

provide comprehensive health care services to frail, older adults in the community who are eligible for nursing home care according to state standards. PACE organizations (PO) must provide all Medicare and Medicaid covered services; financing of this model is accomplished through prospective capitation of both Medicare and Medicaid payments. Upon approval of a PACE application, CMS executes a 3-way program agreement with the applicant entity and the applicable State Administering Agency (SAA). CMS regulations at 42 CFR 460.98(b)(2) require a PO to provide PACE services in at least the PACE center, the home, and inpatient facilities. The PACE center is the focal point for the delivery of PACE services; the center is where the interdisciplinary team (IDT) is located, services are provided, and socialization occurs with staff that is consistent and familiar to participants.

Collection of this information is mandated by statute under sections 1894(f) and 1934(f) of the Act and at 42 CFR part 460, subpart B, which addresses the PO application and waiver process. In general, PACE services are provided through a PO. An entity wishing to become a PO must submit an application to CMS that describes how the entity meets all the requirements in the PACE program. An entity's application must be accompanied by an assurance from the SAA of the State in which the PO wishes to operate its PACE program. CMS accepts applications on a designated date four times per year (*i.e.*, on a quarterly basis, generally the last Friday of March, June, September and December). *Form Number:* CMS-10631 (OMB control number: 0938-1326); *Frequency:* Occasionally; *Affected Public:* Private Sector, Business or other for-profits, Not for-profits and Federal Government State, Local; *Number of Respondents:* 72; *Number of Responses:* 109; *Total Annual Hours:* 7,271. (For policy questions regarding this collection contact Jacqueline Ford at 410-786-7767 or [Jacqueline.Ford@cms.hhs.gov](mailto:Jacqueline.Ford@cms.hhs.gov)).

**William N. Parham, III,**

*Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2024-17303 Filed 8-5-24; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Community Living**

**Agency Information Collection Activities: Proposed Collection; Public Comment Request; for the State Annual Long-Term Care Ombudsman Report (OMB Control Number 0985-0005)**

**AGENCY:** Administration for Community Living, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of information listed above. Under the Paperwork Reduction Act of 1995 (PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This IC extension solicits comments on the information collection requirements relating to the State Annual Long-Term Care Ombudsman Report (OMB Control Number 0985-0005).

**DATES:** Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by October 7, 2024.

**ADDRESSES:** Submit electronic comments on the collection of information to: [Beverley.Laubert@acl.hhs.gov](mailto:Beverley.Laubert@acl.hhs.gov). Submit written comments on the collection of information to Administration for Community Living, 330 C Street SW, Washington, DC 20201, Attention: Beverley Laubert.

**FOR FURTHER INFORMATION CONTACT:** [Beverley.Laubert@acl.hhs.gov](mailto:Beverley.Laubert@acl.hhs.gov), (202) 740-0801.

**SUPPLEMENTARY INFORMATION:** 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. "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. The PRA requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing

collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, ACL invites comments on our burden estimates or any other aspect of this collection of information, including:

(1) whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility;

(2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine burden estimates;

(3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents, including using automated collection techniques when appropriate, and other forms of information technology.

The State Annual Long-Term Care Ombudsman Report is needed to comply with Administration for Community Living/Administration on Aging reporting requirements in the Older Americans Act (OAA); and 45 CFR 1324.21(b)(1) and (b)(2)(v). The long-term care ombudsman report is used to measure the services and strategies that are provided to assist residents in the protection of their health, safety, welfare, or rights; advocate at the state and federal levels for changes needed to improve the quality of life and care in long-term care facilities; and effectively manage the Long-Term Care Ombudsman Program at the state and federal level.

The National Ombudsman Reporting System (NORS) was developed in response to these needs and directives. Section 712(c) of the OAA requires the state agency to establish a statewide uniform reporting system to:

(1) Collect and analyze data relating to resident complaints and conditions in long-term care facilities for the purpose of identifying and resolving significant problems.

and  
(2) Submit the data on a regular basis to the state licensing/certifying agency, other state and federal entities that the Ombudsman determines to be appropriate, the Assistant Secretary for Aging, and the National Long-Term Care Ombudsman Resource Center.

The proposed data collection tools may be found on the ACL website for

review at: <https://www.acl.gov/about-acl/public-input>.

*Estimated Program Burden:* ACL estimates the burden of this collection of information as follows:

Fifty-two grantees report to ACL using NORS.

- a. *Number of respondents:* 52.
- b. *Frequency of response:* 1.
- c. *Total annual responses:* 52.
- d. *Hours per response:* 214.
- e. *Total burden hours:* 11,153.

Dated: August 1, 2024.

