EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Pharmacies Event Form	9,079	37.6	3/60	17,068
Subtotal for the MEPS–MPC	100,783			29,111
Grand Total	142,383			76,498

* The Adult SAQ is completed once every two years, on the odd numbered years.
** The PSAQ is completed once every two years, on the even numbered years.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
MEPS–HC:				
MEPS–HC Core Interview	11,750	43,083	$29.76 *	$1,282,150
Adult SAQ	5,688	332	29.76 *	9,880
Preventive Care SAQ (PSAQ)	5,688	332	29.76 *	9,880
Diabetes Care Survey (DCS)	1,000	50	29.76 *	1,488
Cancer SAQ	1,500	500	29.76 *	14,880
Authorization forms for the MEPS–MPC Provider and Pharmacy Survey	11,750	2,738	29.76 *	81,483
MEPS Validation Interview	4,225	352	29.76 *	10,475
Subtotal for the MEPS–HC	41,600	47,387		1,410,236
MEPS–MPC:				
MPC Contact Guide/Screening Call	54,758	4,563	19.84 **	90,530
Home care Providers Event Form	886	257	19.84 **	5,099
Office-based Providers Event Form	14,950	3,214	19.84 **	63,766
Separately Billing Doctors (SBD) Event Form	12,690	888	19.84 **	17,618
Hospitals & HMOs (Hospital Event Form	8,302	3,113	19.84 **	61,762
Institutions (non-hospital) Event Form	118	8	19.84 **	159
Pharmacies Event Form	9,079	17,068	19.35 ***	330,266
Subtotal for the MEPS–MPC	100,783	29,111		569,200
Grand Total	142,383	77,067		1,979,436

* Mean hourly wage for All Occupations (00–0000).
** Mean hourly wage for Medical Secretaries (43–6013).
*** Mean hourly wage for Pharmacy Technicians (29–2052).
Occupational Employment Statistics, May 2022 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics.

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: December 11, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–27462 Filed 12–13–23; 8:45 am]

BILLING CODE 4160–90–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) approve the proposed information collection project ''TeamSTEPPS® 3.0 Training Assessment.'' This proposed information collection was previously published in the **Federal Register** on

October 4th, 2023 and allowed 60 days for public comment. AHRQ received no substantive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by January 16, 2024.

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.

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.*

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 increase national capacity for supporting teamwork-based patient safety efforts in health care organizations.

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 information collection 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 via online questionnaires. As such, we are requesting OMB approval to conduct three online questionnaires to assess the effectiveness of the updated TeamSTEPPS® training.

(1) Baseline Survey (administered prior to training)—Will include the TeamSTEPPS Teamwork Attitudes Questionnaire (T–TAQ), knowledge assessment questions, and self-reported event rates.

(2) Post-training Survey (administered immediately after training completion)—Will include questions to assess participant training reactions and experiences, the TeamSTEPPS Teamwork Attitudes Questionnaire (T–TAQ), and knowledge assessment questions.

(3) Follow-up Survey (administered 3–9 months after training completion)—Will include the TeamSTEPPS Teamwork Perceptions Questionnaire (T–TAP); self-reported behavior/implementation activities; facilitators and barriers to use of TeamSTEPPS concepts, tools, or strategies; self-reported changes in awareness, policies, or processes, and self-reported event rates.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the information collection. Each training participant survey will be completed by up to 30 individuals from each of 115 sites and is estimated to require 20 minutes each (60 minutes total across the surveys) to complete. The total annualized burden is estimated to be 3,450 hours. Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to participate in the study. The total cost burden is estimated to be $160,494.

Exhibit 1. Estimated Annualized Burden Hours

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Baseline Survey	3,450	1	20/60	1,150
Post-training Survey	3,450	1	20/60	1,150
Follow-up Survey	3,450	1	20/60	1,150
Total	10,350	N/A	N/A	3,450

Exhibit 2—Estimated Annualized Cost Burden

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Baseline Survey	3,450	1,150	$46.52	53,498
Post-training Survey	3,450	1,150	46.52	53,498
Follow-up Survey	3,450	1,150	46.52	53,498
Total	10,350	3,450	N/A	160,494

* 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: December 11, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–27465 Filed 12–13–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS 3444–FN]

Medicare Program; Application by The Joint Commission (TJC) for Continued CMS Approval of Its Home Infusion Therapy (HIT) Accreditation Program

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

ACTION: Notice.

SUMMARY: This final notice announces our decision to approve The Joint Commission (TJC) for continued recognition as a national accrediting organization that accredits suppliers of home infusion therapy (HIT) services that wish to participate in the Medicare or Medicaid programs.

DATES: The approval announced in this final notice is effective December 15, 2023 through December 15, 2029.

FOR FURTHER INFORMATION CONTACT: Shannon Freeland, (410) 786–4348.

SUPPLEMENTARY INFORMATION:

I. Background

Home infusion therapy (HIT) is a treatment option for Medicare beneficiaries with a wide range of acute and chronic conditions. Section 5012 of the 21st Century Cures Act (Pub. L. 114–255, enacted December 13, 2016) added section 1861(iii) to the Social Security Act (the Act), establishing a new Medicare benefit for HIT services. Section 1861(iii)(1) of the Act defines ''home infusion therapy'' as professional services, including nursing services; training and education not otherwise covered under the Durable Medical Equipment (DME) benefit; remote monitoring; and other monitoring services. Home infusion therapy must be furnished by a qualified HIT supplier and furnished in the individual's home. Sections 1861(iii)(A) and (B) require that the individual (patient) must:

- Be under the care of an applicable provider (that is, physician, nurse practitioner, or physician assistant); and
- Have a plan of care established and periodically reviewed by a physician in coordination with the furnishing of home infusion drugs under Part B, which prescribes the type, amount, and duration of infusion therapy services that are to be furnished.

Section 1861(iii)(3)(D)(i)(III) of the Act requires that a qualified HIT supplier be accredited by an accrediting organization (AO) designated by the Secretary in accordance with section 1834(u)(5) of the Act.

Section 1834(u)(5)(A) of the Act identifies factors for designating HIT AOs and in reviewing and modifying the list of designated HIT AOs. These statutory factors are as follows:

- The ability of the accrediting organization to conduct timely reviews of HIT accreditation applications.
- The ability of the accrediting organization to take into account the capacities of HIT suppliers located in a rural area (as defined in section 1886(d)(2)(D) of the Act).
- Whether the accrediting organization has established reasonable fees to be charged to HIT suppliers applying for accreditation.
- Such other factors as the Secretary determines appropriate.

Section 1834(u)(5)(B) of the Act requires the Secretary to designate AOs to accredit HIT suppliers furnishing HIT not later than January 1, 2021. Section 1861(iii)(3)(D)(i)(III) of the Act requires a ''qualified home infusion therapy supplier'' to be accredited by a CMS-approved AO, pursuant to section 1834(u)(5) of the Act.

The Joint Commission's (TJC's) current term of approval for their Home Infusion Therapy accreditation program expires December 15, 2023.

II. Approval of Deeming Organization

Section 1834(u)(5) of the Act and § 488.1010 require that our findings concerning review and approval of a national accrediting organization's requirements consider, among other factors, the applying accrediting organization's requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide CMS with the necessary data.

Our rules at 42 CFR 488.1020(a) require that we publish, after receipt of an organization's complete application, a notice identifying the national accrediting body making the request,