

including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Transparency in Coverage Reporting by Qualified Health Plan Issuers; *Use*: Sections 1311(e)(3)(A)–(C) of the ACA, as implemented at 45 CFR 155.1040(a)–(c) and 156.220, establish standards for qualified health plan (QHP) issuers to submit specific information related to transparency in coverage. QHP issuers are required to post and make data related to transparency in coverage available to the public in plain language and submit this data to the Department of Health and Human Services (HHS), the Exchange, and the state insurance commissioner. Section 2715A of the Public Health Service (PHS) Act as added by the ACA largely extends the transparency provisions set forth in section 1311(e)(3) to non-grandfathered group health plans and health insurance issuers offering group and individual health insurance coverage. *Form Number*: CMS–10572 (OMB control number: 0938–1310); *Frequency*: Annually; *Affected Public*: Private sector (Business or Not-for-profit

institutions); *Number of Respondents*: 360; *Total Annual Responses*: 360; *Total Annual Hours*: 17,160. (For policy questions regarding this collection contact Jack Reeves at 301–492–5152).

Dated: November 5, 2021.

Martique Jones,

*Director, Regulations Development Group,
Office of Strategic Operations and Regulatory
Affairs.*

[FR Doc. 2021–24549 Filed 11–9–21; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No. 0970–0223]

Proposed Information Collection Activity; State Self-Assessment Review and Report

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF) requests a 3-year extension of the State Self-Assessment Review and Report with minor revisions. The information collected in the report assists state child support agencies and OCSE in

determining whether the agencies meet federal child support performance requirements. The current Office of Management and Budget (OMB) approval expires on April 30, 2022.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: State child support agencies are statutorily required to annually assess the performance of their child support enforcement programs and to provide a report of the findings to OCSE. The information collected in the State Self-Assessment Review and Report is used as a management tool to determine whether states are complying with federal mandates and to help states evaluate their programs and assess performances. There are no changes proposed to this information collection, but we have increased the estimated time per response based on feedback from respondents.

Respondents: States and territories.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of annual respondents	Total number of annual responses per respondent	Average annual burden hours per response	Annual burden hours
State Self-Assessment Review and Report and Instructions	54	1	8	432

Estimated Total Annual Burden Hours: 432.

Comments: 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.

Authority: 42 U.S.C. 654(15)(A); 45 CFR 308.1(e).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–24604 Filed 11–9–21; 8:45 am]

BILLING CODE 4184–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of supplemental award.

SUMMARY: HRSA provided supplemental funding to the Association of Clinicians for the Underserved (ACU), a currently funded National Training and Technical Assistance Partner award recipient. ACU leverages data tools and learning collaboratives to enhance current national training and technical

assistance activities delivered to health centers to improve their capacity to recruit, develop, and retain their workforce to address national health care workforce shortages.

FOR FURTHER INFORMATION CONTACT:

Tracey Orloff, Strategic Partnerships Division Director in the Office of Quality Improvement, at TOrloff@hrsa.gov or 301.443.3197.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Association of Clinicians for the Underserved, Inc.

Amount of Non-Competitive Award: \$275,000.

Period of Supplemental Funding: August 2021 to June 2023.

ALN: 93.129.

Authority: Section 330(l) of the Public Health Service Act, 42 U.S.C. 254b(l).

Justification: The National Center for Health Workforce Analysis estimates a shortage of over 23,000 primary care physician positions by 2025. Recruitment and retention programs are needed for health centers to address health care workforce shortages, which limit their ability to deliver comprehensive, culturally competent, high quality primary health care services.

