

*Authority:* Section 520A of the Public Health Service Act, as amended.

**Carlos Graham,**

*Reports Clearance Officer.*

[FR Doc. 2022-18802 Filed 8-30-22; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Fiscal Year (FY) 2022 Notice of Supplemental Funding Opportunity

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of intent to award supplemental funding.

**SUMMARY:** This is a notice of intent to award supplemental funding to the 13 Mental Health Technology Transfer Center (MHTTC) Cooperative Agreement recipients funded in FY 2018 under Funding Opportunity Announcement SM-18-015. This is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting one-year administrative supplements up to \$304,081 per recipient.

This supplement will provide continued direct technical assistance (TA) and training on the implementation and delivery of mental health services in schools and school systems, including training and TA provided to Project AWARE grantees. This will involve not only TA to the general field but provision of direct and tailored TA to grantees on school-based mental health services implementation. This is not a formal request for application. Assistance will only be provided to the Mental Health Technology Transfer Center Cooperative Agreement grant recipients based on receipt of a satisfactory application and associated budget. These recipients were funded in FY 2018 under the Mental Health Technology Transfer Center Cooperative Agreement Funding Opportunity Announcement SM-18-015 with a project end date of August 29, 2023.

#### SUPPLEMENTARY INFORMATION:

*Funding Opportunity Title:* FY 2018 Mental Health Technology Transfer Center Cooperative Agreements, SM-18-015.

*Assistance Listing Number:* 93.243.

*Authority:* Section 520A of the Public Health Service Act, as amended.

*Justification:* Eligibility for this supplemental funding is limited to the

13 Mental Health Technology Transfer Center Cooperative Agreement recipients that were funded in FY 2018 under the Mental Health Technology Transfer Center Cooperative Agreement (SM-18-015). The recipients have unique and special expertise in accelerating the adoption and implementation of mental health-related evidence-based practices; heightening the awareness, knowledge, and skills of the workforce that addresses the needs of individuals with serious mental illness or serious emotional disturbance; fostering regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services; and ensuring the availability of training and technical assistance to SAMHSA/Center for Mental Health Services grant recipients. The MHTTCs are uniquely positioned to coordinate and manage SAMHSA's national efforts to ensure that high quality, effective mental health treatment and recovery support services, and evidence-based practices are available for all individuals with mental disorders, especially those with serious mental illness or serious emotional disturbance.

*Contact:* Kimberly Reynolds, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, telephone (240) 276-2825; email: [Kimberly.reynolds@samhsa.hhs.gov](mailto:Kimberly.reynolds@samhsa.hhs.gov).

**Carlos Graham,**

*Reports Clearance Officer.*

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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 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 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 through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: "Notification of Intent To Use Schedule III, IV, or V Controlled Medications for the Treatment of Opioid Use Disorder" Under 21 U.S.C. 823(g)(2) (OMB No. 0930-0234 and OMB No. 0930-0369)—Revision

The Drug Addiction Treatment Act of 2000 ("DATA," Pub. L. 106-310) amended the Controlled Substances Act (21 U.S.C. 823(g)(2)) to permit qualifying practitioners to seek and obtain waivers to prescribe certain approved controlled medications for the treatment of opioid use disorder. The legislation set eligibility and certification requirements as well as an interagency notification review process for practitioners who seek waivers. To implement these provisions, SAMHSA developed Notification of Intent Forms that facilitate the submission and review of notifications.

On October 24, 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (Pub. L. 115-71) was signed into law. Sections 3201-3202 of the SUPPORT Act made several amendments to the Controlled Substances Act regarding office-based opioid use disorder treatment that affords practitioners greater flexibility in the provision of Medications for Opioid Use Disorder (MOUD).

The SUPPORT Act expands the definition of "qualifying other practitioner" enabling Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (CNSs, CRNAs, and CNMs) to apply for a Drug Addiction Treatment Act of 2000 (DATA) waiver. It also allows qualified practitioners (*i.e.*, MDs, DOs, NPs, PAs, CNSs, CRNAs, and CNMs) who are board certified in addiction medicine or addiction psychiatry, -or- practitioners who provide MOUD in a qualified practice setting, to start treating up to 100 patients in the first year of MOUD

practice (as defined in 42 CFR 8.2) with a waiver.

Further, the SUPPORT Act extends the ability to treat up to 275 patients to “qualifying other practitioners” (*i.e.*, NPs, PAs, CNSs, CRNAs, and CNMs) if they have a waiver to treat up to 100 patients for at least one year and provide MOUD with covered medications (as such terms are defined under 42 CFR 8.2) in a qualified practice setting as described under 42 CFR 8.615.

