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

Application Form and Related Forms for the Operation of the National Death Index (NDI) (OMB Control No. 0920–0215)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The National Death Index (NDI) is a database containing identifying death record information submitted annually to NCHS by all the jurisdiction (states and territories) vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the jurisdictions with dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the jurisdictions. The NDI Plus option currently provides the International Classification of Disease (ICD) codes for the underlying and multiple causes of death for the years 1979–2025. Health researchers must complete administrative forms in order to apply for NDI services, and submit records of study subjects for computer matching against the NDI file. A three-year Reinstatement is submitted to continue the use of the administrative forms (the NDI Application form which is coupled with the NDI Data Use Agreement, the Supplemental NDI Data Use Agreement and the Data Destruction form), as well as the NDI Transmittal form and NDI ER Transmittal form utilized in the operation of the National Death Index (NDI) program. Also included are the two worksheets used to calculate related fees. These forms are submitted by NDI users when applying for use of the NDI and when using the service.

CDC requests OMB approval for a total estimated annual burden of 1,373 hours. This represents a small increase in burden hours due primarily to the modest increase in applications and transmittal forms. There is no cost to respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Researcher	Application Form—electronic	282	1	150/60
Researcher	Transmittal Form- Paper/Electronic	400	3	18/60
Researcher	Early Transmittal Form- Paper/Electronic	100	3	18/60
Researcher	Fee Worksheet	450	1	15/60
Researcher	Early Release Fee Worksheet	100	1	5/60
Researcher	Data Destruction Form	282	1	2/60
Researcher	NDI Data Use Agreement	282	1	5/60
Researcher	Supplemental NDI Data Use Agreement	130	1	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–18744 Filed 9–11–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10968, CMS–R–235 and CMS–10391]

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 November 13, 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 Collections

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Provider Experience of the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN–QIO) Program; *Use:* The purpose of this Information Collection Request (ICR) is to gather survey data to support the program evaluation of the CMS QIN–QIO Quality Improvement program. The CMS QIN–QIO Quality Improvement program advances quality improvement efforts across healthcare settings to maximize impact and deliver value to taxpayers in alignment with CMS and Department of Health & Human Services (HHS) priorities. Through QIN–QIO 13th Statement of Work (SOW), CMS has engaged six QIN–QIO contractors to improve healthcare quality for Medicare beneficiaries by enhancing health outcomes, patient safety, and the overall quality of care.

QIN–QIO contractors provide technical assistance (TA) to CMS identified nursing homes, hospitals, and outpatient clinical practices, helping strengthen quality management infrastructure and improve healthcare quality and safety for Medicare beneficiaries. They support providers and target populations by implementing evidence-based, tailored quality improvement strategies that address a range of operational and performance challenges. This survey collects data pertaining to assistance provided by the QIN–QIO contractors to these providers. This survey provides an independent assessment of these services, providing program management with information to improve services to the provider community in support of Medicare beneficiaries.

CMS evaluates the quality and effectiveness of the QIN–QIO program as authorized in Part B of Title XI of the Social Security Act. This ICR is to conduct data collection using surveys with administrators or quality improvement directors of nursing homes, hospitals, and clinicians in outpatient clinical practice settings. *Form Number:* CMS–10968 (OMB control number: 0938–NEW); *Frequency:* Annually; *Affected Public:* Private Sector—Not-for-profit institutions and Business or other for-profits; *Number of Respondents:* 1,500; *Total Annual Responses:* 1,500; *Total Annual Hours:* 501. (For policy questions regarding this collection contact Jeff Mokry at *Jeff.Mokry@cms.hhs.gov.*)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Use Agreement (DUA) Limited Data Set (LDS) Forms Research Identifiable Files (RIF) Forms; *Use:* The Privacy Act of 1974, § 552a requires the Centers for Medicare & Medicaid Services (CMS) to track all disclosures of the agency's Personally Identifiable Information (PII). CMS is also required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Federal Information Security Management Act (FISMA) of 2002 to properly protect all Protected Health Information (PHI) data maintained by the agency and account for the disclosure of PHI. When entities, such as academic, federal or state agency researchers request CMS PII/PHI data, they enter into a Data Use Agreement (DUA) with CMS. The DUA stipulates that the recipient of CMS data must properly protect the data according to all applicable data security standards and provide for its appropriate destruction at the completion of the project/study or the expiration date of the DUA. The DUA form enables the data recipient and CMS to document the request and approval for release of CMS data. *Form Number:* CMS–R–235 (OMB control number: 0938–0734); *Frequency:* Annually; *Affected Public:* Private Sector, State, Local or Tribal Government, Not-for-profit institutions and Business or other for-profits; *Number of Respondents:* 5,250; *Total Annual Responses:* 5,250; *Total Annual Hours:* 3,667.5. (For policy questions regarding this collection contact James Krometis at (410) 786–0340.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Methods for Assuring Access to Covered Medicaid Services Under 42 CFR 447.203 and 447.204; *Use:* Sections 447.203 and 447.204 require that states: ''assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.'' The information is used by states to: document that access to care is in compliance with section 1902(a)(30)(A) of the Social Security Act, identify issues with access within a state's Medicaid program, and inform any necessary programmatic changes to

address issues with access to care. CMS will use the information to monitor ongoing compliance with section 1902(a)(30)(A) of the Social Security Act, and to make informed approval decisions on State plan amendments that propose to make Medicaid rate reductions or restructure payment rates. Beneficiaries, providers, and other affected stakeholders may use the information to raise access issues to state Medicaid agencies and work with agencies to address those issues. *Form Number:* CMS–10391 (OMB control number: 0938–1134); *Frequency:* Annually; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 346; *Total Annual Hours:* 15,305. (For questions regarding this collection contact Jocelyn Velez at 410–786–2367.)

