

and drug abuse programs for fiscal year 1994 and subsequent fiscal years require states to have in effect a law providing that it is unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 21. This section further requires that states conduct annual, random, unannounced inspections to ensure compliance with the law; that the state submit annually a report describing the results of the inspections, the activities carried out by the state to enforce the required law, the success the state has achieved in reducing the availability of tobacco products to individuals under the age of 21, and the strategies to be utilized by the state for enforcing such law during the fiscal year for which the grant is sought.

Before making an award to a state under the SABG, the Secretary must

make a determination that the state has maintained compliance with these requirements. If a determination is made that the state is not in compliance, penalties shall be applied. According to Public Law 116–94 (“Tobacco 21”), signed on December 20, 2019, penalties are capped at 10 percent. Respondents include the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Palau, Micronesia, and the Marshall Islands. Red Lake Indian Tribe is not subject to tobacco requirements.

Regulations that implement this legislation are at 45 CFR 96.130, are approved by OMB under control number 0930–0163, and require that each state submit an annual Synar report to the Secretary describing their progress in complying with section 1926

of the PHS Act. The Synar report, due December 31 following the fiscal year for which the state is reporting, describes the results of the inspections and the activities carried out by the state to enforce the required law; the success the state has achieved in reducing the availability of tobacco products to individuals under the age of 21; and the strategies to be utilized by the state for enforcing such law during the fiscal year for which the grant is sought. SAMHSA’s Center for Substance Abuse Prevention will request an extension of OMB approval of the current report format associated with section 1926 (42 U.S.C. 300x–26) to 2024. Extending OMB approval of the current report format will continue to facilitate consistent, credible, and efficient monitoring of Synar compliance across the states.

ANNUAL REPORTING BURDEN

45 CFR citation	Number of respondents ¹	Responses per respondents	Total number of responses	Hours per response	Total hour burden
Annual Report (Section 1—States and Territories) 96.130(e)(1–3)	59	1	59	15	885
State Plan (Section II—States and Territories) 6.130(e)(4,5)96.130(g)	59	1	59	3	177
Total	59		118		1,062

Written 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.

Carlos Graham,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA)

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, SAMHSA will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Comments are invited on: (a) Whether the proposed collections of information are 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) 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 on respondents, including leveraging automated data collection techniques or other forms of information technology.

Proposed Project: Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant FY 2022–2023 Plan and Report Guidance and Instructions (OMB No. 0930–0168)—Extension

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for an extension of the 2020–21 Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) Application Plan and Report Guidance and Instructions.

¹ Red Lake Indian Tribe is not subject to tobacco requirements.

Currently, the SABG and the MHBG differ on a number of their practices (e.g., data collection at individual or aggregate levels) and statutory authorities (e.g., method of calculating MOE, stakeholder input requirements for planning, set asides for specific populations or programs, etc.). Historically, the Centers within SAMHSA that administer these block grants have had different approaches to application requirements and reporting. To compound this variation, states have different structures for accepting, planning, and accounting for the block grants and the prevention set aside within the SABG. As a result, how these dollars are spent and what is known about the services and clients that receive these funds varies by block grant and by state.

SAMHSA has conveyed that block grant funds must be directed toward four purposes: (1) To fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis.

States will need help to meet future challenges associated with the implementation and management of an integrated physical health, mental health, and addiction service system. SAMHSA has established standards and expectations that will lead to an improved system of care for individuals with or at risk of mental and substance use disorders. Therefore, this

application package continues to fully exercise SAMHSA's existing authority regarding states', territories' and the Red Lake Band of the Chippewa Tribe's (subsequently referred to as "states") use of block grant funds as they fully integrate behavioral health services into the broader health care continuum.

Consistent with previous applications, the FY 2022–2023 application has required sections and other sections where additional information is requested. The FY 2022–2023 application requires states to submit a face sheet, a table of contents, a behavioral health assessment and plan, reports of expenditures and persons served, an executive summary, and funding agreements and certifications. In addition, SAMHSA is requesting information on key areas that are critical to the states' success in addressing health care equity. Therefore, as part of this block grant planning process, states should identify promising or effective strategies as well as technical assistance needed to implement the strategies identified in their plans for FYs 2022 and 2023.