Finally, the SUPPORT Act also expands how physicians could qualify for a waiver. Under the statute now, physicians can qualify for a waiver if they have received at least 8 hours of training on treating and managing patients with opioid use disorder, as listed in the statute if the physician graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine in the United States during the 5-year period immediately preceding the date on which the physician submits a Notice of Intent to SAMHSA. In order to expedite the new provisions of the SUPPORT Act, SAMHSA sought and received a Public Health Emergency Paperwork Reduction Act Waiver.

On April 28, 2021 the Department of Health and Human Services (HHS) issued the new Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder (86 FR 22439) in an expedited manner. The new Practice Guidelines allow

practitioners who wish to obtain a 30-patient waiver to forego the 8-hour training requirement for physicians and 24-hour training for other qualifying practitioners. Practitioners utilizing this training exemption are limited to treating no more than 30-patients at a time and time spent practicing under this exemption will not qualify the practitioner to qualify for a higher patient level. In addition, the new Practice Guidelines removed the requirement to provide counseling and other ancillary services (*i.e.*, psychosocial services).

The collection of information within the application is essential to the implementation of SAMHSA’s mission to reduce the impact of substance use disorders on America’s communities. Practitioners may use these forms for various types of notifications: (a) New Notification to treat up to 30 patients with training or without training; (b) New Notification, with the intent to immediately facilitate treatment of an individual (one) patient; (c) Second notification of need and intent to treat up to 100 patients; (d) New notification to treat up to 100 patients, and (e) New notification to treat up to 275 patients. The forms provide the information necessary to determine whether practitioners meet the qualifications for waivers set forth under the law at the 30E-, 30-, 100-, 275E-, and 275-patient limits. This includes the annual

reporting requirements for practitioners with waivers for a 275-patient limit.

Under “new” notifications, practitioners may make their initial waiver requests to SAMHSA. “Immediate” notifications inform SAMHSA and the Attorney General of a practitioner’s intent to prescribe immediately to facilitate the treatment of an individual (one) patient under 21 U.S.C. 823(g)(2)(E)(ii). The form collects data on the following items: Practitioner name; state medical license number; medical specialty; and DEA registration number; address of primary practice location, telephone and fax numbers; email address; purpose of notification: new, immediate, or renewal; certification of qualifying criteria for treatment and management of patients with opioid use disorder; certification of capacity to provide directly or refer patients for appropriate counseling and other appropriate ancillary services, as applicable; certification of maximum patient load, certification to use only those medication formulations that meet the criteria in the law. The form also notifies practitioners of Privacy Act considerations and permits practitioners to expressly consent to disclose limited information to the SAMHSA Buprenorphine Physician and Behavioral Health Treatment Services locators. The following table summarizes the estimated annual burden for the use of this form.

42 CFR citation	Purpose of submission	Estimated number of respondents	Responses/ respondent	Burden/ response (hr.)	Total burden (hrs.)
	Notification of Intent .....	1,800	1	0.083	149
	Notification to Prescribe Immediately .....	60	1	0.083	5
	Notice to Treat up to 100 patients .....	600	1	0.04	24
	Notice to Treat up to 275 patients .....	960	1	0.081	78
Subtotal .....	.....	3,420	.....	.....	256

**Burden Associated With the Final Rule That Increased the Patient Limit**

8.620 (a)–(c) .....	Request for Patient Limit Increase * .....	620	1	0.5	310
	Request for Patient Limit Increase * .....	620	1	0.5	310
	Request for Patient Limit Increase * .....	620	1	0.5	310
8.64 .....	Renewal Request for a Patient Limit Increase * ..	312	1	0.5	156
	Renewal Request for a Patient Limit Increase * ..	312	1	0.5	156
	Renewal Request for a Patient Limit Increase * ..	312	1	0.5	156
8.655 .....	Request for a Temporary Patient Increase for an Emergency *.	12	1	3	36
	Request for a Temporary Patient Increase for an Emergency *.	12	1	3	36
	Request for a Temporary Patient Increase for an Emergency *.	12	1	3	36
Subtotal .....	.....	2,497	.....	.....	1,279

**Burden Associated With the Final Rule That Outlined the Reporting Requirements**

8.635 .....	Practitioner Reporting Form * .....	1,620	1	3	4,860
	“Qualifying Other Practitioner” under 21 USC § 823(g)(2)—Nurse Practitioners.	979	1	0.066	65

