Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–A, Rockville, Maryland 20857, *OR* email a copy to *carlos.graham@samhsa.hhs.gov.* Written comments should be received by March 13, 2023.

Alicia Broadus,

Public Health Advisor.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning the opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (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 at (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 through the use of automated collection techniques or other forms of information technology.

Proposed Project: Mandatory Guidelines for Federal Workplace Drug Testing Programs (OMB No. 0930–0158)—Extension

SAMHSA will request OMB approval for extension of the Federal Drug Testing Custody and Control Form (CCF) for federal agency and federally regulated drug testing programs which must comply with the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine (UrMG) dated January 23, 2017 (82 FR 7920) and using Oral Fluid (OFMG) dated October 25, 2019, and OMB approval for information provided by test facilities (laboratories and Instrumented Initial Test Facilities, IITFs) for the National Laboratory Certification Program (NLCP).

The CCF is used by all federal agencies and employers regulated by the Department of Transportation (DOT) and the Nuclear Regulatory Commission (NRC) to document the collection and chain of custody of urine specimens at the collection site, for HHS-certified test facilities to report results, and for Medical Review Officers (MROs) to document and report a verified result. SAMHSA allows the use of the CCF as a paper or electronic form. Laboratories and IITFs seeking HHS certification under the NLCP must complete and submit the NLCP application form. The NLCP application form is without change. Prior to an inspection, an HHS-certified laboratory or IITF is required to submit specific information regarding its procedures. Collecting this information prior to an inspection allows the inspectors to thoroughly review and understand the testing procedures before arriving for the onsite inspection. The NLCP information checklist is without change.

The current OMB-approved CCF has an August 31, 2023 expiration date. SAMHSA plans to submit the CCF without content revisions for OMB approval.

The annual total burden estimates for the CCF, the NLCP application, the NLCP information checklist, and the NLCP recordkeeping requirements are shown in the following table.

Form/respondent	Number of respondents	Responses per respondent	Total number of responses	Burden per response (hours)	Annual burden (hours)	Hourly wage rate ($)	Total cost ($) [3]
Custody and Control Form: [1]							
Donor	6,726,610	1	6,726,610	0.08	538,129	25	13,453,225
Collector	6,726,610	1	6,726,610	0.07	470,683	15	7,060,245
Laboratory	6,726,610	1	6,726,610	0.05	336,331	35	11,771,585
IITF	1	0	0	0.05	0	35	0
Medical Review Officer	6,726,610	1	6,726,610	0.05	336,331	150	50,449,650
NLCP Application Form: [2]							
Laboratory	10	1	10	3	30	35	1.050
IITF	0	0	0	3	0	35	0
Sections B and C—NLCP Information Checklist:							
Laboratory	24	1	24	1	24	35	840
IITF	1	1	1	1	1	35	35
Record Keeping:							
Laboratory	24	1	24	250	6,000	35	210,000
IITF	0	0	0	250	0	35	0
Total	6,726,669		26,906,499		1,687,529		82,946,625

[1] **Note:** The time it takes each respondent (*i.e.,* donor, collector, laboratory, IITF, and MRO) to complete the Federal CCF is based on an average estimated number of minutes it would take each respondent to complete their designated section of the form or regulated entities (*e.g.,* HHS, DOT, and NRC).

[1] **Note:** The above number of responses is based on an estimate of the total number of specimens collected annually (approximately 150,000 federal agency specimens; 6,500,000 DOT regulated specimens, and 145,000 NRC regulated specimens).

[2] **Note:** The estimate of 10 applications per year is based on requests for a laboratory application (urine or oral fluid) in the past year (*i.e.,* at the time of these calculations) and only 1 IITF application submitted after October 1, 2010.

[2] **Note:** The estimate of three burden hours to complete the application has not changed.

[3] **Note:** At the time of these calculations, there were 20 certified laboratories and one certified IITF undergoing 2 maintenance inspections each year, and 4 applicant laboratories.
[3] **Note:** The wage rates listed for each respondent are based on estimated average hourly wages for the individuals performing these tasks.

