

Respondents: Business or other for-profit entities.

Number of Respondents: 25 respondents; 25 responses.

Estimated Time per Response: 1 hour.

Frequency of Response: One time and occasion reporting requirements and third party disclosure requirement.

Obligation to Respond: Required to obtain or retain benefits. Statutory authority for this information collection is contained in 47 U.S.C. 154, 303 and 307(e) of the Communications Act of 1934, as amended.

Total Annual Burden: 25 hours.

Total Annual Cost: No cost.

Needs and Uses: Section 87.147 is needed to require applicants for aviation equipment certification to submit a Federal Aviation Administration (FAA) determination of the equipment's compatibility with the National Airspace System (NAS). This will ensure that radio equipment operating in certain frequencies is compatible with the NAS, which shares system components with the military. The notification must describe the equipment, along with a report of measurements, give the manufacturer's identification, antenna characteristics, rated output power, emission type and characteristics, the frequency or frequencies of operation, and essential receiver characteristics if protection is required.

Federal Communications Commission.

Katura Jackson,

Federal Register Liaison Officer.

[FR Doc. 2024-21252 Filed 9-17-24; 8:45 am]

BILLING CODE 6712-01-P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal

Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than October 3, 2024.

A. Federal Reserve Bank of Minneapolis (Mark Rauzi, Vice President), 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291. Comments can also be sent electronically to MA@mpls.frb.org:

1. *John Daniel Billingsley, Lake Elmo, Minnesota;* to join the Raleigh Family Control Group, a group acting in concert, to retain voting shares of Lake Elmo Bancshares, Inc., and thereby indirectly retain voting shares of Lake Elmo Bank, both of Lake Elmo, Minnesota.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2024-21236 Filed 9-17-24; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3463-FN]

Medicare Program; Application by the Community Health Accreditation Partner (CHAP) 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: Final notice.

SUMMARY: This final notice announces our decision to approve the Community

Health Accreditation Partner (CHAP) 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 September 25, 2024 through September 25, 2030.

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) of the Act 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 for 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 current term of approval for the Community Health Accreditation Partner (CHAP) HIT accreditation program expires September 25, 2024.

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, describing the nature of the request, and providing at least a 30-day public comment period. Pursuant to our rules at 42 CFR 488.1010(d), we have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

III. Provisions of the Proposed Notice

In the April 30, 2024, **Federal Register** (89 FR 34247), we published a proposed notice announcing CHAP’s request for continued recognition as a national accrediting organization for suppliers providing HIT services that wish to participate in the Medicare or Medicaid programs. In that proposed notice, we detailed our evaluation criteria. Under section 1834(u)(5) of the Act and in our regulations at § 488.1010, we conducted a review of CHAP’s Medicare HIT accreditation application in accordance with the criteria specified by our regulations, which include, but are not limited to, the following:

- An administrative review of CHAP’s:
 - ++ Corporate policies;
 - ++ Financial and human resources available to accomplish the proposed surveys;

++ Procedures for training, monitoring, and evaluation of its HIT surveyors;

++ Ability to investigate and respond appropriately to complaints against accredited HITs; and

++ Survey review and decision-making process for accreditation.

• The equivalency of CHAP’s standards for HIT as compared with CMS’ HIT conditions for participation.

• CHAP’s survey process to determine the following:

++ The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training;

++ The comparability of CHAP’s to CMS’ standards and processes, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities;

++ CHAP’s processes and procedures for monitoring a HIT supplier found out of compliance with CHAP’s program requirements;

++ CHAP’s capacity to report deficiencies to the surveyed HIT facilities and respond to the facility’s evidence of standards compliance in a timely manner;

++ CHAP’s capacity to provide CMS with electronic data and reports necessary for effective assessment and interpretation of the organization’s survey process;

++ CHAP’s capacity to adequately fund required surveys;

++ CHAP’s policies with respect to whether surveys are announced or unannounced, to ensure that surveys are unannounced; and

++ CHAP’s agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as CMS may require (including corrective action plans or CHAP’s evidence of standards compliance).

• The adequacy of CHAP’s staff and other resources, and its financial viability.

• CHAP’s agreement or policies for voluntary and involuntary termination of suppliers.

• CHAP’s agreement or policies for voluntary and involuntary termination of the HIT AO program.

• CHAP’s policies and procedures to avoid conflicts of interest, including the appearance of conflicts of interest, involving individuals who conduct surveys or participate in accreditation decisions.

IV. Analysis of and Responses to Public Comments on the Proposed Notice

In accordance with section 1834(u)(5) of the Act, the April 30, 2024, proposed

notice also solicited public comments regarding whether CHAP’s requirements met or exceeded the Medicare conditions for participation for HIT. No comments were received in response to our proposed notice.