Pursuant to the supplemental funding appropriations for the MHBG and the SABG found in the Consolidated Appropriations Act, 2021 [Pub. L. 116–260] and the American Rescue Plan Act, 2021 [Pub. L. 117–2], SAMHSA has made changes to the Block Grant Plan and Report requirements for FFY 2022 and 2023. These changes are necessary to ensure that funds are spent in an appropriate and timely manner. Adjustments were made to pre-existing tables in the plan and report. Additionally, six new tables were added to the report to capture necessary changes based on the priorities of the supplemental funding. For simplification, one table was removed from both the plan and the report.

On the Application Planning document the narrative has been updated to reflect new funding streams (COVID–19 and ARP funding). Additionally, SABG and MHBG have split their funding tables (table 2 and

table 6) in both the plan and the report to allow for more accurate reporting of both standard and supplemental funding. Table 5b has been absorbed into Table 5a and Table 5c is now relabeled Table 5b. Tables 5a and 5b are also now required. On the report there are more changes with the addition of six new tables to expenditures section (Table 2b on the SABG and Table 2c on the MHBG) and tables recording client service levels under the population and services reports section (Tables 10b, 11b and 11c on the SABG and Table 19b on the MHBG). These additional tables should not require excessive effort as all data should already be being collected by the states for the additional funding efforts. Table 5b has also been absorbed into Table 5a for ease of response on both the application and reporting process and Table 5c has now been relabeled Table 5b and made a required table.

While the statutory deadlines and block grant award periods remain unchanged, SAMHSA encourages states to turn in their application as early as possible to allow for a full discussion and review by SAMHSA. Applications for the MHBG-only are due no later than September 1, 2021. The application for SABG-only is due no later than October 1, 2021. A single application for MHBG and SABG combined is due no later than September 1, 2021.

Estimates of Annualized Hour Burden

The estimated annualized burden for the uniform application will increase to 33,493 hours to account for recording of the additional supplemental funding efforts (approximately 2 hours per state agency). Burden estimates are broken out in the following tables showing burden separately for Year 1 and Year 2. Year 1 includes the estimates of burden for the uniform application and annual reporting. Year 2 includes the estimates of burden for the recordkeeping and annual reporting. The reporting burden remains constant for both years.

TABLE 1—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 1

Substance abuse prevention and treatment and community mental health services block grants						
Authorizing legislation SABG	Authorizing legislation MHBG	Implementing regulation	Number of respondent	Number of responses per year	Number of hours per response	Total hours
Reporting:						
Standard Form and Content						
42 U.S.C. § 300x–32(a)						
SABG:						
Annual Report						11,190
42 U.S.C. 300x–52(a)		45 CFR 96.122(f)	60	1	.....	.....
42 U.S.C. 300x–30–b			5	1	.....	.....
42 U.S.C. 300x–30(d)(2)		45 CFR 96.134(d)	60	1	.....	.....
MHBG:						
Annual Report						11,003

TABLE 1—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 1—Continued

Substance abuse prevention and treatment and community mental health services block grants						
Authorizing legislation SABG	Authorizing legislation MHBG	Implementing regulation	Number of respondent	Number of responses per year	Number of hours per response	Total hours
	42 USC § 300x–6(a).	.....	59	1	.....	.....
	42 U.S.C. 300x–52(a).	.....	.....	.....	.....	.....
	42 U.S.C. 300x–4(b)(3)B.	.....	59	1	.....	.....
State Plan (Covers 2 years) .....	.....	.....	.....	.....	.....	.....
SABG elements:						
42 U.S.C. 300x–22(b) .....	.....	45 CFR 96.124(c)(1)	60	1	.....	.....
42 U.S.C. 300x–23 .....	.....	45 CFR 96.126(f)	60	1	.....	.....
42 U.S.C. 300x–27 .....	.....	45 CFR 96.131(f)	60	1	.....	.....
42 U.S.C. 300x–32(b) .....	.....	45 CFR 96.122(g)	60	1	120	7,230
MHBG elements:						
42 U.S.C. 300x–1(b).	.....	.....	59	1	120	7,109
42 U.S.C. 300x–1(b)(2).	.....	.....	59	1	.....	.....
42 U.S.C. 300x–2(a).	.....	.....	59	1	.....	.....
Waivers .....	.....	.....	.....	.....	.....	3,240
42 U.S.C. 300x–24(b)(5)(B) .....	.....	.....	20	1	.....	.....
42 U.S.C. 300x–28(d) .....	.....	45 CFR 96.132(d)	5	1	.....	.....
42 U.S.C. 300x–30(c) .....	.....	45 CFR 96.134(b)	10	1	.....	.....
42 U.S.C. 300x–31(c) .....	.....	.....	1	1	.....	.....
42 U.S.C. 300x–32(c) .....	.....	.....	7	1	.....	.....
42 U.S.C. 300x–32(e) .....	.....	.....	10	.....	.....	.....
	42 U.S.C. 300x–2(a)(2).	.....	10	.....	.....	.....
	42 U.S.C. 300x–4(b)(3).	.....	10	.....	.....	.....
	42 U.S.C. 300x–6(b).	.....	7	.....	.....	.....
Recordkeeping:						
42 U.S.C. 300x–23	42 U.S.C. 300x–3	45 CFR 96.126(c)	60/59	1	20	1,200
42 U.S.C. 300x–25 .....	.....	45 CFR 96.129(a)(13)	10	1	20	200
42 U.S.C. 300x–65 .....	.....	42 CFR Part 54	60	1	20	1,200
Combined Burden .....	.....	.....	.....	.....	.....	42,373

