(3) Confidentiality and Accuracy of Enrollee Records; (4) Information on Advance Directives: and (5) Provider Participation rules.

• NCQA submitted additional information/documentation regarding its survey process to address our regulations at §§ 422.158(a)(1) through (11), and (b)(1) through (3).

B. Term of Approval

Based on the review and observations described in section II. of this final notice, we have determined that NCQA's accreditation program requirements meet or exceed our requirements. Therefore, we approved NCQA as a national AO with deeming authority for MA HMOs and PPOs on May 18, 2026 for a term of approval to continue through May 18, 2032. We informed NCQA of their renewal via a letter dated May 18, 2026.

V. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Trenesha Fultz-Mimms,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–15116 Filed 7–24–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0509]

Proposed Information Collection Activity; Mental Health Assessment Form and Onsite Health Intervention Form

AGENCY: Office of Refugee Resettlement, 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) Office of Refugee Resettlement (ORR) is requesting a 3-year extension with changes of the Mental Health Assessment Form and Onsite Health Intervention Form (formerly Public Health Investigation Form: Non-TB Illness, and Public Health Investigation Form: Active TB, OMB # 0970–0509, expiration 9/30/2026). Proposed revisions include merging two forms (Public Health Investigation Forms, Active TB and Non-TB Illness) into the single Onsite Health Intervention (OHI) Form. The proposed restructuring and revisions will improve transparency, lessen burden, improve data quality, and ensure alignment with ORR requirements. In addition, to ensure continuity of care, the request has been revised to include the sharing of health information with the Department of Homeland Security (DHS) in specific circumstances.

DATES: *Comments due* September 25, 2026.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Unaccompanied alien children in ORR custody are placed in care provider programs until unification with a qualified sponsor. Care providers ensure children receive a range of services including routine and emergency medical, dental, and mental health care. Care provider staff are expected to implement all recommended treatment plans (*e.g.,* referrals to specialists, medication administration, accommodation for physical or mental impairments that impact daily living activities) as directed by the evaluating healthcare provider. Care provider staff are also expected to respond to reported or observed non-emergency healthcare concerns (including exposures to specific reportable communicable illnesses) through triage with a licensed healthcare professional or administration of over-the-counter medications as indicated by the child's primary healthcare provider's standing orders. If a child with a health condition that requires daily management or accommodation (*e.g.,* medication, durable medical equipment) is identified for repatriation by DHS, relevant information from their established treatment plan must be shared with DHS to ensure continuity of care. See ''Proposed Changes'' for more information.

Data from scheduled mental health assessments and onsite health interventions is captured through the following forms under OMB # 0970–0509:

• Mental Health Assessment Form.

• Onsite Health Intervention Form (Formerly, Public Health Investigation Form: Active TB, and Public Health Investigation Form: Non-TB Illness).

The Mental Health Assessment Form (MHAF) has a corresponding instructional ''Dear Colleague'' letter that healthcare providers are expected to read at the initial visit with the child. The forms are used as worksheets by healthcare providers and care provider staff to compile information that would otherwise have been collected during the health assessment or onsite health intervention. Once completed, care provider staff transcribe the information from the form into ORR's secure, electronic system of record. Although the MHAF is not completed during emergency or urgent care visits, hospitalizations, or admissions to an out-of-network facility (*e.g.,* residential treatment center), care providers are required to complete the respective form in ORR's electronic system of record by extracting relevant data from health records.

Data is used by ORR to monitor and support the health of unaccompanied alien children while in care, for case management of identified illnesses/conditions, and to ensure care provider compliance with ORR requirements. Finally, ORR has updated the stated uses of data sharing to include providing relevant health information to DHS when a child with healthcare needs is identified by DHS for repatriation.

