The changes to the vendor participation form consist of:

- 2 new items to collect information on cost
- 1 new item to collect information related to web administration of the survey
- 12 items revised to collect information related to web administration of the survey

The cost information is readily available to survey vendors, as a result adding it to the vendor participation form does not affect burden. The web survey requires vendors to collect additional information to complete the vendor participation form. We estimate an additional hour of burden for a total of 11 hours per application, an increase to the 10 hours per application first established in the CY 2018 Quality Payment Program final rule (*82 FR 30216*). We also assume this change would not affect survey vendor participation. *Form Number:* CMS–10450 (OMB control number: 0938–1222); Frequency: Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions and Individuals and Households; *Number of Respondents:* 26,976; *Total Annual Responses:* 26,976; *Total Annual Hours:* 6,139 (For policy questions regarding this collection contact Julie Johnson at 410–786–1507.)

2. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Hospice Survey and Deficiencies Report Form and Supporting Regulations; *Use:* A hospice is a heath care entity that provides palliative care (relief of pain and uncomfortable symptoms), as opposed to curative care, to terminally ill individuals. In addition to meeting the patient's medical needs, hospice care addresses the physical, psychosocial, and spiritual needs of the patient, as well as psychosocial needs of the patient's family/caregiver related to the terminal illness. The emphasis of the hospice program is on keeping the hospice patient at home with family and friends as long as possible.

The CMS–643 form is primarily a coding worksheet designed to facilitate data collection during a hospice survey for Medicare participation. It is used to collect several data elements related to patient health and safety, record reviews and data about the specific hospice's operations, staffing and demographics. CMS has made several revisions to this form based on duplication of collected information from the CMS–643 and the CMS–417 form titled ''Hospice Request for Certification in the Medicare Program'' (OMB Control number: 0938–0313). The CMS–643 is completed by surveyors during onsite survey activity and poses minimal to no burden on the hospice provider.

The data collected on the CMS–643 form is entered into the internet Quality Improvement and Evaluation System (iQIES) surveyor database during the course of an initial, recertification or complaint survey. Hospice surveyors that have access to the electronic iQIES system while onsite at a hospice, can enter the CMS–643 form data directly into the system. If this access is not available to the surveyor, they can record their finding directly onto the CMS–643 form and input the data into the system later. We removed the requirement for the surveyors to sign CMS–643 to certify their findings as this process has been automated once information is entered into the iQIES database. *Form Number:* CMS–643 (OMB control number: 0938–0379); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 7,029; *Total Annual Responses:* 2,343; *Total Annual Hours:* 1,172. (For policy questions regarding this collection contact Caecilia Andrews at 410–786–2190.)

William N. Parham, III,

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

[FR Doc. 2026–14364 Filed 7–15–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10398 #17, #34 and #95 and CMS–10434 #15, #22, #26, and #47]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Comment Request

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

ACTION: Notice.

SUMMARY: On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance related to the ''generic'' clearance process. Generally, this is an expedited process by which agencies may obtain OMB's approval of collection of information requests that are ''usually voluntary, low-burden, and uncontroversial collections,'' do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. On October 23, 2011, OMB approved our initial request to use the generic clearance process under control number 0938–1148 (CMS–10398). It was last approved on April 26, 2021, via the standard PRA process which included the publication of 60- and 30-day **Federal Register** notices. The scope of the April 2021 umbrella accounts for Medicaid and CHIP State plan amendments, waivers, demonstrations, and reporting. This **Federal Register** notice seeks public comment on one or more of our collection of information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit 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 30, 2026.

ADDRESSES: When commenting, please reference the applicable form number (CMS–10398 #/CMS–10434 #) and the OMB control number (0938-). 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: CMS–10398 #/CMS–10434 #/OMB control number: 0938–, 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/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pra-listing.*

FOR FURTHER INFORMATION CONTACT: William N. Parham at 410–786–4669.

SUPPLEMENTARY INFORMATION: Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collections

1. *Title of Information Collection:* CHIP State Plan Eligibility; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Section 71112 of the Working Families Tax Cut (WFTC) Act (Pub. L. 119–21) amended section 2102(b)(1)(B) of the Social Security Act by retaining the state option to provide retroactive CHIP eligibility while limiting states from beginning coverage any earlier than two months prior to the month of application. This 2026 iteration adds a new template (CS22, ''Retroactive Eligibility for Children and/or Pregnant Women'') that includes required eligibility attestations for the state to document state assurances/elections and verification processes, including that the State will provide coverage during a ROP (reasonable opportunity period) of at least 90 days; *Form Number:* CMS–10398 #17 (OMB control number: 0938–1148); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 41; *Total Annual Responses:* 41; *Total Annual Hours:* 820. (For policy questions regarding this collection contact Abby Kahn at 410–786–4321.)

