

annual burden of 951 hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Frontline School Nurses	Electronic Platform Quarterly Chronic Absenteeism Data Reporting Form.	20	4	9
Frontline School Nurses	Demographic Data Collection Points	20	1	6
Frontline School Nurses	Site Baseline Survey	20	1	20/60
Frontline School Nurses	Question Guide for Face-to-Face Evaluation Interviews	20	3	1.5
State Data Coordinators	Webinar 1 Feedback Form	50	1	18/60
School District Representative	School District Feedback Form	8	1	18/60

Jeffrey M. Zirger,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-1283]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Monitoring and Reporting for the Overdose Data to Action Cooperative Agreements” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” Notice on December 15, 2025 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Monitoring and Reporting for the Overdose Data to Action Cooperative Agreements (OMB Control Number 0920-1283, Exp. 5/31/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a Revision request for the currently approved Monitoring and

Reporting for the Overdose Data to Action Cooperative Agreement (OMB Control Number 0920-1283). In 2024, 79,384 drug overdose deaths occurred in the United States; the age-adjusted rate in 2024 was 23.1 deaths per 100,000 population, reflecting a 26.2% decrease in the age-adjusted drug overdose death rate from 2023, during which there were 31.3 deaths per 100,000 population. Approximately 68% of drug overdose deaths in 2024 involved an opioid. In addition, opioids are nested in a broadening polysubstance crisis, largely driven by deaths co-involving opioids and stimulants, such as cocaine and methamphetamine. During 2024, there were 21,945 drug overdose deaths involving cocaine and there were 28,722 drug overdose deaths involving psychostimulants with abuse potential—such as methamphetamine—accounting for approximately 28% and 36%, respectively, of drug overdose deaths overall.

This Revision requests the continued collection of information from jurisdictions (which include States, Washington, DC, U.S. Territories, cities, and counties) and partners funded under the Overdose Data to Action Limiting Overdose through Collaborative Actions in States and Localities. All jurisdictions funded by the OD2A NOFOs will report activity progress and capacity and workplan updates using web-based tools. Information collected will provide crucial data for program performance monitoring, budget tracking, and where applicable, program success. The information will also improve communication between CDC and funding recipients as well as inform technical assistance and guidance documents.

Revisions requested are to remove previously approved data collection instruments that are no longer active for ongoing data collection purposes and revise currently approved burden. The

total estimated annualized burden hours decreased from 1,167 to 1,080. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
OD2A–S-funded state and District of Columbia health departments.	OD2A–S Annual Performance Report and Work Plan.	50	1	12
OD2A–LOCAL-funded territory, county, and city health departments.	OD2A–LOCAL Annual Performance Report and Work Plan.	40	1	12

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2453–NC]

RIN 0938–ZB99

Medicaid Program; 2028 Medicaid Home and Community-Based Services Quality Measure Set

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Home and Community-Based Services (HCBS) Quality Measure Set is a set of nationally standardized quality measures for Medicaid-funded HCBS that is intended to promote more common and consistent use within and across States of nationally standardized quality measures in HCBS programs, create opportunities for CMS and States to have comparative quality data on HCBS programs, and drive improvement in quality of care and outcomes for people receiving HCBS. The purpose of this notice with comment period is to solicit public comment on the 2028 HCBS Quality Measure Set. Specifically, it is intended to solicit public comment on: proposed mandatory and voluntary measures for the 2028 HCBS Quality Measure Set; how States collect, calculate, and report data on the measures in the proposed 2028 HCBS Quality Measure Set; the proposed measures in the 2028 HCBS Quality Measure Set for which States are required to report stratified data, including rural/urban status; the proposed stratification factors for each

of the measures in the 2028 HCBS Quality Measure Set for which States are required to report stratified data; the populations for which States are proposed to report the measures in the 2028 HCBS Quality Measure Set; and the proposed reporting schedule.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, by May 28, 2026.

ADDRESSES: In commenting, please refer to file code CMS–2453–NC.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to <http://www.regulations.gov/docket/CMS-2026-0332>. Follow the “Submit a comment” instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–2453–NC, P.O. Box 8016, Baltimore, MD 21244–1850.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–2453–NC, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Jennifer Bowdoin, (410) 786–8551.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments

received before the close of the comment period on the following website as soon as possible after they have been received: <http://www.regulations.gov>. Follow the search instructions on that website to view public comments. We will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the commenter will take actions to harm an individual. We continue to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments.

I. Background

A. Medicaid Home and Community-Based Services (HCBS)

Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own homes and communities rather than in institutions. Medicaid coverage of HCBS varies by State and can include a combination of medical and non-medical services, such as case management, homemaker, personal care, adult day health, habilitation (both day and residential), and respite care services. HCBS programs serve a variety of targeted population groups, including older adults and children or adults with intellectual and developmental disabilities (IDD), physical disabilities, mental health/substance use disorders, and complex medical needs. In fiscal year (FY) 2023, 8.4 million Medicaid beneficiaries received HCBS, and HCBS accounted for \$145.9 billion in Medicaid expenditures.¹

¹ Carpenter, Alexandra, Cara Stepanczuk, Caitlin Murray, and Andrea Wysocki. “Trends in Users and Expenditures for Home and Community-Based Services as a Share of Total Medicaid Long-Term Services and Supports Users and Expenditures, 2023.” *Mathematica*, October 17, 2025. Accessed at <https://www.medicaid.gov/medicaid/long-term->

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