Public Comment

Members of the public attending will have the opportunity to provide oral public comment during each of the 2026 FSCAC meetings. Written public comments can be submitted at any time by completing the public comment form on our website, *https://gsa.gov/fscac,* located under the ''Get Involved'' section. All written public comments will be provided to FSCAC members in advance of each meeting if received 72 hours prior to the scheduled meeting. Specific times for public comment during each meeting will be posted for each individual meeting under the ''Meeting agenda and registration'' tab associated with each meeting at *https://gsa.gov/fscac.*

Stephanie Shutt,

Chief of Staff, Federal Acquisition Service, General Services Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–381]

Agency Information Collection Activities: Proposed Collection; 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 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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 must be received by July 17, 2026.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier: __/OMB Control Number: __, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

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 N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

Under the 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 requires federal agencies to publish a 60-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.

Information Collection

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Outpatient Physical Therapy/Outpatient Speech Pathology (OPT/OSP) Providers Certification Requirements; *Use:* This is a request for revision of form CMS–381 which is required for initial certification, during the recertification surveys and when the OPT/SLP requests any changes to its locations.

CMS is implementing a program whereby CORF, RHC, OPT/SLP providers and PXR suppliers may recertify every 6 years by self-attesting that they meet the CMS requirements instead of receiving a recertification survey by the State Survey Agencies (SAs). Because of this new program, we have changed the instructions to the CMS–381 form by deleting a reference to recertification surveys and replacing it with a reference to the ''recertification attestation process.''

After the start of the self-attestation program, the CMS–381 form will be completed when (1) new OPT/SLP providers enter the Medicare program (initial certification); (2) when existing OPT/OPS providers delete or add a service, or close or add an extension location; or (3) when existing OPT/SLP providers are recertified by the State Survey Agency (SA) through survey or attestation every 6 years.

For deemed OPT/SLP providers under a CMS-approved Accrediting Organization (AO), the CMS–381 will continue to be part of the reaccreditation surveys at least every 36 months. The OPT/SLP providers may render services on their already approved premises and the premises of other institutions (*e.g.,* skilled nursing facilities) or on a premise owned/leased/rented by the OPT/SLP. If the OPT/SLP bills the Medicare program for these services and renders these services in an area within the institution set aside for rehabilitation care, these premises are considered extension locations of the OPT/SLP. However, a patient's home is not considered an extension location.

Extension locations are considered part of the OPT/SLP provider's primary location and are subject to the same approval policy as is applicable to the OPT/SLP primary site. In addition to meeting applicable sections of the conditions of participation for all outpatient physical therapy/speech pathology providers, these extension

locations fall under the OPT/SLP provider agreement and are identified under the OPT/SLP provider number.

Form CMS–381 is used by the SA, AO, and by the CMS Survey Operations Group to identify extension locations where services are furnished by providers of outpatient physical therapy and speech-language pathology services. These locations must be known to surveyors to ensure the appropriate monitoring of providers' compliance with the Federal requirements. *Form Number:* CMS–381 (OMB control number: 0938–0273); *Frequency:* Occasionally; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 501; *Total Annual Responses:* 501; *Total Annual Hours:* 229. (For policy questions regarding this collection contact Caecilia Andrews at 410–786–2190.)

William N. Parham, III,

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

[FR Doc. 2026–09832 Filed 5–15–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0428]

Submission for Office of Management and Budget Review; Case Plan Requirement, Title IV–E of the Social Security Act

AGENCY: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the information collection Case Plan Requirement, Title IV–E of the Social Security Act, (Office of Management and Budget (OMB) #: 0970–0428, expiration September 30, 2026). There are no changes to the requirements, but burden estimates have been updated to reflect a reduction in average time to complete a case plan and the current numbers of children in foster care.

DATES: Comments due June 17, 2026.

ADDRESSES: The public may view and comment on this information collection request at: *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202605-0970-005.* You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The case plan information collection is authorized in sections 422(b)(8)(A)(ii) and 471(a)(16), and defined in sections 475 and 475A of the Social Security Act (the Act). Statutory requirements in the Act mandate that states, territories, and tribes with an approved title IV–E plan develop a case review system and case plan for each child in the foster care system for whom the state, territory, or tribe receives title IV–E reimbursement of foster care maintenance payments. The case review system assures that each child has a case plan designed to achieve placement in a safe setting that is the least restrictive, most family-like setting available and near the child's parental home, consistent with the best interest and special needs of the child. States, territories, and tribes meeting these requirements also partly comply with title IV–B, section 422(b), of the Act, which assures certain protections for children in foster care. The case plan is a written document that provides a narrative description of the child-specific program of care. Federal regulations at 45 CFR 1356.21(g) and sections 475 and 475A of the Act delineate the specific information that must be addressed in the case plan. ACF does not specify a format for the case plan nor does ACF require submission of the document to the federal government. Case plan information is recorded in a format developed and maintained by the state, territorial, or tribal title IV–E agency.

Respondents: State, territorial, and tribal title IV–E agencies.

Annual Burden Estimates

Burden estimates have been adjusted to reflect one additional title IV–E agency, a decrease in the number of average hours to complete a case plan due to technology, fewer children entering foster care and an increased number of children exiting foster care. Overall, the estimated annual burden has decreased by about 32 percent.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Case Plan Requirement	67	19,490	3.8	4,962,154	1,654,051

Authority: 42 U.S.C. 622; 42 U.S.C. 671; 42 U.S.C. 675; 42 U.S.C. 675a.

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–09913 Filed 5–15–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality Statement of Delegation of Authority

Notice is hereby given that I have delegated to the Director, Agency for Healthcare Research and Quality (AHRQ), the authorities vested in the Secretary of Health and Human Services (the Secretary) to administer and implement the Department's supervisory framework governing support for, and oversight of, the U.S. Preventive Services Task Force (USPSTF or Task Force).

This delegation is made pursuant to Reorganization Plan No. 3 of 1966, as ratified by Congress in 1984, 42 U.S.C. 202, and other applicable authorities.

The Director, AHRQ, is delegated authority to provide day-to-day administrative oversight of AHRQ's support for the Task Force; to exercise concurrence authority, as the Secretary's designee, for routine Task Force recommendations, including review and