

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 remains 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.

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.

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[FR Doc. 2023–05308 Filed 3–14–23; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–0361.

Project: Projects for Assistance in Transition From Homelessness (PATH) Program Annual Report Manual (OMB No. 0930–0205)—Revision

SAMHSA awards PATH grants each fiscal year to states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands (hereafter referred to as “states”), from allotments authorized under the PATH program established by Public Law 101–645, 42 U.S.C. 290cc–21 *et seq.*, the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 [Section 521 *et seq.* of the Public Health Service (PHS) Act and the 21st Century Cures Act (Pub. L. 114–255), hereafter referred to as “the Act”]. Section 522 of the Act specifies that states must expend their payments

solely for making grants to political subdivisions of the state, and to non-profit private entities (including community-based veterans' organizations and other community organizations) for the purpose of providing services specified in the Act. Available funding is allotted in accordance with the formula provision of Section 524 of the PHS Act. This submission is for a revision to the approved PATH Annual Report Manual. Section 528 of the Act specifies, not later than January 31 of each fiscal year, a funded entity will "prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines to be necessary for: (1) securing a record and a description of the purposes for which amounts received under Section 521 were expended during the preceding

fiscal year and of the recipients of such amounts; and (2) determining whether such amounts were expended in accordance with the provisions of this part."

The proposed revisions to the PATH 2020 Annual Report Manual are as follows: Homeless Management Information System (HMIS) Data Standards updates.

When needed, field response options and questions have been updated to align with the most recent version of the HMIS Data Standards.

In July 2022, HUD released updated HMIS programming specifications (Version 3.6) for the PATH Annual Report, which changed the instructions for counting contacts in questions 12a and 12b. HMIS vendors received these programming updates and HUD encouraged them to implement the

changes by October 1, 2022. When providers run their PATH Annual Report in HMIS, it should reflect Version 3.6, including these most recent programming changes. In October 2022, SAMHSA launched a new PDX website for State Path Contacts (SPCs) and providers, who will use the site to enter provider-level data for their PATH Annual Report and progress reports. User guides were created to describe the features and functions of the new PDX site and provides guidance for reviewing and submitting PATH Annual Reports, setting up and reviewing progress reports, and accessing PATH resources.

The requested revisions will not increase the overall burden.

The estimated annual burden for these reporting requirements is summarized in the table below.

Respondents	Number of respondents	Responses per respondent	Burden per response (hrs.)	Total burden
States	56	1	15	840
Local provider agencies	437	1	15	6,555
Total	493	7,395

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.

Alicia Broadus,

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[FR Doc. 2023-05307 Filed 3-14-23; 8:45 am]

BILLING CODE 4162-20-P

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Proposed Project: Evaluation of the Projects for Assistance in Transition From Homelessness (PATH) Program (OMB No. 0930-0381)—Reinstatement

SAMHSA is conducting the federally mandated Evaluation of the PATH program. The PATH grant program, created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, is administered by SAMHSA's CMHS' Division of State and Community Systems Development. The PATH program is authorized under Section 521 *et seq.* of the Public Health Service (PHS) Act, as amended. The SAMHSA PATH program funds each Fiscal Year the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The PATH grantees make grants to local, public and non-profit organizations to provide the PATH allowable services.

The SAMHSA Administrator is required under Section 528 of the PHS Act to evaluate the expenditures of PATH grantees at least once every three years to ensure they are consistent with legislative requirements and to recommend changes to the program design or operations. The primary task of the PATH evaluation is to meet the mandates of Section 528 of the PHS Act.

The second task of the PATH evaluation is to conduct additional data collection and analysis to further investigate the sources of variation in key program output and outcome measures that are important for program management and policy development. The PATH evaluation builds on the previous evaluation which was finalized in 2016 and was conducted as part of the National Evaluation of SAMHSA Homeless Programs. Previously, the data collections activities also included PATH Intermediary Web Survey, a PATH Provider Web Survey, and a PATH Telephone Interview Guide. The current PATH evaluation will be limited to the PATH Contact (SPC) Web Survey and PATH Site Visit Discussion Guides to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level. The current PATH evaluation will use web surveys and site visits to facilitate the collection of information regarding the structures and processes in place at the grantee and provider level. Data regarding the outputs and outcomes of the PATH program will be obtained from grantee applications, providers' intended use plans (IUPs) and from PATH annual report data, which is also required by Section 528 of the PHS Act and is approved under OMB No. 0930-0205.