

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Administration for Children and Families**

[CFDA Number(s): 93.645]

**Notice of Allotment Percentages to States for Child Welfare Services State Grants**

**AGENCY:** Children's Bureau, Administration for Children, Youth and Families, Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

**ACTION:** Notice of biennial publication of allotment percentages for states under the Social Security Act IV–B subpart 1, Stephanie Tubbs Jones Child Welfare Services Grant Program.

**SUMMARY:** As required by the Social Security Act, the Department is publishing the allotment percentage for each state under the Title IV–B Subpart 1, Stephanie Tubbs Jones Child Welfare Services Grant Program. The allotment percentages are one of the factors used in the computation of the Federal grants awarded under the Program.

**DATES:** The allotment percentages will be effective for Federal Fiscal Years 2022 and 2023.

**FOR FURTHER INFORMATION CONTACT:** Janice Realeza, Grants Management Officer, Family Protection & Resilience Portfolio, Office of Grants Management, Office of Administration, Administration for Children and Families, 330 C Street SW, Washington, DC 20201; telephone (215) 861–4007; email: [janice.realeza@acf.hhs.gov](mailto:janice.realeza@acf.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The allotment percentage for each state is determined on the basis of paragraphs (b) and (c) of section 423 of the Social Security Act. These figures are available on the ACF internet homepage at <http://www.acf.dhhs.gov/programs/cb/>. The allotment percentage for each state is as follows:

**ALLOTMENT \*\***

State	Percentage
Alabama .....	60.82
Alaska * .....	44.69
Arizona .....	59.18
Arkansas .....	60.29
California .....	41.52
Colorado .....	46.19
Connecticut .....	31.41
Delaware .....	51.53
District of Columbia .....	<sup>1</sup> 30.00
Florida .....	53.47
Georgia .....	57.08
Hawaii * .....	49.25
Idaho .....	59.32

**ALLOTMENT \*\*—Continued**

State	Percentage
Illinois .....	47.87
Indiana .....	56.73
Iowa .....	54.14
Kansas .....	52.95
Kentucky .....	61.09
Louisiana .....	57.85
Maine .....	55.28
Maryland .....	42.37
Massachusetts .....	34.31
Michigan .....	56.21
Minnesota .....	47.56
Mississippi .....	65.29
Missouri .....	56.77
Montana .....	55.84
Nebraska .....	51.58
Nevada .....	54.41
New Hampshire .....	43.71
New Jersey .....	37.72
New Mexico .....	61.79
New York .....	36.84
North Carolina .....	57.60
North Dakota .....	49.22
Ohio .....	55.34
Oklahoma .....	58.04
Oregon .....	52.99
Pennsylvania .....	48.73
Rhode Island .....	49.93
South Carolina .....	59.69
South Dakota .....	52.09
Tennessee .....	56.77
Texas .....	53.33
Utah .....	57.07
Vermont .....	50.82
Virginia .....	46.92
Washington .....	43.20
West Virginia .....	62.49
Wisconsin .....	52.79
Wyoming .....	45.04
American Samoa .....	70.00
Guam .....	70.00
Puerto Rico .....	70.00
N. Mariana Islands .....	70.00
Virgin Islands .....	70.00

\* State Percentage = 50 percent of year average divided by the National United States 3-year average.

\*\* State Percentage minus 100 percent yields the IV–B allotment percentage.

<sup>1</sup> Allotment Percentage has been adjusted in accordance with section 423(b)(1).

**Statutory Authority:** Section 423(c) of the Social Security Act (42 U.S.C. 623(c)).

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Effective and Innovative Approaches/ Best Practices in Health Care in Response to the COVID–19 Pandemic; Request for Information (RFI)**

**AGENCY:** Office of the Secretary, Department of Health and Human Services.

**ACTION:** Request for information (RFI).

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) seeks to gain a comprehensive understanding of the impact of changes adopted by health care systems and health care providers in response to the COVID–19 pandemic. Many healthcare systems and clinicians have rapidly reengineered their policies and programs to improve access, safety, quality, outcomes including mortality and morbidity, cost, and value for both COVID–19 and non-COVID–19 related medical conditions. HHS plans to identify and learn from effective innovative approaches and best practices implemented by non-HHS organizations in order to inform HHS priorities and programs.

**DATES:** We recommend that you submit your comments through the Innovation RFI Response Portal (<https://rfi.grants.nih.gov/?s=5f89e1e8400f00001a0036f2>) to ensure consideration. Comments must be received through this portal no later than midnight Eastern Time (ET) on December 24, 2020. Submissions received after the deadline will not be reviewed. Comments may also be submitted in [regulations.gov](https://www.regulations.gov).

**ADDRESSES:** Comments, including mass comment submissions, must be submitted electronically using the Innovation RFI Response Portal (<https://rfi.grants.nih.gov/?s=5f89e1e8400f00001a0036f2>). Please respond concisely, in plain language, and in a narrative format in the field provided for each question, to ensure accurate interpretation and analysis. You may respond to some or all of the topic areas covered in the RFI, and/or you can also provide relevant information that may not have been referenced. You can also include links to online material or interactive presentations. Please do not include any personally identifiable patient information or confidential business information in your comment.

**FOR FURTHER INFORMATION CONTACT:** CAPT Meena Vythilingam, Director, Center for Health Innovation, Office of the Assistant Secretary for Health, [Meena.Vythilingam@HHS.gov](mailto:Meena.Vythilingam@HHS.gov) or 202 260 7382.

**SUPPLEMENTARY INFORMATION:****I. Background**

In response to the 2019 novel coronavirus or COVID–19 pandemic, the Secretary of Health and Human Services (HHS) declared a public health emergency effective January 27, 2020, under section 319 of the Public Health