

examples of activities consistent with the purposes of the authorizing legislation:

- Improving and supporting remote work, such as the purchase of communications and technology hardware, software, or infrastructure;
- Costs associated with establishing new or improving existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccine or cure scams;
- Costs associated with community outreach;
- Costs associated with providing goods and services to APS clients related to COVID-19;
- Acquiring personal protection equipment and supplies;
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs;
- Training costs related to COVID-19;
- Funds for travel related to or required by COVID-19.

4. Assurance to provide semi-annual federal financial reports and annual program reports related to the activities performed.

B. Initial Spend Plan

An *Initial Spend Plan* must be submitted along with the Letter of Assurance. The Initial Spend Plan should outline how the state/territory intends to spend their allotment in response to the needs and challenges to their APS program brought about by COVID-19. The plan should be consistent with the purpose of the authorizing legislation and examples outlined above. The Initial Spend Plan submitted in response to this opportunity is considered a preliminary framework for how the state/territory will plan to spend these funds. The Initial Spend Plan should have the following format: 2–5 pages in length, double-spaced, with 12pt font and 1” margins, with a layout of 8.5” x 11” paper.

C. DUNS Number

All grant applicants must obtain and keep current a D–U–N–S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D–U–N–S number can be obtained from: <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>.

D. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal Programs, is not applicable to these grant applications.

IV. Submission Information

1. Letter of Assurance and Initial Spend Plan

To receive funding, eligible entities must provide a *Letter of Assurance* and an *Initial Spend Plan* containing all the information outlined in Section III A. & B. above.

Letters of Assurance and the Initial Spend Plan should be addressed to: Alison Barkoff, Acting Administrator and Assistant Secretary for Aging, Administration for Community Living, 330 C Street SW, Washington, DC 20201.

Letters of Assurance and the Initial Spend Plan should be submitted electronically via email to the ACL Regional Administrator for each state. The following table identifies the ACL regions for each state and contact information for each Regional Administrator.

	Covered states	ACL regional administrator
Region I	CT, MA, ME, NH, RI, VT	Jennifer Throwe, Email: jennifer.throwe@acl.hhs.gov , Phone: 617–565–1158.
Region II	NY, NJ, PR, VI	Kathleen Otte, Email: kathleen.otte@acl.hhs.gov , Phone: 212–264–2976.
Region III	DC, DE, MD, PA, VA, WV	Rhonda Schwartz, Email: rhonda.schwartz@acl.hhs.gov , Phone: 267–831–2329.
Region IV	AL, FL, GA, KY, MS, NC, SC, TN	Costas Miskis, Email: Constantinos.Miskis@acl.hhs.gov , Phone: 404–562–7600.
Region V	IL, IN, MI, MN, OH, WI	Amy Wiatr-Rodriguez, Email: Amy.Wiatr-Rodriguez@acl.hhs.gov , Phone: 312–938–9858.
Region VI	AR, LA, OK, NM, TX	Derek Lee, Email: derek.lee@acl.hhs.gov , Phone: 214–767–1865.
Region VII	IA, KS, MO, NE	Lacey Boven, Email: lacey.boven@acl.hhs.gov , Phone: 816–702–4180.
Region VIII	CO, MT, UT, WY, ND, SD	Percy Devine, Email: percy.devine@acl.hhs.gov , Phone: 303–844–2951.
Region IX	CA, NV, AZ, HI, GU, CNMI, AS	Fay Gordon, Email: Fay.Gordon@acl.hhs.gov , Phone: 415–437–8780.
Region X	AK, ID, OR, WA	Louise Ryan, Email: Louise.Ryan@acl.hhs.gov , Phone: (206) 615–2299.

2. Submission Dates and Times

To receive consideration, Letters of Assurance and the Initial Spend Plan must be submitted by 11:59 p.m. Eastern Time on EST March 3, 2021. Letters of Assurance and the Initial Spend Plan should be submitted electronically via email and have an electronic time stamp indicating the date/time submitted.

