

and AAAASF's ability to provide continuing surveyor training.

++ Compare AAAASF's processes to those we require of State Survey Agencies, including periodic resurvey and the ability to investigate and respond appropriately to complaints against accredited OPTs.

++ Evaluate AAAASF's procedures for monitoring OPTs it has found to be out of compliance with AAAASF's program requirements. (This pertains only to monitoring procedures when AAAASF identifies non-compliance. If noncompliance is identified by a State Survey Agency through a validation survey, the State Survey Agency monitors corrections as specified at § 488.7(d).

++ Assess AAAASF's ability to report deficiencies to the surveyed OPT and respond to the OPT's plan of correction in a timely manner.

++ Establish AAAASF's ability to provide CMS with electronic data and reports necessary for effective validation and assessment of the organization's survey process.

++ Determine the adequacy of AAAASF's staff and other resources.

++ Confirm AAAASF's ability to provide adequate funding for performing required surveys.

++ Confirm AAAASF's policies with respect to surveys being unannounced.

++ Obtain AAAASF's agreement to provide CMS with a copy of the most current accreditation survey together with any other information related to the survey as we may require, including corrective action plans.

In accordance with section 1865(a)(3)(A) of the Act, the November 21, 2014 proposed notice also solicited public comments regarding whether AAAASF's requirements met or exceeded the Medicare CoPs for OPTs. We received no public comments in response to our proposed notice.

IV. Provisions of the Final Notice

A. Differences Between AAAASF's Standards and Requirements for Accreditation and Medicare Conditions and Survey Requirements

We compared AAAASF's OPT accreditation requirements and survey process with the Medicare CoPs of part 485, subpart H and the survey and certification process requirements of parts 488 and 489. Our review and evaluation of AAAASF's OPT application, which were conducted as

described in section III of this final notice, yielded the following areas where, as of the date of this notice, AAAASF has completed revising its standards and certification processes in order to meet the requirements at:

- Section 488.4(a)(3)(ii), to ensure surveyors are provided the necessary tools to evaluate compliance with the Medicare conditions.
- Section 488.4(a)(3)(iii), to ensure the accreditation review process and accreditation decision making process meets the Medicare requirements, the following was modified:
 - ++ Policy related to how AAAASF verifies an organization without a CMS certification number (CCN) seeking an initial survey has completed the Medicare enrollment application prior to receiving an accreditation survey;
 - ++ Policy for establishing an effective date for renewal surveys;
 - ++ Policy for withdrawals and terminations; and
 - ++ Guidance and instructions on how plans of correction are handled when they are not adequate.
- Section 488.4(a)(6), to address the requirement where complaints that do not rise to the level of requiring an onsite investigation are tracked and trended for potential focus areas during the next onsite survey.
- Section 488.9, to address the number of medical records reviews that must be completed onsite.
- Section 488.26(b), to ensure survey reports contain the appropriate level of deficiency (that is, standard versus condition).
- Section 488.28(a), to ensure plans of correction correct the cited deficiencies, include thresholds of compliance and are sent timely.

B. Term of Approval

Based on our review and observations described in section III of this final notice, we approve AAAASF as a national accreditation organization for OPTs that request participation in the Medicare program, effective April 22, 2015 through April 22, 2019.

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.

Dated: April 13, 2015.

Andrew M. Slavitt,

Acting Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Initial Medical Exam Form and Initial Dental Exam Form.

OMB No.: New.

Description

Pursuant to Exhibit 1, part A.2 of the *Flores Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK (C.D. Cal. 1996)*, licensed programs, on behalf of the Administration for Children and Families' Office of Refugee Resettlement (ORR), shall arrange for appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including screening for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the minor was recently examined at another facility; appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control; administration of prescribed medication and special diets; appropriate mental health interventions when necessary for each minor in its care.

The forms are to be used as worksheets for clinicians, medical staff, and the health department to compile information that would otherwise have been collected during the initial medical or dental exam. Once completed, the forms will be given to shelter staff for data entry into ORR's electronic data repository known as 'The Portal.' Data will be used to record UC health on admission and for case management of any identified illnesses/conditions.

Respondents: Clinicians, Health Department staff, Office of Refugee Resettlement Grantee staff.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Initial Medical Exam Form (including Appendix A: Supplemental TB Screening Form)	206	155	.25	7982.5
Initial Dental Exam Form	116	28	.08	259.8

Estimated Total Annual Burden Hours: 8242.3.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

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.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2015-08835 Filed 4-16-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Community-Based Family Resource and Support Grants.

OMB No.: 0970-0155.

Description: The Program Instruction, prepared in response to the enactment of the Community-Based Grants for the Prevention of Child Abuse and Neglect (administratively known as the

Community Based Child Abuse Prevention Program, (CBCAP)), as set forth in Title II of Public Law 111-320, Child Abuse Prevention and Treatment Act Amendments of 2010, provides direction to the States and Territories to accomplish the purposes of (1) to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. This Program Instruction contains information collection requirements that are found in (Pub. L. 111-320) at sections 201; 202; 203; 205; 206; and pursuant to receiving a grant award. The information submitted will be used by the agency to ensure compliance with the statute, complete the calculation of the grant award entitlement, and provide training and technical assistance to the grantee.

Respondents: State Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application	52	1	40	2,080
Annual Report	52	1	24	1,248

Estimated Total Annual Burden Hours: 3,328.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30

and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for

the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

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