

IOS users? If so, what has been your experience with the app?

8. Overall, what information is missing when visiting this site?

9. Overall, what improvements would you suggest to make the site better?

Meeting Registration

This meeting is open to the public and will be accessible by webcast. All public attendees will need to register to obtain the meeting webcast information. All registrants will be asked to provide their name, affiliation, and email address. After registration, individuals will receive webcast access information via email.

Public Participation

The public listening sessions will start at 1:00 p.m. EST, on August 8, 2023, and 10:00 a.m. EST on August 10, 2023. The RISC team first will provide opening remarks. The meetings will then transition to public comments. Any oral comments presented should be brief and limited to the subjects described in this Notice so all participants will have an opportunity to speak.

Members of the public who wish to present oral comments must notify RISC no later than Monday, August 7, 2023, via email at risc@gsa.gov. The email should (1) identify specific subject(s) on which you wish to provide comments; and (2) state the organization or entity you are representing or that you are speaking as a member of the public.

Boris Arratia,

*Regulatory Information Service Center
Director, Office of Government-wide Policy.*

[FR Doc. 2023-14842 Filed 7-12-23; 8:45 am]

BILLING CODE 6820-27-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project “*Generic Clearance for the Collection of*

Qualitative Feedback on Agency Service Delivery.”

DATES: Comments on this notice must be received by September 11, 2023.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration’s commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences, and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The current clearance was approved on November 2, 2020 (OMB Control Number 0935-0179) and will expire on November 30, 2023. Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: (1) the target population to which generalizations will be made; (2) the sampling frame; (3) the sample design (including stratification and clustering); (4) the precision requirements or power calculations that justify the proposed sample size; (5) the expected response

rate; (6) methods for assessing potential nonresponse bias; (7) the protocols for data collection; (8) and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

Below we provide AHRQ’s projected average annual estimates for the next three years:

Current Actions: New collection of information.

Type of Review: New Collection.

Affected Public: Individuals and Households, Businesses and Organizations, State, Local or Tribal Government.

Average Expected Annual Number of Activities: 10.

Respondents: 10,900.

Annual Responses: 10,900.

Frequency of Response: Once per request.

The total number of respondents across all 10 activities each year is 10,900.

Average Minutes per Response: 19.

Burden Hours: 3,383.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology. Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 10, 2023.

Marquita Cullom,
Associate Director.

[FR Doc. 2023-14869 Filed 7-12-23; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the National Council on Aging for the *Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative*. The administrative supplement for FY 2023 will be in the amount of \$1,974,846, bringing the total award for FY 2023 to \$3,269,466. The supplement will provide sufficient resources to enable the grantee and their partners to increase funding for technical assistance (TA) to state aging and disability partnerships to collaborate with workforce entities to strengthen the Direct Care Workforce (DCW). The funding will enable the grantee to support additional states, including at more robust levels than originally planned. The funding will also enable additional work to strengthen the self-direction workforce by identifying gaps in knowledge and highlighting best practices to support and sustain those who self-direct, for dissemination via the DCW resource hub to a national audience.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Caroline Ryan, U.S. Department of Health and Human Services, Administration for Community Living, at caroline.ryan@acl.hhs.gov or (202) 795-7429.

SUPPLEMENTARY INFORMATION: Through this initiative, ACL seeks to advance capacity to recruit, train and retain a high-quality, competent, and effective direct care workforce of professionals capable of meeting the growing needs that older adults and people with disabilities have for such supports. The purpose of this program is to catalyze change at a systems level that will address the insufficient supply of

trained DCWs, promote promising practices at all levels of the service system and improve data collection to enable a full understanding of the workforce issue.

The outcomes of the initiative are as follows:

1. Increase the availability and visibility of tools and resources to attract, train and retain the direct care workforce in quality jobs where they earn livable wages and have voice in their working environment, and have access to benefits and opportunities for advancement.

2. Increase the number of states that develop and sustain collaborations across state systems and workforce agencies to implement strategies that will improve the recruitment, retention, and advancement of high quality DCW jobs.

Program Name: Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative.

Recipient: The National Council on Aging.

Period of Performance: The supplement award will be issued for the second year of the five-year project period of September 30, 2022 through September 29, 2027.

Total Award Amount: \$3,269,466 in FY 2023.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: Section 411(13) of the Older Americans Act, Section 161(2) of the Developmental Disabilities Assistance and Bill of Rights Act, and Section 21 program of the Rehabilitation Act of 1973.

Basis for Award: The National Council on Aging is currently funded to carry out the objectives of the project entitled *Strengthening the Direct Care Workforce: A Technical Assistance and Capacity Building Initiative* the period of September 30, 2022 through September 29, 2027. This supplement will enable the grantee to carry their work even further, providing technical assistance to more state partnerships and support additional work to strengthen the self-direction workforce. The NCOA is uniquely positioned to complete the work called for under this project. NCOA's partners on this project include the University of Minnesota Institute on Community Integration (ICI), National Association of Councils on Developmental Disabilities (NACDD), Paraprofessional Healthcare Institute (PHI), DiverseAbility, Lincoln University Cooperative Extension Paula J. Carter Center on Minority Health and Aging (PJCCMHA), Green House Project Center for Innovation (GHP), Housing

Innovations (HI), National Alliance for Caregiving (NAC), the Rockingstone Group (Rockingstone), and Social Policy Research Associates (SPR). Establishing an entirely new grant project at this time would be potentially disruptive to the current work already well under way. If this supplement is not provided, the project would be unable to expand its current technical assistance and training efforts to reach more state partnerships across aging, disability and workforce stakeholders to work together to strengthen the direct care workforce.

Dated: July 8, 2023.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2023-14828 Filed 7-12-23; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the National Volunteer Care Corps Program

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the Oasis Institute for the project *National Volunteer Care Corps*.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Sherri Clark Link, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, Office of Supportive and Caregiver Services: telephone (202)-795-7327; email sherri.clark@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: The purpose of this program was to establish a new grant program that will test models of programming designed to place volunteers in communities to assist caregivers, older adults, and persons with disabilities in maintaining independence by providing non-medical care. The overall goals of the program are to:

- Add to the nation's capacity to support volunteer programs that provide non-medical care to assist caregivers, older adults, and/or persons with disabilities; and