

Dated: May 1, 2023.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award a Single-Source Supplement To Provide the National Aging Network With Timely, Relevant, High-Quality Opportunities To Further Enhance Training and Technical Assistance, Visibility, and Cultural Adaptions Related to Chronic Disease Self-Management Education (CDSME) Programs

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 (NCOA) for the Chronic Disease Self-Management Education (CDSME) Resource Center. The purpose of this program is to leverage and expand upon chronic disease self-management education efforts across the nation; work collaboratively in partnership with the aging and disability network and other stakeholders to advance the development of technical assistance, education, and resources to increase public awareness about chronic disease self-management tools to better manage chronic conditions like diabetes, chronic pain, arthritis and depression; increase the number of older adults and adults with disabilities who participate in evidence-based CDSME and self-management support programs; and support the integration and sustainability of evidence-based CDSME and self-management support programs within community integrated health networks.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Lesha Spencer-Brown, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, Office of Nutrition and Health Promotion Programs, [202-795-7331], email Lesha.Spencer-Brown@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The purpose of this supplement is to:

- Support enhanced training and technical assistance for CDSME program capacity building and delivery infrastructure through the update and development of evergreen evidence-based training materials and other resources based on needs and gaps identified from the grantees and the network; engagement of individuals from the field to establish cross-sector advisory panels that will advise on the development of best practices and frameworks for evidence-based program adaptation and effective delivery in underserved communities; facilitation of a mini grantee meeting that will offer intensive workshops on capacity building, program delivery and sustainability; further development of evidence-based program providers through a peer mentoring program; and enhance existing sustainability tools to assist the network in strategic planning activities that will lead to enhanced program sustainability.

- Augment marketing resources to include development and fielding of an assessment to better understand capacities, needs and opportunities around marketing; translation of existing and new resources into different languages; development of tip sheets and best practices guides around messaging and platforms for effective dissemination of program benefits and availability; and creation of materials and messaging that can be easily adapted by the network for their own use in increasing awareness about the CDSME programs and recruiting program participants in their communities.

- Improve the visibility of CDSME program data through a public facing interactive dashboard of national-level data that can be used for various purposes by the network; infographics describing CDSME grantee efforts and accomplishments (e.g., reach, cost savings, program outcomes); and a webinar series that will focus on program forecasting, reach and growth across the country, quality improvement, and best practices for data integration.

- Advance action steps in the “*Call to Action to Improve Cultural Relevance and Accessibility: Evidence-Based Programs among American Indian, Alaska native and Native Hawaiian Communities*” by working with researchers to operationalize several of the recommendations including developing program adaptations, improving cultural relevance of existing CDSME approved programs, and assisting with research and other needs to advance programs.

The administrative supplement for FY 2023 will be in the amount of \$1,088,834, bringing the total award for FY 2023 to \$3,088,834.

With this supplement, NCOA will be able to continue to work across the aging and disability network to enhance and expand existing CDSME efforts to increase the number of older adults and adults with disabilities who participate in evidence-based CDSME programs, and further embed CDSME programs in communities. The additional funding will not be used for projects or activities outside the scope of the approved award.

Program Name: National Chronic Disease Self-Management Education (CDSME) Resource Center.

Recipient: National Council on Aging (NCOA).

Period of Performance: The supplement award will be issued for the third year of a five-year project period of August 1, 2021, to July 31, 2026.

Total Award Amount: \$3,088,834 in FY 2023.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: The Older Americans Act, title IV; and the Patient Protection and Affordable Care Act, 42 U.S.C. 300u-11 (Prevention and Public Health Fund).

Basis for Award: National Council on Aging (NCOA) is currently funded through a cooperative agreement to carry out the objectives of the project entitled, *National Chronic Disease Self-Management Education (CDSME) Resource Center* for the period of August 1, 2021, through July 31, 2026. Since the project’s implementation, the grantee has made significant progress toward its approved work plan. The supplement will enable the grantee to carry their work even further, enhancing the support they provide to the Aging Network. The additional funding will not be used to begin new projects or activities, but rather to enhance efforts.