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Alicia Broadus,
Public Health Advisor.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

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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: Request to publish the 60-Day Notices in the **Federal Register** to solicit public comment on information collection for the continued approval and updates for the Protection and Advocacy for Individuals with Mental Illness (PAIMI)—Revised Annual Program Performance Report (PPR)—OMB No. 0930–0169—DECISION.

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for changes to the Annual PPR, PPR Instructions, and the ACR for the PAIMI program. The OMB clearance for the current 2022–2023 PPR, PPR Instructions, and ACR (0930–0169) will expire on 06/30/2023.

The protection and advocacy (P&A) systems were established under the Developmental Disabilities Act of 1975 [42 U.S.C. 15001 *et seq.,* as amended in 2000]. The amendments of 2000 require the Secretary of Health and Human Services submit a biennial report on disabilities to the President, Congress, and the National Council on Disability. The Secretary's report is prepared by the Administration on Intellectual and Developmental Disabilities (AIDD), within the Administration on Community Living. The PPR, which includes an ACR, contains information from the PAIMI grantees on the types of activities and services they provided on behalf of PAIMI-eligible individuals. SAMHSA aggregates this information into a biennial summary report that AIDD includes in an appendix to the Secretary's biennial report on disabilities.

The PAIMI Act at 42 U.S.C. 10805(7) requires that each P&A system prepare and transmit a report to the Secretary HHS and to the head of its state mental health agency on January 1. This report describes the activities, accomplishments, and expenditures of the system during the most recently completed fiscal year, including a section prepared by the advisory council (the PAIMI Advisory Council or PAC) that describes the activities of the council and its independent assessment of the operations of the system.

The PAIMI Act at 42 U.S.C. 10801 *et seq.,* authorized funds to the same protection and advocacy (P&A) systems created under the Developmental Disabilities Assistance and Bill of Rights Act of 1975, known as the DD Act (as amended in 2000, 42 U.S.C. 15001 *et seq.*]. The DD Act supports the Protection and Advocacy for Developmental Disabilities (PADD) Program administered by the Administration on Intellectual and Developmental Disabilities (AIDD) within the Administration on Community Living. AIDD is the lead federal P&A agency. The PAIMI Program supports the same governor-designated P&A systems established under the DD Act by providing legal-based individual and systemic advocacy services to individuals with significant (severe) mental illness (adults) and significant (severe) emotional impairment (children/youth) who are at risk for abuse, neglect and other rights violations while residing in a care or treatment facility.

In 2000, the PAIMI Act amendments created a 57th P&A system—the American Indian Consortium (the Navajo and Hopi Tribes in the Four Corners region of the Southwest). The Act, at 42 U.S.C. 10804(d), states that a P&A system may use its allotment to provide representation to individuals with mental illness, as defined by section 42 U.S.C. 10802 (4)(B)(iii), residing in the community, including their own home, *only* if the total allotment under this title for any fiscal year is $30 million or more, *and,* in such cases, an eligible P&A system *must* give priority to representing PAIMI-eligible individuals, as defined by 42 U.S.C. 10802(4)(A) and (B)(i).

The Children's Health Act of 2000 (CHA) also referenced the state P&A system authority to obtain information on incidents of seclusion, restraint, and related deaths [see, CHA, Part H at 42 U.S.C. 290ii–1]. PAIMI Program formula grants awarded by SAMHSA go directly to each of the 57 governor-designated P&A systems. These systems are located in each of the 50 states, the District of Columbia, the American Indian Consortium, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

SAMHSA proposes the following revision to its annual PAIMI Program Performance Report (PPR), PPR Instructions, and ACR:

1. All questions related to Sex/Gender; added the following choices: ''Transgender,'' ''Two-Spirit'' for AI/AN, and ''Other.''

2. All questions related to Age; added the clarification ''would not disclose'' to ''Unknown.''

3. The choice ''A/N I'' (Abuse/Neglect Investigation)was added to the ''Intervention Strategies'' section for clarification.

4. In the ''Death Investigation Activities'' section, the following was added for clarification: ''if zero means the P&A did not receive any death reports from CMS for investigation, please note this in the Footnotes.''

5. In the ''Interventions on behalf of groups of PAIMI-eligible Individuals'' section, ''Group Advocacy,'' the term ''*non-litigation*'' was corrected.

6. Tables and instructions were added to the ''Budget'' section, for clarification.