2. *Title of Information Collection:* Model Application Template and Instructions for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Section 71103 of the WFTC legislation adds new paragraph (88) under section 1902(a) of the Social Security Act with corresponding amendments to section 2107(e)(1) to create new state plan requirements related to address verification. Beginning no later than January 1, 2027, the 50 States and the District of Columbia must regularly obtain updated address information from reliable data sources while Medicaid/CHIP managed care contracts must require prompt transmission to the state of updated address information obtained or verified directly with the individual.

This 2026 iteration also adds several new state assurances and updates existing requirements in the CHIP state plan template. The state must attest that each contracted managed care entity or plan promptly transmits to the state any enrollee address information it receives directly from the enrollee or verifies directly with the enrollee and that the state regularly obtains updated address information for Medicaid and CHIP enrollees from reliable data sources.

Consistent with our February 8, 2024 (89 FR 8758) final rule CMS–0057–F (RIN 0938–AU87) this iteration amends the quality assurance for prior authorizations in the CHIP state plan template. States must provide a narrative description of methods used to ensure prior authorization determination timeframes are met within 7 calendar days for standard requests and 72 hours for expedited requests. States must also provide an assurance that prior authorization data will be posted on the state's website by March 31 for data from the previous calendar year. We estimate all states with a separate CHIP will be required to submit a SPA to attest to compliance with the provisions of CMS–0057–F.

Revisions to the template require the state to: attest that it has a process to regularly obtain address information for enrolled individuals and attest that it uses specified reliable data sources for updated address information. It also requires the state to describe its quality oversight for prior authorization determination timeframes.

Form Number: CMS–10398 #34 (OMB control number: 0938–1148); *Frequency:* Annual; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 41; *Total Annual Responses:* 82; *Total Annual Hours: 328.* (For policy questions regarding this collection contact Abby Kahn at 410–786–4321.)

3. *Title of Information Collection:* Home and Community Based Services (HCBS) Quality Measure Set (QMS) Reporting; *Type of Information Collection Request:* New collection of information; *Use:* This new collection of information supports reporting requirements for states participating in the Money Follows the Person (MFP) demonstration. As a condition of award under the MFP demonstration, participating state Medicaid agencies are required to report on measures included in the Home and Community-Based Services (HCBS) Quality Measure Set (QMS) beginning September 1, 2026; *Form Number:* CMS–10398 #95 (OMB control number: 0938–1148); *Frequency:* Biennial and once; *Affected Public:* Individuals and households, and State, Local, or Tribal Governments; *Number of Respondents:* 48,048; *Total Annual Responses:* 24,024; *Total Annual Hours:* 109,200. For policy questions regarding this collection contact Melanie Brown at 410–786–1095.

4. *Title of Information Collection:* Medicaid State Plan Eligibility; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* This 2026 iteration incorporates revisions related to sections 71103, 71107, and 71112 of the WFTC legislation. The revisions are associated with RU S95 (Regularly Obtain Address Information for Enrolled Individuals) for section 71103; RU S94 (Eligibility Process) and RU S96 (Frequency of Renewals of Eligibility) for section 71107; and RU S85 (Beginning Dates of Eligibility) for section 71112; *Form Number:* CMS–10434 #15 (OMB control number: 0938–1188); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,120. (For policy questions regarding this collection contact Abby Kahn at 410–786–4321.)

5. *Title of Information Collection:* Health Home State Plan Amendment (SPA); *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Information submitted via the Health Home State Plan Amendment (SPA) web-based application is used by CMS to analyze a State's proposal to implement Section 1945 and/or Section 1945A of the Act. Section 1945 provides a State plan option to provide coordinated care through a health home program for individuals with chronic conditions while Section 1945A provides a State plan option to provide coordinated care through a health home program for children with medically complex conditions; *Form Number:* CMS–10434 #22 (OMB control number: 0938–1188); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 35; *Total Annual Responses:* 35; *Total Annual Hours:* 2,800. (For policy questions regarding this collection contact Sara Rhoades at 410–786–4484.)