Report:
 300x–52(a)—Requirement of Reports and Audits by States—Report.
 300x–30(b)—Maintenance of Effort (MOE) Regarding State Expenditures—Exclusion of Certain Funds (SABG).
 300x–30(d)(2)—MOE—Noncompliance—Submission of Information to Secretary (SABG).
 State Plan—SABG.
 300x–22(b)—Allocations for Women.
 300x–23—Intravenous Substance Abuse.
 300x–27—Priority in Admissions to Treatment.
 300x–29—Statewide Assessment of Need.
 300x–32(b)—State Plan.
 State Plan—MHBG.
 42 U.S.C. 300x–1(b)—Criteria for Plan.
 42 U.S.C. 300x–1(b)(2)—State Plan for Comprehensive Community Mental Health Services for Certain Individuals—Criteria for Plan—Mental Health System Data and Epidemiology.
 42 U.S.C. 300x–2(a)—Certain Agreements—Allocations for Systems Integrated Services for Children.
 Waivers—SABG.
 300x–24(b)(5)(B)—Human Immunodeficiency Virus—Requirement regarding Rural Areas.
 300x–28(d)—Additional Agreements.
 300x–30(c)—MOE.
 300x–31(c)—Restrictions on Expenditure of Grant—Waiver Regarding Construction of Facilities.
 300x–32(c)—Certain Territories.
 300x–32(e)—Waiver amendment for 1922, 1923, 1924 and 1927.
 Waivers—MHBG.
 300x–2(a)(2)—Allocations for Systems Integrated Services for Children.
 300x–6(b)—Waiver for Certain Territories.
 Recordkeeping.
 300x–23—Waiting list.
 300x–25—Group Homes for Persons in Recovery from Substance Use Disorders.
 300x–65—Charitable Choice.

TABLE 2—ESTIMATES OF APPLICATION AND REPORTING BURDEN FOR YEAR 2

	Number of respondent	Number of responses per year	Number of hours per response	Total hours
Reporting:				
SABG	60	1	187	11,220
MHBG	59	1	187	11,033
Recordkeeping	60/59	1	40	2,360
Combined Burden .....	.....	.....	.....	24,613

The total annualized burden for the application and reporting is 33,493 hours (42,373 + 24,613 = 66,986/2 years = 33,493).

Link for the application: <https://www.samhsa.gov/grants/block-grants>.

Written 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 information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

Carlos Graham,
Reports Clearance Officer.

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[FR-6301-N-01]

Regulatory and Administrative Requirement Waivers and Flexibilities Available to HUD Public Housing and Section 8 During CY 2022 and CY 2023 to Public Housing Agencies To Assist With Recovery and Relief Efforts on Behalf of Families Affected by Presidentially Declared Disasters

AGENCY: Office of Assistant Secretary for Public and Indian Housing, Department of Housing and Urban Development (HUD).

ACTION: Notice.

SUMMARY: This notification advises the public of HUD’s expedited process for waivers and flexibilities from HUD regulatory and administrative requirements (“HUD requirements”) during Presidentially Declared Disasters (PDDs). To respond to PDDs, this notice establishes an expedited process for the review of waiver requests and flexibilities for calendar years (CY) 2022 and 2023, for Public Housing Agencies (PHAs) located within PDDs (PDD PHAs). PDD PHAs may make such requests utilizing the expedited process set forth in this notification.

