Claims Denial Disclosure Under MHPAEA

MHPAEA section 512(b) specifically amends the PHS Act to require plan administrators or health insurance issuers to provide, upon request, the reason for any denial or reimbursement of payment for MH/SUD services to the participant or beneficiary involved in the case. The Interim final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (75 FR 5410, February 2, 2010) and the final rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 implement 45 CFR 146.136(d)(2), which sets forth rules for providing reasons for claims denial. CMS administers MHPAEA with respect to non-Federal governmental plans and health insurance issuers, and the regulation provides a safe harbor such that non-Federal governmental plans (and issuers offering coverage in connection with such plans) are deemed to comply with requirements of paragraph (d)(2) of 45 CFR 146.136 if they provide the reason for claims denial in a form and manner consistent with ERISA requirements found in 29 CFR 2560.503–1. Section 146.136(d)(3) of the final rule clarifies that PHS Act section 2719 governing internal claims and appeals and external review as implemented by 45 CFR 147.136, covers MHPAEA claims denials and requires that, when a non-quantitative treatment limitation (NQTL) is the basis for a claims denial, that a non-grandfathered plan or issuer must provide the processes, strategies, evidentiary standard, and other factors used in developing and applying the NQTL with respect to mental and/or substance use disorder benefits and MH/SUD benefits.

Disclosure Request Form

Group health plan participants, beneficiaries, covered individuals in the individual market, or persons acting on their behalf, may use this optional model form to request information from plans regarding NQTLs that may affect patients’ MH/SUD benefits or that may have resulted in their coverage being denied. Form Number: CMS–10307 (OMB control number: 0938–1080); Frequency: On Occasion; Affected Public: State, Local, or Tribal Governments, Private Sector, Individuals; Number of Respondents: 267,538; Total Annual Responses: 1,081,929; Total Annual Hours: 43,327. (For questions regarding this collection contact Usree Bandyopadhyay at 410–786–6650.)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Implementation Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement at Risk of Homelessness: Phase II—Extension. OMB NO.: 0970–0445. Description: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) intends to collect data for an evaluation of the initiative, Implementation Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement at Risk of Homelessness: Phase II. This builds on the previously approved “Planning Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement at Risk of Homelessness” (Phase I). The Phase II data collection described in this Notice was approved by the Office of Management and Budget in July 2017. The request is for a time extension for data collection under OMB# 0970–0445. There are no changes to the previously approved information collection. Due to delays, data collection has not begun and will need to extend beyond the current expiration date of July 2018. Grantees are receiving an additional year to conduct their work. To capture data at a similar point in the development of their efforts, data collection will be delayed.

Phase II is an initiative, funded by the Children’s Bureau (CB) within ACF, that will support implementation grants for interventions designed to intervene with youth who have experienced time in foster care and are most likely to have a challenging transition into adulthood, including homelessness and unstable housing experiences. CB awarded six implementation grants (Phase II) in September 2015. During the implementation phase, organizations will conduct a range of activities to fine-tune their comprehensive service model, determine whether their model is being implemented as intended, and develop plans to evaluate the model.
under a potential future funding opportunity (Phase III). During Phase II, ACF will engage a contractor to:

Conduct a cross-site process evaluation. Data collected for the process evaluation will be used to assess grantees’ organizational capacity to implement and evaluate the model interventions and to monitor each grantee’s progress toward achieving the goals of the implementation period.

Data for the process evaluation will be collected through: Interviews during site visits.

**Additional Information**: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street, SW, Washington, DC 20201. Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: OPREinfocollection@acf.hhs.gov.

**OMB Comment**: OMB is required to make a decision concerning 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. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV. Attn: Desk Officer for the Administration, for Children and Families.

Mary B. Jones,
ACF/OPRE Certifying Officer.
[FR Doc. 2018–10178 Filed 5–11–18; 8:45 am]

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[OMB NO.: 0970–0402]

**Submission for OMB Review; Comment Request**

**Title**: Mother and Infant Home Visiting Program Evaluation (MIHOPE): Long-Term Follow-Up.

**Description**: The Administration for Children and Families (ACF), in partnership with the Health Resources and Services Administration (HRSA), both of the U.S. Department of Health and Human Services (HHS), is proposing a data collection activity as part of the Mother and Infant Home Visiting Program Evaluation Long-Term Follow-Up project (MIHOPE–LT). The purpose of MIHOPE–LT is to conduct follow-up studies that assess the long-term impact of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The design of MIHOPE–LT calls for multiple follow-up points including when the participating children are in kindergarten, 3rd grade, early adolescence, and late adolescence. This Federal Register Notice is specific to the first follow-up study. Data collected during the first follow-up study (when the children from the MIHOPE sample are of kindergarten age) will include the following: (1) A one-hour survey with the child’s primary caregiver (who will be the mother if she is available), (2) direct assessments of child development, (3) a semi-structured interview with the caregiver, (4) surveys with the child’s teacher, (5) a direct assessment of the caregiver, and (6) 15 minutes of videotaped interactions between the caregiver and child. In addition to collecting these data, the MIHOPE–LT project will also maintain up-to-date consent forms for the collection of administrative data. Future information collection requests and related Federal Register Notices will describe future data collection efforts for this project.

Data collected during the kindergarten follow-up study will be used to estimate the effects of MIECHV-funded programs on seven domains: (1) Maternal health; (2) child health; (3) child development and school performance; (4) child maltreatment; (5) parenting; (6) crime or domestic violence; and (7) family economic self-sufficiency.

**Respondents**: The respondents in this follow-up study will include 4,115 families who participated in MIHOPE and 4,115 teachers of the focal children from those families.

### ANNUAL BURDEN ESTIMATES

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<th>Instrument</th>
<th>Total number of respondents</th>
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<th>Number of responses per respondent</th>
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