

hamper quality of life. The HOS supports CMS’s commitment to improve health outcomes for beneficiaries while reducing burden on providers. CMS accomplishes this by focusing on high-priority areas for quality measurement and improvement established in the agency’s Meaningful Measures Framework. The HOS uses quality measures that ask beneficiaries about health outcomes related to specific mental and Physical Conditions. *Form Number:* CMS–10203 (OMB control number: 0938–0701); *Frequency:* Yearly; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,275; *Total Annual Responses:* 663,150; *Total Annual Hours:* 212,208. (For policy questions regarding this collection contact Alyssa Rosen at 410–786–8559 or Alyssa.Rosen@cms.hhs.gov.)

William N. Parham III,
 Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.
 [FR Doc. 2024–23395 Filed 10–8–24; 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; Community Services Block Grant (CSBG) Annual Report (OMB No. 0970–0492)

AGENCY: Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Community Services (OCS), Administration for Children and Families (ACF) requests an extension with substantial changes to the currently approved Community Services Block Grant (CSBG) Annual Report. This is specific to a significantly revised version (Annual Report 3.0), to begin as an option for use in Fiscal Year (FY) 2026 and to be required beginning in FY2027.

DATES: *Comments due* November 8, 2024. 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: Section 678E of the CSBG Act requires States, including the District of Columbia and the Commonwealth of Puerto Rico, and U.S. territories, to annually prepare and submit a report on the measured performance of the State and the eligible entities in the State. Prior to the participation of the State in the performance measurement system, the State shall include in the report any information collected by the State relating to such performance. Each State shall also include in the report an accounting of the expenditure of funds received by the State through the CSBG program, including an accounting of funds spent on administrative costs by the State and the eligible entities, and funds spent by the eligible entities on the direct delivery of local services, and shall include information on the number of and characteristics of clients served under the subtitle in the State, based on data collected from the eligible entities. The State shall also include in the report a summary describing the training and technical assistance offered by the State.

Section 3(b) of the Government Performance and Results (GPRA) Modernization Act of 2010 (GPRAMA) requires OCS, as an office under the U.S. Department of Health and Human Services, to collect performance information for the CSBG.

OCS has updated the Annual Report for future years, the CSBG Annual Report 3.0. This updated version was originally planned to be submitted in

conjunction with the extension of version 2.1, but in an effort to be responsive to the public comments received during the 60-day comment period (89 FR 29339), OCS delayed submission of version 3.0. OCS has reviewed all comments and applied revisions to the instrument as a result of the feedback.

This request includes the final proposed CSBG Annual Report 3.0, which is a substantial revision of the current Annual Report form. This updated version streamlines State administrative information, as well as National Performance Indicators for individuals and families as reported by eligible entities. The proposed revisions seek to lessen the burden of the previous iteration of the report by decreasing the amount of data points collected, clarifying data points by using plain language, removing items not pertinent to annual report data collection, and improving data points to reflect industry standards in measuring the reduction of poverty. This revision would be an optional collection instrument in FY 2026 to support incremental implementation and minimize burden to the public and would become the required sole collection instrument in FY 2027. Copies of the proposed collections of information can be obtained by visiting: <http://www.acf.hhs.gov/programs/ocs/programs/csbg>.

There are no changes proposed to the other versions of the Annual Report, which can be found here: https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202406-0970-004.

Respondents: State governments, including the District of Columbia, the Commonwealth of Puerto Rico, U.S. territories, directly funded federally and State-recognized tribes and CSBG eligible entities.