William N. Parham, III,

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

[FR Doc. 2026–18649 Filed 9–11–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Solicitation for Nominations To Serve on the Family Caregiving Advisory Council

AGENCY: Administration for Community Living, HHS.

ACTION: Notice of requests for nominations.

SUMMARY: The Administration for Community Living (ACL) seeks nominations for individuals to serve on the Family Caregiving Advisory Council.

DATES: Nominations must be submitted electronically by 11:59 p.m., Eastern on October 14, 2026 to be considered for appointment.

ADDRESSES: *Nominations, including all requested information and attachments, must be submitted electronically to: RAISE.mail@acl.hhs.gov.* See **SUPPLEMENTARY INFORMATION** for details about the nomination process and instructions.

FOR FURTHER INFORMATION CONTACT: Kari Benson, (202) 401–4634, *RAISE.mail@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Family Caregiving Advisory Council (the Advisory Council) is authorized under Section 4 of the Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (Pub. L. 115–119), commonly referred to as the ''RAISE Family Caregivers Act.'' The Advisory Council studies and prepares findings, conclusions, and makes recommendations to the Administrator of ACL/Assistant Secretary for Aging on matters pertaining to: (a) Evidence-based or promising practices and innovative models for the provision of care by family caregivers or support for family caregivers; and (b) Improving coordination across federal government programs. The Advisory Council advises and provides recommendations to the Administrator on recognizing and supporting family caregivers. The Advisory Council consists of at least three ex officio federal members: The Administrator of the Centers for Medicare & Medicaid Services (or the Administrator's designee); the Administrator of the Administration for Community Living (or the Administrator's designee who has experience with both aging and disability); and the Secretary of Veterans Affairs (or the Secretary's designee). Heads of other federal departments or agencies (or their designees) also may be appointed as ex officio members. In addition, the ACL Administrator will appoint a maximum of fifteen non-federal voting members, with at least one from each of the following constituencies: family caregivers; older adults who need long-term services and supports; individuals with disabilities; health care and social service providers; providers of long-term services and supports; employers; paraprofessional workers; state and local officials; accreditation bodies; veterans; and as appropriate, other experts and advocates engaged in family caregiving.

Advisory Council Responsibilities: The Advisory Council's efforts will build on the accomplishments of the previous council, whose term expires in July 2026. In this regard, the Advisory Council may support the information gathering for, and preparation of, updates to the initial Report to Congress and the National Strategy to Support Family Caregivers (the Strategy) including new developments, challenges, opportunities, and solutions to better recognize and support family caregivers.

The Advisory Council reports may focus on the development, maintenance, and updating of the National Family Caregiving Strategy and other topics as applicable. Reports may include a description of the implementation of the actions recommended in the Strategy, and subsequent updates. Reports will be provided to the Secretary, Congress, and the state agencies responsible for carrying out family caregiver programs.

The Advisory Council, or its individual members, may also be engaged to author/co-author articles and other materials; engage with print and electronic media; and deliver presentations, workshops, webinars and other forms of educational opportunities designed to highlight the Administration's commitment to supporting families and family caregivers.

As needed, and where appropriate, this Advisory Council will coordinate its efforts with those of the Advisory Council to Support Grandparents Raising Grandchildren. Such coordination might include joint meetings, presentations and other activities undertaken in fulfillment of the requirements of the RAISE Act.

The Advisory Council will meet in person or virtually (via Zoom or similar platform), at least three times each year, beginning in May 2027 (estimated). Council meetings will generally be held from 12:00–5:00 p.m., Eastern Time. All meetings of the Council will be open to the public, live streamed on Zoom or a similar platform, and recorded for posting on the ACL website. Advisory Council members will be expected to participate in at least one subcommittee, or working group, which will meet, as needed, between Advisory Council meetings to develop and review materials and conduct other activities related to the Advisory Council's mission and purpose.

The completion of all the activities described is dependent upon the continued availability of federal funding for the purposes of carrying out the legislation.

Nomination Process: Any person or organization may nominate one or more qualified individuals for membership. Current Advisory Council members whose terms are expiring may also submit a nomination for consideration. Terms are limited to two consecutive terms. Nomination packages must include:

(1) A nomination letter not to exceed one (1) page that provides ALL of the following information:

a. The reason(s) for nominating the individual;

b. The constituency being represented (from the list above; may be more than one);

c. The nominee's particular, relevant experience and/or professional expertise or lived experience;

d. Contact information for the nominee [name, title (if applicable), address, phone, and email address]; and