that data discrepancies could be misleading to the public. One commenter suggested additional fields for targeted validation.

Response: CDC thanks the commenters for providing these comments and notes their feedback and suggestions. CDC strives to provide accurate data and maintains multiple mechanisms to ensure data accuracy: conducting data checks for logical errors and inconsistencies during the data entry stage, verification of data accuracy by clinics' medical directors, and additional data checks for logical errors and internal inconsistencies after submission. If any errors or inconsistencies are identified during these stages, CDC's contractor contacts the clinics and corrects the data.

In addition, CDC currently conducts annual site visits by selecting 5–10% of all reporting clinics and about 70–80 cycles per clinic for data validation as described in **Federal Register** notice (80 FR 51811). This data validation process involves comparing information for key variables from a patient's medical record with the data submitted to the National ART Surveillance System (NASS), the CDC data reporting system for ART procedures. This information is used to calculate discrepancy rates for these variables. Aggregate findings for validated data fields from all ART programs participating in validation are published annually. In addition, CDC will continue removing a clinic's reported success rates from annual ART reports if the clinic was selected for annual ART data validation but declined to participate, as described in the changes to data validation process published in **Federal Register** notice (86 FR 20496).

The targeted data validation and major discrepancy analysis were additional mechanisms that CDC was considering identifying any systematic problems that could cause data collection to be inconsistent or incomplete. The commenters' suggestions will be taken under consideration as CDC works toward further refining its data validation process while balancing potential gains in accuracy with additional burden to clinics. The details of any modifications to data validation will be published in a separate **Federal Register** notice before implementation.

At this time, changes proposed to data validation procedures described in **Federal Register** notice published on November 28, 2023, (88 FR 83131) will be made. Please see the revised Appendix below for the new requirements.

Appendix—Notice for Reporting of Pregnancy Success Rates From Assisted Reproductive Technology (ART) Programs—Modifications to Data Collection Fields and Data Validation Procedures

The purpose of this notice published August 29, 2024 is to announce revised data collection requirements and data validation procedures. This data collection is approved under Office of Management and Budget Control Number 0920–0556, expiration date: 12/31/2024. Effective for reporting year 2025, CDC is implementing the following changes to its data collection and data validation procedures.

Section III. What To Report

F. Stimulation and Retrieval

Deletion (if Medication Containing FSH Used)

CDC will remove the requirement for clinics to report dosage information for long-acting FSH as described in **Federal Register** notice 88 FR 83131.

G. Laboratory Information

Deletion (if Cycle was a Research Cycle)

CDC will remove the requirement for clinics to report the research cycle study type. This deletion will apply to all data fields for research study types: Device study, Protocol study, Pharmaceutical study, Laboratory technique, and Other research, as described in **Federal Register** notice 88 FR 83131.

H. Transfer Information

Addition (if Frozen Embryos Were Transferred)

CDC will add the requirement for clinics to report date of fresh embryo cryopreservation for all frozen embryo transfer procedures as described in **Federal Register** notice 88 FR 83131.

Data Validation

CDC will not conduct targeted validation of clinics and identification of major discrepancies during data validation, as described in **Federal Register** notice 83 FR 25353. CDC will continue conducting data validation using stratified random sampling of reporting clinics to assess discrepancy rates for key variables that are generalizable for all reporting clinics and provide feedback to clinics to improve the reporting of data used to report success rates as described in **Federal Register** notice 80 FR 51811. In addition, CDC will continue removing a clinic's reported success rates from annual ART reports if the clinic was selected for annual ART data validation but declined to participate, as described in **Federal Register** notice 86 FR 20496.

Noah Aleshire,

Chief Regulatory Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–19392 Filed 8–28–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–18F5 and CMS–287–22]

Agency Information Collection Activities: Submission for OMB Review; 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 (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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate 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 on the collection(s) of information must be received by the OMB desk officer by September 30, 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.