Proposed Changes

ORR is proposing updates to streamline and strengthen health documentation by combining the two Public Health Investigation Forms into a single expanded Onsite Health Intervention Form that would cover quarantine for communicable disease exposure, triage with a licensed healthcare professional, and medication-related standing orders. The MHAF would also be revised to:

• Reduce duplicate documentation by removing the History section

requirement for follow-up mental health visits,

- Improve compliance and care tracking by strengthening the disabilities and accommodations field and adding a field for all ordered or completed labs and imaging, and
- Improve data quality through clearer instructions by visit type, a healthcare provider acknowledgement and signature section authorizing record sharing with ORR, replacement of fixed diagnosis choices with free-text fields, and broader field reformatting.

The related Dear Colleague Letter would also be updated to reflect these MHAF changes.

In addition, language was updated to expand the purposes of data to include sharing relevant health data captured on the MHAF with DHS when a child in ORR custody has healthcare needs and is identified by DHS for repatriation. Shared information includes:

- Child's identifying information (name, alien number, date of birth).
- Active diagnoses or concerns that require management.
- Allergies.
- Current medications and dosages.
- Isolation/Quarantine requirements.
- Health-related accommodations (including durable medical equipment needs).
- Health-related ravel restrictions.

The purpose of sharing this data is to ensure children receive healthcare services and accommodation as recommended by their treating healthcare providers. Prior to sharing mental health information with DHS, ORR will request consent from the child.

Respondents: Mental health professionals (psychiatrists, psychiatric nurse practitioners and physician assistants, licensed psychologists, social workers, and any other community-based licensed mental health provider) and care provider staff.

Annual Burden Estimates

The overall annual burden of response and recordkeeping time decreased by 32.7 and 43.9 percent, respectively.

The decrease is attributed to a significantly lower census of unaccompanied alien children in ORR care which reduced the number of respondents and responses per respondent. In addition, the average burden hours per response decreased for each form because unnecessary fields were removed and skip patterns were introduced for fields that are only needed for specific types of visits.

ESTIMATED RESPONSE TIME FOR RESPONDENTS

Instrument	Respondent	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Mental Health Assessment Form	Mental health professionals	250	12.3	0.13	399.8
Onsite Health Intervention Form	Care Provider Staff	150	402	0.09	5,427
Estimated Total Annual Burden Hours.					5,826.8

ESTIMATED RECORDKEEPING TIME

Instrument	Respondent	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Mental Health Assessment Form completed by a mental health professional.	Care Provider Staff.	150	20.5	0.17	522.8
Mental Health Assessment Form not completed by a mental health professional(information obtained via health records).		150	5.5	0.21	173.3
Onsite Health Intervention Form		150	402	0.07	4,221
Estimated Total Annual Burden Hours					4,917.1

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: These information collections are related to and funded by the ORR Unaccompanied Alien Children Bureau (UACB), are authorized by the statutes and regulations listed below, and are being conducted by ORR UACB.

- Homeland Security Act (HSA), 6 U.S.C. 279—Transferred responsibilities for the care and placement of unaccompanied alien children from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR.
- Unaccompanied Children Program Foundational Rule, 45 CFR part 410—Establishes a uniform set of standards and procedures concerning the placement, care, and services provided to unaccompanied alien children in ORR care that is consistent with ORR's statutory duties. § 410.1306(g) and 410.1307 require care provider programs to ensure children are provided with routine and emergency healthcare services while in care.
- *Lucas R. et al* v. *Becerra et al* (Case No. 2:18–CV–05741 DMG PLA)

Psychotropic Medication Settlement Agreement—Establishes standards for monitoring the administration of psychotropic medication to children in ORR custody and care.

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–15087 Filed 7–24–26; 8:45 am]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Privacy Act of 1974; Matching Program

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notice of a new matching program.

SUMMARY: In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), ACF Tech, is providing notice of a re-established matching program between the Department of Veterans Affairs (VA) and State Public Assistance Agencies (SPAAs) participating in the Public Assistance Reporting Information System (PARIS) Program. The matching program provides the SPAAs with VA's compensation and pension data on a periodic basis to use in determining public assistance applicants' and recipients' eligibility for certain public assistance benefits. ACF Tech facilitates the matching program, and the Department of Treasury, Bureau of Fiscal Services, Do Not Pay (DNP) conducts the matches of SPAA and VA data and provides associated support.

