Based Administering Entities (AEs), titled "Determining Eligibility for Enrollment in Applicable State Health Subsidy Programs Under the Patient Protection and Affordable Care Act."

DATES: The deadline for comments on this notice is November 3, 2023. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately November 14, 2023, to May 13, 2025) and, within three months of expiration, may be renewed for up to one additional