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 Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (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 (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to publish a 30-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 that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Reinstatement with change of a currently approved collection; *Title of Information Collection:* Application for Enrollment in Medicare Part A internet Claim (iClaim) Application Screen Modernized Claims System and Consolidated Claim Experience Screens; *Use:* The Centers for Medicare and Medicaid Services (CMS) Form ''Application for Hospital Insurance'' supports sections 1818 and 1818A of the Social Security Act (the Act) and corresponding regulations at 42 CFR 406.6 and 406.7.

The CMS–18–F5 is used to establish entitlement to Part A and enrollment in Part B for claimants who must file an application. The application follows the questions and requirements used by SSA on the electronic application. This is done not only for consistency purposes but because certain requirements under titles II and XVIII of the act must be met in order to qualify for Part A and Part B; including insured status, relationship and residency. The form is owned by CMS but is not utilized by CMS staff. SSA uses the form to collect information and make Part A and Part B entitlement determinations on behalf of CMS. *Form Number:* CMS–18F5 (OMB control number: 0938–0251); *Frequency:* Once; *Affected Public:* Individuals and Households; *Number of Respondents:* 1,042,263; *Total Annual Responses:* 1,042,263; *Total Annual Hours:* 260,566. (For policy questions regarding this collection contact Carla Patterson at 410–786–8911 or *Carla.Patterson@cms.hhs.gov*).

2. *Type of Information Collection Request:* Extension without change of a previously approved collection; *Title of Information Collection:* Home Office Cost Statement; *Use:* A home office/chain organization (HO/CO) submits the home office cost statement annually as the documentary support required for a provider that is a member of the HO/CO to be reimbursed for HO/CO costs claimed in the provider's cost report (see 42 CFR 413.24(f)(5)(i)(E)(1) and (2)).

The relationship of the HO/CO is that of a related organization to a provider (see 42 CFR 413.17). A HO/CO usually furnishes central management and administrative services, *e.g.,* centralized accounting, purchasing, personnel services, management direction and control, and other services. To the extent that the HO/CO furnishes services related to patient care to a provider, the reasonable costs of such services are included in the provider's cost report and are reimbursable as part of the provider's costs.

CMS requires the form to determine a HO/CO's reasonable cost incurred in furnishing management and administrative services to Medicare providers, each of which includes the costs in their cost report for reimbursement. A Medicare-certified provider includes costs allocated from the home office cost statement in the provider's costs used by CMS for rate setting; payment refinement activities, including developing a market basket; and Medicare Trust Fund projections; and to support program operations. Additionally, the Medicare Payment Advisory Commission (MedPAC) uses the cost report data to calculate Medicare margins (a measure of the relationship between Medicare's payments and providers' Medicare costs) and analyze data to formulate Medicare Program recommendations to Congress. *Form Number:* CMS–287–22 (OMB control number: 0938–0202); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profits, Not-for-profit institutions; *Number of Respondents:* 1,646; *Total Annual Responses:* 1,646; *Total Annual Hours:* 767,036. (For policy questions regarding this collection contact Gail S. Duncan at (410) 786–7278.)

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative

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 cooperative agreement held by the National Council on Aging for the ''Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative''. The administrative supplement for FY 2024 will be in the amount of $1,787,524 bringing the total award for FY 2024 to $3,087,207. The supplement will provide sufficient resources to enable the grantee and their partners to increase funding for technical assistance (TA) to state aging and disability partnerships to collaborate with workforce entities to strengthen the Direct Care Workforce. The funding will enable the grantee to support additional states, including at more robust levels than originally planned.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Caroline Ryan, U.S. Department of Health and Human Services, Administration for Community Living, telephone (202) 795–7429; email *caroline.ryan@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION: Through this initiative, ACL is advancing the capacity to recruit, train and retain a high-quality, competent, and effective direct care workforce of professionals capable of meeting the growing needs that older adults and people with disabilities have for such supports. The purpose of this program is to catalyze change at a systems level that will address the insufficient supply of trained DCWs, promote promising practices at all levels of the service