V. Provisions of the Final Notice

A. Differences Between CHAP’s Standards and Requirements for Accreditation and Medicare Conditions and Survey Requirements

We compared CHAP’s HIT accreditation requirements and survey process with the Medicare Conditions for Coverage of 42 CFR part 486, and the survey and certification process requirements of part 488. Our review and evaluation of CHAP’s HIT application, which were conducted as described in section III of this final notice, yielded the following areas where, as of the date of this notice, CHAP has completed revising its standards and certification processes to meet the conditions at §§ 486.500 to 486.525.

• Section 486.520(a), to address the requirement that all patients must be under the care of an applicable provider.

• Section 486.520(b), to address the requirement that the plan of care must be established by a physician and that it prescribes the type, amount, and duration of the home infusion therapy services that are to be furnished.

• Section 486.520(c), to address the requirement that the plan of care for each patient must be periodically reviewed by the physician.

• Section 486.525(a), to address the requirement that the HIT supplier must provide the following services on a 7-day a week, 24 hour-a-day basis in accordance with the plan of care:

++ Section 486.525(a)(1), to provide professional services, including nursing services.

++ Section 486.525(a)(2), to address the requirement for patient training and education and not otherwise paid for as durable medical equipment.

++ Section 486.525(a)(3), to address the requirement of remote monitoring services for the provision of HIT services and home infusion drugs.

• Section 486.525(b), to address the requirement that all home infusion therapy suppliers must provide HIT services in accordance with nationally recognized standards of practice, and in accordance with all applicable state and federal laws and regulations.

B. Term of Approval

Based on the review and observations described in section III. of this final

notice, we have determined that CHAP's requirements for HIT meet or exceed our requirements. Therefore, we approve CHAP as a national accreditation organization for HITs that request participation in the Medicare program, effective September 25, 2024, through September 25, 2030.

VI. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Trenesha Fultz-Mimms,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2024-21084 Filed 9-17-24; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget (OMB) Review; 2024 National Survey of Early Care and Education Longitudinal Follow-ups (OMB #: 0970-0391)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing a data collection activity to be conducted January 2025 through December 2025 as a follow-up of the 2024 National Survey of Early Care and Education (NSECE). The objectives of the 2024 NSECE Longitudinal Follow-ups are to build on the design and implementation of the

2024 NSECE to collect urgently needed information on the following two topics relevant to early care and education (ECE) policy: (1) how households learn about and make use of financial assistance in seeking and selecting ECE, with additional focus on paid individual care arrangements; and (2) patterns of retention and attrition among individuals in the center-based ECE workforce.

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 OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The 2024 NSECE Longitudinal Follow-ups will consist of two nationally representative surveys drawing from 2024 NSECE respondents:

1. a survey of households (1) with incomes under 300 percent of the federal poverty level (FPL) and/or (2) who had used paid care by an individual in 2024 (2024 NSECE Household Follow-up)
2. a survey of individuals who were employed in 2024 in center-based ECE programs working directly with children in classrooms serving children age 5 years and under, not yet in kindergarten (2024 NSECE Workforce Follow-up).

Participants will be drawn from respondents to the 2024 NSECE Household and Workforce surveys.

The 2024 NSECE Longitudinal Follow-up data collection efforts will provide urgently needed information that will expand the potential of the 2024 NSECE data to describe: (1) households' search for and use of financial assistance for ECE (including assistance for paid individual care

arrangements); and (2) employment experiences of individuals who have recently worked in center-based ECE classrooms.

The household follow-up in early 2025 will re-interview households participating in the 2024 NSECE who (1) report using paid individual ECE or (2) report incomes below 300 percent of the FPL. The workforce follow-up in late 2025 will re-interview individuals who participated in the 2024 NSECE workforce survey (*i.e.*, served as center-based classroom-assigned instructional staff between January and November 2024). Both follow-up surveys are designed to collect in-depth information that was not feasible to collect in the 2024 NSECE and which can be uniquely collected through re-interviews of selected 2024 NSECE participants. The household follow-up will include information about households' awareness of and experience with publicly funded ECE programs, how households selected ECE arrangements for Fall 2024, and who provided paid individual care to the households' children in 2024. The workforce follow-up will include information about the experiences of ECE instructional staff over time, where workers who leave ECE employers or the ECE sector go and why they leave, and workers' experiences in various ECE settings throughout their ECE careers. Accurate data on families with young children and the experiences of ECE workers are essential to assess the current landscape of ECE, and to provide insights to advance ECE policy and initiatives. The household follow-up will be fielded using multi-mode survey methodologies in early 2025, and the workforce follow-up will be fielded using multi-mode survey methodologies in the last half of 2025. Both follow-ups will enhance the value of the 2024 NSECE by expanding the potential utility of those data to describe household and worker experiences over time and to address additional information needs.

Respondents: 1. Households participating in the 2024 NSECE and reported either a. a paid individual ECE arrangement in 2024, or b. income under the 300 percent Federal poverty level in 2024. 2. Individuals who participated in the 2024 NSECE survey of center-based classroom-assigned instructional staff (workforce).

Annual Burden Estimates