Annual Burden Estimates

Below is the estimated annual burden for data collection for all versions of the CSBG Annual Report, including Tribal reports. Please note that there are no changes to the Annual Report 2.1, the Tribal Annual Report or the Tribal Short Form. In FY24, States and Tribal grant recipients would be required to complete the current versions of the Annual Reports.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
CSBG Annual Report 3.0 (States)	56	2	124	13,888	4,629.3
CSBG Annual Report 3.0 (Eligible Entities)	1,000	2	426	852,000	284,000

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
CSBG Annual Report 2.1 (States)	56	1	198	11,088	3,696
CSBG Annual Report 2.1 (Eligible Entities)	1,000	1	493	493,000	164,333.3
CSBG Tribal Annual Report	24	3	111	7,992	2,664
CSBG Tribal Annual Report Short Form	30	3	40	3,600	1,200
Total Estimates	1,381,568	460,522.60

Comments: The Department specifically requests comments on the following:

1. Whether the proposed collection of information is necessary for the proper performance measurement of Federal, State, or local agencies.
2. The quality of the information to be collected.
3. The clarity of the information to be collected.
4. Does the information to be collected produce significant burden? If so, how could the burden be minimized on respondents, including using automated collection techniques or other forms of technology?

5. The accuracy of the agency’s estimate of the burden of the proposed collection of information.

6. What, if any, additions, revisions, or modifications to the information collection would you suggest?

Consideration will be given to comments and suggestions submitted within 30 days of this publication.

Authority: 112 Stat. 2729; 42 U.S.C. 9902(2).

Mary C. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2024–23271 Filed 10–8–24; 8:45 am]

BILLING CODE 4184–27–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for University Center for Excellence in Developmental Disabilities Core Function Activities

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current grant held by the Oregon Health and Science University Center for Excellence in Developmental Disabilities. The purpose of this supplemental funding is

to support one or more core function activities to address the needs of and provide support for individuals with intellectual and developmental disabilities (I/DD) who use Augmentative and Alternative Communication (AAC) or could benefit from AAC to ensure access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. The administrative supplement for fiscal year 2024 will amount to \$270,000.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Pamela O’Brien, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Disabilities, (202) 795–7417 or via email Pamela.OBrien@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: This supplementary funding will expand the engagement and technical assistance efforts around supporting people who use AAC devices to live well in the community. It will increase the capacity of the Oregon Health and Science University for Excellence in Developmental Disabilities (OHSU UCEDD) to broaden its reach and increase its impact by carrying out activities that address the needs of an unserved/underserved population—people with I/DD who use AAC or could benefit from AAC.

As a result of this funding, ACL expects the OHSU UCEDD will carry out one or more of the four core functions activities, which could include but are not limited to:

- *Interdisciplinary Training:* Training of future practitioners about the benefits of AAC and how to support access to AAC.
- *Community Service:* Supporting a community of AAC users for peer-to-peer networking, support, and exchange of ideas for addressing barriers to accessing AAC.

- *Research:* Conducting research such as research on the benefits of peer connections amongst AAC users.

- *Information Dissemination:* Developing and disseminating materials to assist others in accessing AAC and sharing findings from research with the UCEDD network and DD Community.

This supplement will fund enhanced efforts related to developing a network of AAC users to connect them where they otherwise would not be able to connect with each other.

Program Name: University Center for Excellence in Developmental Disabilities Education, Research and Service.

Recipient: Oregon Health and Science University Center for Excellence in Developmental Disabilities.

Period of Performance: The supplement award will be issued from September 30, 2024, through September 29, 2025.

Total Supplement Award Amount: \$270,000.

Award Type: Grant.

Statutory Authority: This program is authorized under 42 U.S.C 15062(d).

Basis for Award: Due to the low incidence of communication disabilities associated with the use of AAC, there are very few experts in this specialty area. OHSU is a designated UCEDD with extensive expertise and experience in AAC. The UCEDD has conducted research and led teams on development of assistive technology, intervention planning, AAC peer support models, and assessment protocols for both children and adults. The UCEDD completed several AAC externally funded innovative projects that addressed public health, device development and evaluation, and interventions for young children. The UCEDD is currently developing a network of AAC users to connect them where they otherwise would not be able to connect with each other. The supplemental funding will leverage the experience and expertise of the OHSU UCEDD to focus on this unserved/underserved population and strengthen the UCEDD’s work in this area.