ACU has unique experience developing learning collaboratives and can leverage their Solutions, Training, and Assistance for Recruitment and Retention Center and the Health Center Recruitment & Retention Data Profile Dashboard to advance in-scope training and technical assistance activities focused on enhancing health centers' ability to recruit, retain, and upskill their workforce. Supplemental funding is critical to ensure the timely expansion of the Solutions, Training, and Assistance for Recruitment and Retention Center and dashboard activities that enable health centers to conduct workforce data analysis, develop strategic plans, and enhance recruitment processes to attract and retain providers. ACU has the organizational capacity, expertise, and partnerships with Primary Care Associations, Health Center Controlled Networks, and other National Training and Technical Assistance Partners in place to immediately disseminate resources, tools, and strategies to improve workforce shortages at health centers.

Diana Espinosa,

Acting Administrator.

[FR Doc. 2021-24547 Filed 11-9-21; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

4-in-1 Grant Program

Announcement Type: New and Competing Continuation.

Funding Announcement Number: HHS-2022-IHS-UIHP2-0001.

Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number: 93.193.

Key Dates

Application Deadline Date: February 8, 2022.

Earliest Anticipated Start Date: March 25, 2022.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) is accepting applications for grants for the 4-in-1 Grant Program. This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and Title V of the Indian Health Care Improvement Act (IHCIA), at 25 U.S.C. 1653(c)-(e) (authorizing grants for Health Promotion and Disease Prevention (HP/DP) services, Immunization services, and Mental Health services), and 1660a (authorizing grants for Alcohol and Substance Abuse related services). This program is described in the Assistance Listings located at <https://sam.gov/content/home> (formerly known as Catalog of Federal Domestic Assistance) under 93.193.

Background

In the late 1960s, Urban Indian community leaders began advocating at the local, state, and Federal levels to address the unmet health care needs of Urban Indians, and requested health care services and programs. These efforts resulted in an increase of preventative, medical, and behavioral health services, but there was growing recognition of challenges preventing Urban Indians in seeking health care services. To address these barriers, advocacy focused on the development of culturally-appropriate activities that were unique to the social, cultural, and spiritual needs of American Indians and Alaska Natives residing in urban settings. Programs developed at that time were staffed by volunteers in storefront settings, with limited budgets, offering primary care and outreach and referral services.

In response to efforts of the Urban Indian community leaders, Congress appropriated funds in 1966 through the IHS for a pilot urban clinic in Rapid

City, South Dakota. In 1973, Congress appropriated funds to study unmet Urban Indian health needs in Minneapolis, Minnesota. The findings of this study documented cultural, economic, and access barriers to health care and led to congressional appropriations to support emerging Urban Indian clinics in several Bureau of Indian Affairs relocation cities, e.g., Seattle, San Francisco, Tulsa, and Dallas. In 1976, Congress passed the IHCIA establishing the Urban Indian health program, and reauthorized the IHCIA in 2010 to improve the health and well-being of all American Indians and Alaska Natives, including Urban Indians. The development of programs for Urban Indians residing in urban areas include HP/DP services, immunization services, alcohol and substance abuse related services, and mental health services, hereafter referred to as the "4-in-1 health program."

Purpose

The purpose of this program is to ensure the highest possible health status for Urban Indians. Funding will be used to support the 4-in-1 health program objectives. These programs are integral components of the IHS health care delivery system. Funds from this effort will ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to Urban Indians.

Required, Optional, and Allowable Activities

Each grantee shall provide health care services under this award only to eligible Urban Indians living within the urban center in which the Urban Indian Organization (UIO) is situated. An "Urban Indian" eligible for services, as codified at 25 U.S.C. 1603(13), (27), and (28), includes any individual who:

1. Resides in an urban center, which is any community that has a sufficient Urban Indian population with unmet health needs to warrant assistance under the IHCIA, as determined by the Secretary, Health and Human Services (HHS), and who meets one or more of the following criteria:

- a. Irrespective of whether he or she lives on or near a reservation, is a member of a Tribe, band, or other organized group of Indians, including:
 - i. Those Tribes, bands, or groups terminated since 1940, and
 - ii. those recognized now or in the future by the state in which they reside, or
- b. Is a descendant, in the first or second degree, of any such member described in 1.a.; or