decision on one file, the Medicare contractor will request the information from the HHA to determine if payment is appropriate. For the post payment review option, the Medicare contractor will also request the information from the HHA provider who submitted the claim for payment from the Medicare program to determine if payment was appropriate. *Form Number:* CMS–10599 (OMB control number: 0938–1311); *Frequency:* Frequently, until the HHA reaches the target affirmation or claim approval threshold and then occasionally; *Affected Public:* Private Sector (Business or other for-profits and Not-for-profits); *Number of Respondents:* 4,700; *Number of Responses:* 3,173,016; *Total Annual Hours:* 1,600,608. (For questions regarding this collection contact Jennifer McMullen (410) 786–7635.)

William N. Parham, III,

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

[FR Doc. 2026–22297 Filed 10–30–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–437]

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 January 4, 2027.

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:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Inpatient Psychiatric Unit Criteria Work Sheet; *Use:* We request a reinstatement with change of the OMB approval for the CMS form approved under OMB Control number 0938–0358. We have made non-substantive formatting changes to section 1 of the CMS–437 form including providing separate data field for the name, street address, city, state and zip code for the Inpatient Psychiatric Unit (IPU). We also added new data fields for the CCN number and telephone number for the IPU. In section 2 we have updated the text of several CFR code sections for accuracy.

Medicare has several types of schedules with which payments are made to inpatient hospitals. Acute care hospitals are paid by Medicare using the Inpatient Prospective Payment System (IPPS). Hospital outpatient services are paid by Medicare using the Medicare Hospital Outpatient Prospective Payment System (HOPPS). Inpatient Psychiatric Facilities (IPFs) and Inpatient Psychiatric Units (IPUs) are paid by Medicare using the Inpatient Psychiatric Facility Prospective Payment System (IPU PPS).

For IPFs and IPUs to be paid by Medicare under the higher paying Inpatient Psychiatric Facility Prospective Payment System (IPF PPU), they must prove that they meet the requirements to be exempt from receiving payment from Medicare under the lower paying hospital IPPS. The CMS–437 form is used by IPUs to attest that they meet the necessary requirements that make them exempt from receiving Medicare payments under the lower hospital rate provided by the IPPS and instead are eligible to receive a higher payment rate under the IPU PPS.

New IPUs must submit an initial CMS–437 to CMS when they apply for participation in the Medicare program to request new IPPS excluded status. Thereafter, the existing IPUs are required to submit completed CMS–437 forms annually to maintain their IPPS exclusion status, as required by 42 CFR 412.25. The IPUs submit their completed CMS–437 form to the CMS Locations (formerly named CMS Regional Offices) via the applicable SAs.

Prior to November 2007, SA surveyors conducted onsite IPPS exclusion surveys to verify that the IPPS exclusion criteria were met by the facility. The SA surveyor completed the CMS–437 form prior to placing an IPU into IPPS excluded status. However, on November 5, 2007, CMS suspended the requirement for onsite IPPS exclusion surveys and instead began allowing IPUs to self-attest to meeting the IPPS exclusion criteria by completing and submitting the CMS–437 form. (See: Survey & Certification Memo 08–03, dated 11/05/2007). As a result, instead of having the SAs perform IPPS exclusion surveys, the IPUs are now required to complete the CMS–437 form annually as a self-attestation indicating they continue to meet the IPPS exclusion criteria. *Form Number:* CMS–437 (OMB control number: 0938–0358); *Frequency:* Annually; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 1,534; *Total Annual Responses:* 1,534; *Total Annual Hours:* 1,551. (For policy questions regarding this collection contact Caroline Gallaher at 410–786–8705.)

William N. Parham III,

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

[FR Doc. 2026–22326 Filed 10–30–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0517]

Proposed Information Collection Activity; Federal Fiscal Year (FFY) 2027 Child Care and Development Fund (CCDF) Quality Progress Report

AGENCY: Office of Child Care, 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 reinstatement with changes to information collection: Child Care and Development Fund (CCDF) Quality Progress Report (QPR)—(Office of Management and Budget #0970–0517, expiration December 31, 2024).

DATES: Comments due January 4, 2027.

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: The CCDF QPR annually collects information from states and territories to describe investments to improve the quality of care available for children from birth to age 13. This report is one of the primary oversight mechanisms for an estimated $4.2 billion in CCDF funding invested in overall quality improvement activities and $605 million in CCDF funding in fiscal year 2023 dedicated to improving the supply and quality of care for infants and toddlers. The report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for Lead Agencies to submit an annual report that describes how quality funds were expended, including the activities carried out and the measures used to evaluate progress in improving the quality of child care programs and services.

Outcomes from the information collected will primarily be used to support program administration and oversight and inform technical assistance and support for states and territories.

The new form reduces duplication and the overall volume of information requested from states compared to prior years, and asks clearer, more specific questions with examples to better capture quantitative outcomes, while continuing to collect information that is required by law.

Respondents: State and Territory CCDF Lead Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
FFY 2027 CCDF Quality Progress Report	56	3	9.5	1,596	532
Estimated Total Annual Burden Hours					532

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: 42 U.S.C. 9858e(d).

Samantha L. Illangasekare,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–22279 Filed 10–30–26; 8:45 am]

BILLING CODE 4184–87–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Child Health and Human Development Council.

The meeting will be open to the public as indicated below, with attendance limited to space available.