DATES: The deadline for comments on this notice is August 21, 2026. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately October 2026 through May 2027), and within 3 months of expiration may be renewed for 1 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 written comments on this notice by mail or email to HHS/ACF/OA/PARIS, 330 C Street SW, Washington, DC 20024, *paris@acf.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: General questions about the matching program may be submitted to Alicia Gumbs, PARIS Administrator, HHS/ACF/OA/PARIS, 330 C Street SW, Washington, DC 20024, *paris@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Privacy Act of 1974, as amended (5 U.S.C. 552a), provides certain protections for records related to 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 the following:

1. Obtain approval of a Computer Matching Agreement, prepared in accordance with the Privacy Act, by the Data Integrity Board of each Federal agency, that is a source, or recipient of data used in the matching program. 5 U.S.C. 522a(o)(1), (u)(3)(A), and (u)(4).
2. Provide adequate advance notice of the matching program, including a copy of the agreement, to Congress and the Office of Management and Budget (OMB). 5 U.S.C. 552a(o)(2)(A)(i) and (r).
3. Publish advance notice of the matching program in the **Federal Register**. 5 U.S.C. 552a(e)(12).
4. Make the Computer Matching Agreement available to the public. 5 U.S.C. 552a(o)(2)(A)(ii).
5. 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).
6. 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).
7. Provide an annual report of the matching program activities to the head of the participating agency and OMB and make the report available to the public. 5 U.S.C. 552a(u)(3)(D).

This matching program meets these requirements.

Dated: July 23, 2026.

Ben Goldhaber,

Deputy Assistant Secretary for Administration.

Participating Agencies: The Department of Veterans Affairs (VA) is the source agency and State Public Assistance Agencies (SPAAs) are non-Federal agencies.

Authority for Conducting the Matching Program: Sections 402(a), 1137, and 1903(r) of the Social Security Act (42 U.S.C. secs. 602(a), 1320b–7, and 1396b(r).

Purpose(s): The matching program will provide participating SPAAs with VA's compensation and pension data on a periodic basis to use in determining public assistance applicants' and recipients' eligibility for benefits under the Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and general assistance programs, and to use in helping relevant veterans to better understand similar benefits available through the VA that may be better alternatives. The matching program helps ensure fair and equitable treatment in the delivery of benefits attributable to funds provided by the Federal Government.

Categories of Individuals: The categories of individuals involved in the matching program are the following:

- Individuals applying for or receiving Medicaid, TANF, SNAP, and/or general assistance benefits (public assistance clients); and
- Individuals receiving VA pay or pension benefits.

Categories of Records: The categories of records used in the matching program are identifying information, compensation, and pension data.

On an approximately quarterly basis, VA will provide DNP with a file containing VA benefit record data for most VA benefit and compensation recipients. SPAAs will also provide DNP with a non-Federal file containing identifying information, including Social Security Numbers (SSNs), about public assistance clients. DNP will compare the SSNs in each SPAA file to the VA file and will provide the SPAA with match results containing the following data elements (as applicable) about each public assistance client whose SSN matches the SSN of an individual receiving VA compensation or pension benefits:

VA File Number; Veteran/Beneficiary/Apportionee SSN and SSN Verification Indicator; Payee Type Code; Award Type, Award Line Type, and Award Status Codes; Gender Code; Last Name/First Name/Middle Name; Beneficiary Birth Date; Veteran/Spouse Aid and Attendance Code; Station Number; Spouse; Minor Child; School Child; Helpless Child; Parent; Combined Degree; Entitlement Type Code; Change Reason; Suspense Reason; Last Paid Date; Effective Date; Gross Amount; Net Award Amount; Payment Amount; Frequency Pay Type Code; Income for VA Purposes Amount; Beneficiary/