DATES: Waivers and flexibilities set forth in this document are effective from January 1, 2022 until December 31, 2023.

FOR FURTHER INFORMATION CONTACT: Tesia Irinyenikan, Office of Field Operations, Office of Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street SW, Room 3180, Washington, DC 20410–5000, phone 202–402–7026 (this is not

a toll-free number) or email PIH_Disaster_Relief@hud.gov. Persons with hearing or speech impairments may access this number via TTY by calling the Federal Relay Service at 800–877–8339 (this is a toll-free number).

SUPPLEMENTARY INFORMATION:

I. How This Notice Is Organized

This notice is organized as follows:

- Section I provides an outline for this notice.
- Section II describes the operating subsidy flexibility allowed under 24 CFR 990.145(b) (Public housing dwelling units with approved vacancies).
- Section III describes specific HUD requirements that may, per request and HUD approval, be waived or granted a flexibility to facilitate a PDD PHA’s ability to participate in disaster relief and recovery efforts. A PDD PHA may request a waiver or flexibility of a HUD requirement not listed in Section III and receive an expedited review of the request if the PDD PHA demonstrates that the waiver or flexibility is needed to assist its disaster relief and recovery efforts. A PDD PHA may not adopt any requested waiver prior to receiving HUD approval.
- Section IV describes exceptions.
- Section V provides instructions for PDD PHAs on how to submit waiver, flexibility, and exception requests.

II. HUD Operating Subsidy Flexibility in Approved Vacancies

HUD, exercising discretionary authority from Section 106 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3535(q)), which is consistent with 24 CFR 5.110 (Waivers), is providing this flexibility regarding operating subsidy. Upon review of a PDD PHA’s request via application, HUD may approve, as noted below, waivers and flexibilities for disaster relief and recovery to PDD PHAs. If a PHA needs the waivers and flexibilities for an extended period, it must submit documentation of good cause, and HUD may consider extension, subject to statutory limitations and pursuant to 24 CFR 5.110, to facilitate a PDD PHA’s ability to participate in disaster relief and recovery efforts. Unless otherwise stated, the deadline for requesting waivers and flexibilities is 120 days after the initial PDD.

24 CFR 990.145(b) (Public Housing Dwelling Units With Approved Vacancies)

Under Section 990.145(b)(2), a PHA is eligible to receive operating subsidy for vacant public housing units that are

vacant due to a federally declared, state declared or other declared disaster, subject to prior HUD approval, on a project-by-project basis. If a PDD PHA has one or more units that have been vacated due to a PDD, then the PDD PHA, with HUD approval, may treat the unit as an “approved vacancy.” Upon the request of a PDD PHA and HUD approval, on a case-by-case basis, such units may be considered approved vacancies for a period not to exceed 12 months from the date of HUD approval.

III. HUD Requirements That May Be Waived or Granted a Flexibility on an Expedited Basis

For a PDD PHA, HUD will review requests for waivers of HUD requirements on an expedited basis. This section lists procedural and substantive requirements for regulatory waivers in event of an PDD. A PDD PHA may also request a waiver of a HUD requirement not listed in this section and receive expedited review of the request if the PDD PHA documents that the waiver is needed for major disaster relief and/or recovery. If a PHA needs the regulatory relief for more time, the PDD PHA must submit documentation of good cause, and HUD may consider extending the waiver, subject to statutory limitations and pursuant to 24 CFR 5.110, to facilitate the PDD PHA’s ability to participate in disaster relief and recovery efforts. PHAs should note that waivers of essential program requirements such as property inspection or income verification will not be granted in their entirety, although modifications may be considered. Also, HUD’s ability to grant waivers or approval of alternative requirements imposed by statute is limited to expressed statutory authority. If sources of household income are difficult to find, PHAs should go through the hierarchy of verifying income as found in Notice PIH 2018–24. Similarly, while the requirement for Housing Quality Standards (HQS) inspections cannot be waived, HUD can consider variations to the acceptability criteria to HQS in case of disaster (under the authority of 982.401(a)(4)).

A PDD PHA seeking a waiver or flexibility of a HUD requirement listed below or of any other HUD requirement needed to assist the PDD PHA in its disaster relief and recovery efforts must submit a waiver request pursuant to the process that will be provided in Section V of this notification. The request must be submitted to HUD not later than 120 days following the date of the relevant disaster declaration. HUD will not approve a PDD PHA’s or other recipient’s request to waive or be