VII. Agency Contacts

1. Programmatic Issues

Direct programmatic inquiries to: Stephanie Whittier Eliason, Email: stephanie.whittiereliason@acl.hhs.gov, Phone: 202.795.7467.

2. Submission Issues

Direct inquiries regarding submission of the Letters of Assurance to the

appropriate ACL Regional Administrator found in the table in “Section IV. Submission Information.”

Dated: January 27, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2021–02091 Filed 1–29–21; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Availability of Program Application Instructions for Long-Term Care Ombudsman Program Funds

Title: Coronavirus Response and Relief Supplemental Appropriations Act of 2021: Grants to Enhance Capacity of Long-Term Care Ombudsman Programs to Respond to Complaints of Abuse and Neglect of Residents in Long-Term Care Facilities During the COVID-19 Public Health Emergency.

Announcement Type: Initial.

Statutory Authority: The statutory authority for grants under this program announcement is contained in Section

712 of the Older Americans Act of 1965 [Pub. L. 89–73] [As Amended Through Pub. L. 116–131, Enacted March 25, 2020]; and Subtitle B of Title XX of the Social Security Act, otherwise known as the Elder Justice Act [Pub. L. 74–271] [As Amended Through Pub. L. 115–123, Enacted February 9, 2018] as referenced in the Coronavirus Response and Relief Supplemental Appropriations Act of 2021.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.747.

DATES: The deadline date for State Agencies on Aging to submit their Letter of Assurance for Long-Term Care Ombudsman Programs is 11:59 p.m. EST March 3, 2021.

I. Funding Opportunity Description

The purpose of this funding opportunity is to strengthen the capacity of State Long-Term Care Ombudsman programs to respond during the COVID public health emergency and resolve resident complaints about abuse and neglect. This funding opportunity is appropriated through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 and authorized by the Elder Justice Act, 42 U.S.C. Section 2043(a)(1)(A).

ACL seeks plans from State Agencies on Aging, developed in coordination with the State Long-Term Care Ombudsman, that describe how the Long-Term Care Ombudsman (LTCO) programs will use funds to enhance their capacity during and related to the COVID public health emergency to respond to and resolve complaints about abuse and neglect. This enhancement of capacity can include activities described below. Plans for use of these grant funds may go above and beyond those regular activities planned in response to other funding.

To be eligible to receive this grant, State Agencies on Aging must submit a Letter of Assurance to ACL containing all of the assurances required, (*see Section III of this FRN, Eligibility Criteria and Other Requirements*).

The Letter of Assurance will be considered an Amendment to the State Plan on Aging and must describe the State LTCO plans for use of these supplemental funds. Examples of activities consistent with the purposes of the authorizing legislation include the following:

- a. Enhance Ombudsman program complaint investigations during the COVID public health emergency to address complaints related to abuse, neglect and poor care;
- b. Resume in-person visitation at such time as visitation is permitted, such as when the COVID vaccine is accessible to

residents, facility staff, and individuals working for the LTCO program;

c. Conduct education and outreach on abuse and neglect identification and prevention during the COVID public health emergency to residents, their families and facility staff;

d. Enable travel for representatives of the LTCO Office to ensure all residents have access to a LTCO representative;

e. Continue purchase of needed Personal Protective Equipment;

f. Continue purchase of technology as needed;

g. Enable participation in state-level “strike teams” to address complaints related to care and neglect;

h. Provide information and assistance on transitions from long-term care facilities to community-based, home care settings, consistent with section 712(a)(3) of the Older Americans Act.

II. Award Information

1. Funding Instrument Type

These grants are discretionary, supplemental grants, authorized by Section 2043(a)(1)(A) of the Elder Justice Act and appropriated through the Coronavirus Response and Relief Supplemental Appropriations Act of 2021. The State Agency on Aging will assure that the State LTCO uses these supplemental funds consistent with the purposes authorized by appropriations contained in Section 2043(a)(1)(A) of the Elder Justice Act and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021.

2. Anticipated Total Priority Area Funding

The total available funding for this opportunity is \$4,000,000. ACL intends to make available, under this program announcement, grant awards to State Agencies on Aging for their Long-Term Care Ombudsman Programs. The period of performance for these grants during which grant activities must occur is estimated to commence on April 1, 2021 and is projected to end on September 20, 2022.