42 CFR citation	Purpose of submission	Estimated number of respondents	Responses/ respondent	Burden/ response (hr.)	Total burden (hrs.)
	“Qualifying Other Practitioner” under 21 USC § 823(g)(2)—Physician Assistants.	708	1	0.066	47
	“Qualifying Other Practitioner” under 21 USC § 823(g)(2)—Certified Nurse Specialists.	708	1	0.066	47
	“Qualifying Other Practitioner” under 21 USC § 823(g)(2)—Certified Nurse Mid-Wives.	708	1	0.066	47
	“Qualifying Other Practitioner” under 21 USC § 823(g)(2)—Certified Registered Nurse Anesthetists.	708	1	0.066	47
Sub Total .....	.....	5,431	.....	.....	5,112
Total Burden ...	.....	6,561	.....	.....	6,647

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](mailto:Carlos.Graham@samhsa.hhs.gov). Written comments should be received by October 31, 2022.

**Carlos Graham,**  
*Reports Clearance Officer.*  
 [FR Doc. 2022–18801 Filed 8–30–22; 8:45 am]  
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**DEPARTMENT OF HOMELAND SECURITY**

[Docket No. DHS–2022–0045]

**Homeland Security Advisory Council**

**AGENCY:** Office of Partnership and Engagement (OPE), Department of Homeland Security (DHS).

**ACTION:** Notice of closed Federal advisory committee meeting.

**SUMMARY:** The Homeland Security Advisory Council (HSAC) will meet virtually on Wednesday, September 14, 2022. The meeting will be closed to the public.

**DATES:** The meeting will take place from 2:30 p.m. ET to 3:30 p.m. ET on Wednesday, September 14, 2022.

*Public Participation:* The meeting will be closed to the public.

**FOR FURTHER INFORMATION CONTACT:** Rebecca Sternhell, Executive Director, HSAC at 202–891–2876 or [HSAC@hq.dhs.gov](mailto:HSAC@hq.dhs.gov).

**SUPPLEMENTARY INFORMATION:** Notice of this meeting is given under Section 10(a) of the Federal Advisory Committee Act (FACA), Public Law 92–463 (5 U.S.C. appendix), which requires a portion of each FACA committee meeting to be open to the public unless the President, or the head of the agency to which the advisory committee reports, determines that a portion of the

meeting may be closed to the public in accordance with 5 U.S.C. 552b(c).

The HSAC provides organizationally independent, strategic, timely, specific, actionable advice, and recommendations to the Secretary of Homeland Security on matters related to homeland security. The Council consists of senior executives from government, the private sector, academia, law enforcement, and non-governmental organizations.

The HSAC will meet in a closed session from 2:30 p.m. to 3:30 p.m. ET to participate in sensitive discussions with DHS senior leadership regarding current state of threats to the nation’s cybersecurity and critical infrastructure.

*Basis for Closure:* In accordance with section 10(d) of FACA, the Secretary of Homeland Security has determined this meeting must be closed during this session as the disclosure of the information relayed would be detrimental to the public interest for the following reasons:

The Council meeting will include an operational discussion on the nation’s cybersecurity that contains For Official Use Only and Law Enforcement Sensitive information. Specifically, the Council will be briefed on DHS operations related to threats on the nation’s cybersecurity and efforts the Department is taking to mitigate these threats. Senior Leadership will provide detailed information on the current state of threats to the nation’s cybersecurity. The session is closed pursuant to 5 U.S.C. 552b(c)(7) and(9)(B).

Dated: August 26, 2022.  
**Michael J. Miron,**  
*Deputy Executive Director, Homeland Security Advisory Council, Department of Homeland Security.*

[FR Doc. 2022–18819 Filed 8–30–22; 8:45 am]  
**BILLING CODE 9112–FN–P**

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

[Docket No. FR–7061–N–12]

**60-Day Notice of Proposed Information Collection: Public Housing Reform Act: Changes to Admission and Occupancy Requirements; OMB No.: 2577–0230**

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.

**ACTION:** Notice.

**SUMMARY:** HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comment from all interested parties on the proposed collection of information. The purpose of this notice is to allow for 60 days of public comment.

**DATES:** *Comments Due Date:* October 31, 2022.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Colette Pollard, Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410–5000; telephone 202–402–3400 (this is not a toll-free number) or email at [Colette.Pollard@hud.gov](mailto:Colette.Pollard@hud.gov) for a copy of the proposed forms or other available information. Persons with hearing or speech impairments may access this number through TTY by calling the toll-free Federal Relay Service at (800) 877–8339.

**FOR FURTHER INFORMATION CONTACT:** Leea J. Thornton, Office of Policy, Programs and Legislative Initiatives, PIH, Department of Housing and Urban Development, 451 7th Street SW, Room