**Alison Barkoff,**

*Principal Deputy Administrator for the Administration for Community Living, performing the delegable duties of the Administrator and the Assistant Secretary for Aging.*

[FR Doc. 2024-17320 Filed 8-5-24; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Announcing the Intent To Award a Single-Source Supplement for the National Center for Benefits Outreach and Enrollment (NCBOE)

**AGENCY:** Administration for Community Living, HHS.

**SUMMARY:** The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the National Council on Aging (NCOA) for the National Center for Benefits Outreach and Enrollment (NCBOE). The purpose of the NCBOE is to provide technical assistance to states, Area Agencies on Aging, Aging and Disability Resource Centers and community-based organizations who conduct outreach and low-income benefits enrollment assistance, particularly to older individuals with greatest economic need for federal and state programs. The administrative supplement for FY 2024 will be for \$3,207,650, bringing the total award for FY 2024 to \$14,707,650.

**FOR FURTHER INFORMATION CONTACT:** For further information or comments regarding this program supplement, contact Margaret Flowers, U.S. Department of Health and Human Services, Administration for Community Living, Center for Innovation and Partnership, Office of Healthcare Information and Counseling; telephone (202) 795-7315; email [Margaret.flowers@acl.hhs.gov](mailto:Margaret.flowers@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** This supplemental funding will expand the NCBOE's outreach and education efforts

targeting older adults with the greatest economic need, especially people from underserved communities. The NCBOE will build on current efforts to reach and assist beneficiaries, including expanding the work of the Benefits Enrollment Centers, making enhancements to the benefits eligibility and screening tool, and expanding the capacity of the benefits call center. With this supplemental funding, the NCBOE will focus on retirement security, Medicaid and Medicare integration, and streamlining benefits access.

The NCBOE will expand the pilot work on retirement security for older adults with low and moderate incomes. This may include but is not limited to activities such as developing materials, providing technical assistance and training, and conducting and evaluating a pilot with select community-based organizations. The NCBOE should collaborate with ACL to coordinate planned and emerging efforts to help older adults with low and moderate incomes with retirement planning.

The NCBOE should also build on the work done to date to educate individuals who are dually eligible by maintaining the My Care, My Choice decision support tool. The NCBOE should develop plans to support the usage of the tool such as counselor training or piloting with local community based organizations. Additionally, the NCBOE should build leadership among state grantees to educate state Medicaid agencies on Medicare to improve the experience of people who are dually eligible for Medicaid and Medicare.

Additionally, the NCBOE should build on work done to date to explore the approaches to streamlining benefits applications in coordination with federal and state government efforts to modernize access to public benefits. This could include research into the consumer experience and/or convening key stakeholders to discuss opportunities and challenges.

The NCBOE will continue, expand, and complete the work they are currently undertaking with the NCBOE award without disrupting services.

*Program Name:* The National Center for Benefits Outreach and Enrollment (NCBOE).

*Recipient:* National Council on Aging (NCOA).

*Period of Performance:* The award will be issued for the current project period of September 1, 2024 through August 31, 2025.

*Total Award Amount:* \$14,707,650 in FY 2024.

*Award Type:* Cooperative Agreement Supplement.

*Statutory Authority:* The statutory authority is contained in the 2006 Reauthorization of the Older Americans Act and the Medicare Improvements for Patients and Providers Act of 2008, as amended by the Patient Protection and Affordable Care Act of 2010 and most recently reauthorized by the Consolidated Appropriations Act of 2024.

*Basis for Award:* The National Council on Aging (NCOA) is currently funded to carry out the NCBOE Project for the period of September 1, 2020 through August 31, 2025. Much work has already been completed and further tasks are currently being accomplished. It would be unnecessarily time-consuming and disruptive to the NCBOE project, and the beneficiaries being served for ACL to establish a new grantee at this time when critical services are presently being provided in an efficient manner.

NCOA is uniquely placed to complete the work under the NCBOE grant. Since 2001, NCOA has been the national leader in improving benefits access to vulnerable older adults. They have an unparalleled history of working with community-based organizations to develop and replicate outreach and enrollment solutions while maintaining and enhancing technology to make it easier and more efficient to find benefits. NCOA through NCBOE accomplishes its mission by developing and sharing tools, resources, best practices, and strategies for benefits outreach and enrollment via its online clearinghouse, electronic and print publications, webinars, and training and technical assistance.

In addition, NCOA has BenefitsCheckUp which is, by far, the nation's most comprehensive and widely-used web-based service that screens older and disabled adults with limited incomes and resources and informs them about public and private benefits for which they are very likely to be eligible. BenefitsCheckUp includes more than 2,500 benefits programs from all 50 states and DC, including over 50,000 local offices for people to apply for benefits; and more than 1,500 application forms in every language in which they are available. NCOA is successfully meeting all programmatic goals under the current NCBOE grant.