change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately October 2018 to April 2020) and within 3 months of expiration may be renewed for one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

ADDRESSES: Interested parties may submit comments on the new matching program to the CMS Privacy Officer by mail at: Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1-14-56, 7500 Security Blvd., Baltimore, MD 21244-1850, or walter.stone@cms.hhs.gov. Comments received will be available for review without redaction unless otherwise advised by the commenter at this location, by appointment, during regular business hours, Monday through Friday from 9:00 a.m. to 3:00 p.m.

FOR FURTHER INFORMATION CONTACT: If you have questions about the matching program, you may contact Jack Lavelle, Senior Advisor, Marketplace Eligibility and Enrollment Group, Centers for Consumer Information and Insurance Oversight, CMS, at (410) 786–0639, by email at *Jack.Lavelle1@cms.hhs.gov*, or by mail at 7501 Wisconsin Ave., Bethesda, MD 20814.

**SUPPLEMENTARY INFORMATION:** The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).

2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).

3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).

4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o) (2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the *Federal Register* as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

#### Walter Stone,

CMS Privacy Act Officer, Division of Security, Privacy Policy and Governance, Information Security and Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services.

#### PARTICIPATING AGENCIES:

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Department of the Treasury (Treasury), Internal Revenue Services (IRS) is the source agency.

# AUTHORITY FOR CONDUCTING THE MATCHING PROGRAM:

The statutory authority for the matching program is 42 U.S.C. 18001.

#### PURPOSE(S):

The purpose of the matching program is to provide CMS with IRS return information which CMS and state-based administering entities (AEs) will use to verify household income and family size for applicants and enrollees receiving (1) initial determinations of eligibility to enroll in a qualified health plan (including the Medicaid/Children's Health Insurance Program (CHIP) and a state's basic health program) through a federally-facilitated exchange established under the Affordable Care Act (ACA) and for insurance affordability programs (including advance payments of the premium tax credit and cost sharing reductions) and certificates of exemption; and (2) subsequent eligibility redetermination and renewal decisions, including appeal decisions.

#### CATEGORIES OF INDIVIDUALS:

The individuals whose information will be used in the matching program are consumers (applicants and enrollees) who receive the eligibility determinations described in the preceding Purpose(s) section (in particular, taxpayers whose return information is requested from IRS to verify an applicant's or enrollee's household income and family size).

#### CATEGORIES OF RECORDS:

The categories of records used in the matching program are identity information and return information (specifically, household income and family size information). To request return information from IRS, CMS will provide IRS with the relevant taxpayer's name, social security number (SSN), and relationship to the applicant(s) or enrollee(s) (i.e., primary, spouse, or dependent). When IRS is able to match the SSN and name provided by CMS and return information is available, IRS will disclose to CMS the following items of return information with respect to that taxpayer:

- 1. SSN;
- 2. family size;
- 3. tax filing status;

4. modified adjusted gross income (MAGI);

5. taxable year with respect to which the preceding information relates or, if applicable, the fact that such information is not available; and

6. any other specified item of return information authorized pursuant to 26 U.S.C. 6103(1)(21) and its implementing regulations.

#### SYSTEM(S) OF RECORDS:

The records used in this matching program will be disclosed from the following systems of records, as authorized by routine uses published in the System of Records Notices (SORNs) cited below:

# A. System of Records Maintained by CMS

• CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70– 0560, last published in full at 78 FR 63211 (Oct. 23, 2013), as amended at 83 FR 6591 (Feb. 14, 2018).

# B. System of Records Maintained by IRS

• Customer Account Data Engine (CADE) Individual Master File, Privacy Act SOR Treasury/IRS 24.030, published at 80 FR 54082 (Sept. 8, 2015).

[FR Doc. 2018–19189 Filed 9–4–18; 8:45 am] BILLING CODE 4120–03–P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Administration for Children and Families

### Submission for OMB Review; Comment Request

*Title:* Child Care and Development Fund Monthly Case Level (ACF–801).

OMB No.: 0970-0167.

*Description:* Section 658K of the Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. 9858, as amended by Pub. L. 113–186) requires that States and Territories submit caselevel data on the children and families receiving direct services under the Child Care and Development Fund (CCDF). The implementing regulations for the statutorily required reporting are at 45 CFR 98.70 and 98.71. Case-level reports, submitted quarterly or monthly (at grantee option), include monthly sample or full population case-level data. The data elements to be included in these reports are represented in the ACF–801. ACF uses disaggregate data to determine program and participant characteristics as well as costs and levels of child care services provided. This provides ACF with the information necessary to make reports to Congress,

## **ANNUAL BURDEN ESTIMATES**

address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research. ACF requests extension of the ACF–801 without changes.

*Respondents:* States, the District of Columbia, and Territories including Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Marianna Islands.

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-800	56	4	25	5,600

### *Estimated Total Annual Burden Hours:* 5,600.

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. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@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.

#### **Robert Sargis**,

Reports Clearance Officer. [FR Doc. 2018–19170 Filed 9–4–18; 8:45 am] BILLING CODE 4184–01–P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Child Care and Development Fund Annual Aggregate Report (ACF– 800).

OMB No.: 0970–0150.

*Description:* Section 658K of the Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. 9858, as

## ANNUAL BURDEN ESTIMATES

amended by Pub. L. 113-186) requires that States and Territories submit annual aggregate data on the children and families receiving direct services under the Child Care and Development Fund (CCDF). The implementing regulations for the statutorily required reporting are at 45 CFR 98.70 and 98.71. Annual aggregate reports include data elements represented in the ACF-800 reflecting the scope, type, and methods of child care delivery. This provides ACF with the information necessary to make reports to Congress, address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research. Consistent with the statute and regulations, ACF requests extension of the ACF-800 without changes.

*Respondents:* States, the District of Columbia, and Territories including Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Marianna Islands.

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-800	56	1	42	2,352

# *Estimated Total Annual Burden Hours:* 2,352.

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. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@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.

## **Robert Sargis**,

Reports Clearance Officer. [FR Doc. 2018–19133 Filed 9–4–18; 8:45 am] BILLING CODE 4184–01–P