NCOA is uniquely positioned to complete the work called for under this project. They have an already established infrastructure and are a known and trusted organization in the Aging Network. Prior to this current award, NCOA competed, and was awarded the *National Chronic Disease Self-Management Education (CDSME) Resource Center* for the past 7 years. Under the current award period, they are providing technical assistance and educational opportunities for the Aging Network’s CDSME efforts, in partnership with a broad network of local and national agencies, to increase the number of older adults and adults with disabilities who participate in

evidence-based CDSME and self-management support programs, and support the integration and sustainability of these programs within community integrated health networks. They have a comprehensive, interactive web-based repository (<https://ncoa.org/professionals/health/center-for-healthy-aging/national-cdsme-resource-center>) of tools and resources, including—best practices documents, issue briefs, and tip sheets based on identified needs and gaps in the network, CDSME program and fidelity guidance, educational learning modules and webinars via NCOA Connect (an online platform for learning and sharing among aging professionals), articles covering topics from program planning through sustainability, and videos. NCOA also hosts special events such as the Older Adult Mental Health Awareness Day symposium, the annual Age + Action Conference (a gathering of grantees, aging professionals and others with an interest in aging to share and explore solutions to ensure equitable aging for all), facilitates the Evidence-Based Program Review Process that identifies and approves new health promotion and disease programs for implementation across the network, and they maintain the national CDSME database that tracks the delivery and impact of CDSME programs across the country. They have reached thousands of consumers and aging services providers using their comprehensive database of SUAs, AAAs, and other CDSME stakeholders. Additionally, they have worked diligently to ensure that an inclusive range of partners are in place, engaged in the work, and committed to the success of chronic disease self-management education.

Establishing a separate but parallel grant project at this time could be potentially duplicative and disruptive to the current CDSME-related activities well under way. More importantly, it could cause confusion among the Aging Network and stakeholders, and negatively impact training, implementation, communication, and support opportunities. If this supplement were not provided, the project would be unable to address the significant unmet needs of the Aging Network to engage more older adults and adults with disabilities in evidence-based CDSME programs and embed these programs within communities so they are available and accessible over time.

Dated: May 2, 2023.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 5, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision.

Abstract: The Title V Maternal and Child Health (MCH) Services Block Grant to States Program is authorized by

Sections 501–509 of Title V of the Social Security Act (42 U.S.C. 701–709). HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. This Guidance is used annually by the 50 states and nine jurisdictions¹ (hereafter referred to as “State”) in applying for Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. The updates being proposed by HRSA’s Maternal and Child Health Bureau (MCHB) for this edition of the Guidance continue to support the Federal-State partnership that is supported by the Title V MCH Services Block Grant and the state’s role in developing a 5-Year Action Plan that addresses its individual priority needs. These proposed updates build on and further refine the reporting structure and vision that was outlined in the previous edition. As such, they are intended to enable a state to articulate a comprehensive description of its Title V program activities and its leadership efforts in advancing and assuring a public health system that serves the MCH population. HRSA’s proposed updates to this edition of the Guidance were informed by consultation with State Title V maternal and child health agencies, and by comments received from State Title V program leadership, national Maternal and Child Health leaders and other stakeholders.

Specific updates to this edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* include the following:

(1) Requirements for narrative reporting have been adjusted to allow for streamlined reporting in the four interim years after the needs assessment, giving states the flexibility to update certain sections if they choose. Reporting for all narrative sections is required in the year of the Five-Year Needs Assessment.

(2) The requirements for state and program capacity narrative reporting have been reorganized and streamlined to eliminate duplication.

(3) Expectations around state Title V reporting on family and community partnerships have been clarified. These expectations include enhanced

¹ The following nine jurisdictions receive Title V Maternal and Child Health Block Grant Program funding: the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau the Commonwealth of Puerto Rico, the US Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.