6. *Title of Information Collection:* Child and Adult Core Set Measures; *Type of Information Collection Request:* Revision of an active collection of information request; Use: For federal

fiscal year (FFY) 2026, States are required to submit data on 25 Child Core Set and 10 behavioral health Adult Core Set mandatory quality measures. We also added two new optional stratification standards to state reporting: foster care status (Child measures only) and Medicaid expansion status (Adult measures only).

States will be required to report stratified data for 2026 on: 12 Child Core Set measures and 5 Adult Core Set behavioral health measures. As per usual practice, states can choose to voluntarily submit data on up to two provisional measures and three utilization measures on the Child Core Set and up to 23 voluntary measures, two provisional measures, and one utilization measure on the Adult Core Set and provide measurement data stratified by race, ethnicity, sex (male/female), geography (urban/rural), foster care status (Child measures only) or Medicaid expansion status (Adult measures only). Questions related to stratification have been provided as a separate reviewable units (RUs) and revised to include foster care status and Medicaid expansion standards.

For the mandatory measures on the Child and Adult Core Sets, the burden estimate has been updated to reflect efficiencies in state reporting, improvements in the reporting system, and the requirement to stratify 50% of these measures. For the voluntary measures on the Adult Core Set, the burden estimate has been updated to reflect the number of states who have reported these measures since mandatory reporting was implemented.

For the annual exemption request, the burden estimate has been updated based on the number of states who submitted exemption requests since mandatory reporting began.

Form Number: CMS–10434 #26 (OMB control number: 0938–1188); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 61,293; *Total Annual Responses:* 61,431; *Total Annual Hours:* 85,489. (For policy questions regarding this collection contact Virginia (Gigi) Raney at 410–786–6117.)

7. *Title of Information Collection:* Health Home Core Sets; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Information submitted via the Health Home Core Sets web-based application is used by CMS to analyze the Health Home programs. Through the establishment of sections 1945 and 1945A of the Social Security Act (the Act) states may elect a new Health Homes service option under the Medicaid state plan that could help states address and receive additional federal support for enhanced integration and care coordination for Medicaid eligible individuals with chronic conditions, such as mental health conditions, including substance use disorders, asthma, diabetes, heart disease, overweight, and medically complex children. *Form Number:* CMS–10434 #47 (OMB control number: 0938–1188); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 45; *Total Annual Responses:* 45; *Total Annual Hours:* 4,350. (For policy questions regarding this collection contact Sara Rhoades at 410–786–4484.)

William N. Parham, III,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Evaluation of the Next Generation Child Support Employment Services Demonstration

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), Department of Health and Human Services, is proposing to collect data for a new implementation and outcomes study, Evaluation of the Next Generation Child Support Employment Services Demonstration (NextGen).

DATES: Comments due August 17, 2026.

ADDRESSES: The public may view and comment on this information collection request at: *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202607-0970-006.* 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: OCSE proposes data collection activity as part of NextGen. In August 2024, OCSE issued eight grants and two section 1115 waivers to 10 child support agencies to provide employment and other support services to noncustodial parents:

- Los Angeles County, CA
- Sacramento and Stanislaus Counties, CA
- Cherokee Nation
- Lac Courte Oreilles
- Louisiana
- Minnesota
- Nooksack (waiver)
- Ponca (waiver)
- Virginia
- Washington

The goal is to increase the consistency of child support payments through improved employment and earnings. NextGen is a 5-year project; the first year and a half will be dedicated to planning and piloting demonstration programs, followed by three and a half years of full implementation. NextGen sites will receive technical assistance as they plan, pilot, and implement their programs. The technical assistance team will also conduct an evaluation that will include implementation and outcome studies. The NextGen demonstration will yield important information about the best practices and challenges regarding child support-led employment and other support services and partnerships in a variety of settings. Evaluating this information will produce insights on the development and implementation of these partnerships, and the employment and child support-related outcomes they can generate for parents and families. The evaluation will help local, state, and tribal child support agencies design and implement child support-led employment programs in ways that work for their local communities.

NextGen sites will receive technical assistance throughout the 5-year demonstration. The goal of the technical assistance is to help sites deliver strong programs to noncustodial parents, including helping them adapt to services as needed. The information collection activity for technical assistance will include providing sites with a Management Information System (MIS) to use for NextGen enrollment and case management. NextGen staff will enter information about received services into the MIS system. These data will help staff as they deliver the intervention. An overview of the NextGen evaluation's implementation and outcomes studies follow.

1. Implementation study. The goal of the implementation study is to document variation in program implementation, such as program structures, enrollment strategies, employment and child support services offered, program partnerships and