Each State Agency on Aging is eligible to apply for and receive the amount of funding in the table below:

State/territory	Available amount
Alabama	\$60,199
Alaska	20,000
Arizona	90,163
Arkansas	36,589
California	417,159
Colorado	61,189
Connecticut	45,013
Delaware	20,000
Dist. of Columbia	20,000
Florida	303,577

State/territory	Available amount
Georgia	109,640
Hawaii	20,000
Idaho	20,534
Illinois	146,331
Indiana	77,725
Iowa	38,952
Kansas	33,840
Kentucky	53,551
Louisiana	53,319
Maine	20,093
Maryland	69,196
Massachusetts	83,348
Michigan	126,278
Minnesota	66,092
Mississippi	34,710
Missouri	75,369
Montana	20,000
Nebraska	22,162
Nevada	35,030
New Hampshire	20,000
New Jersey	105,708
New Mexico	25,885
New York	233,584
North Carolina	123,870
North Dakota	20,000
Ohio	146,118
Oklahoma	45,020
Oregon	53,369
Pennsylvania	169,031
Rhode Island	20,000
South Carolina	65,596
South Dakota	20,000
Tennessee	81,099
Texas	271,783
Utah	26,288
Vermont	20,000
Virginia	97,092
Washington	86,398
West Virginia	25,531
Wisconsin	72,886
Wyoming	20,000
American Samoa	2,500
Guam	10,000
Northern Marianas	2,500
Puerto Rico	45,683
Virgin Islands	10,000

III. Eligibility Criteria and Other Requirements

1. The eligible entities for this award are State Agencies on Aging Long-Term Care Ombudsman Programs

2. Cost Sharing or Matching is not required.

3. State Agencies on Aging must provide a Letter of Assurance that will be considered an Amendment to the State Plan on Aging no later than March 3, 2021. The Letter of Assurance must contain the following:

a. A description of specific project strategies that may include from among the following:

- i. Enhancing Ombudsman program complaint investigations during the COVID public health emergency to address complaints related to abuse, neglect and poor care;
- ii. Resuming in-person visitation at such time as visitation is permitted,

such as when the COVID vaccine is accessible to residents, facility staff, and individuals working for the LTCO program;

iii. Conducting education and outreach on abuse and neglect identification and prevention during the COVID public health emergency to residents, their families and facility staff;

iv. Enabling travel for representatives of the LTCO Office to ensure all residents have access to an LTCO;

v. Purchase of needed Personal Protective Equipment;

vi. Purchase of technology; and

vii. Enabling participation in state-level “strike teams” to address complaints related to care and neglect.

b. Assurance that these funds will supplement, and not supplant, existing funding for the State LTCO program; and

c. Assurance that State Agencies on Aging will timely submit to ACL semi-annual federal financial reports and annual program reports related to the activities performed.

4. DUNS Number

All grant applicants must obtain and keep current a D–U–N–S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D–U–N–S number can be obtained from: <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>.

5. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal Programs, is not applicable to these grant applications.

IV. Submission Information

1. Letters of Assurance should be addressed to: Alison Barkoff, Acting

Administrator and Assistant Secretary for Aging, Administration for Community Living, 330 C Street SW, Washington, DC 20201.

Letters of Assurance should be submitted electronically via email to the ACL Regional Administrator for each state listed in the Agency Contacts below.

2. Submission Dates and Times:

To receive consideration, Letters of Assurance must be submitted by 11:59 p.m. Eastern Time on March 3, 2021. Letters of Assurance should be submitted electronically via email and have an electronic time stamp indicating the date/time submitted.

VII. Agency Contacts

Direct inquiries regarding programmatic issues to Regional Administrators:

	Covered states	ACL regional administrator
Region I	CT, MA, ME, NH, RI, VT	Jennifer Throwe, Email: jennifer.throwe@acl.hhs.gov , Phone: 617–565–1158.
Region II	NY, NJ, PR, VI	Kathleen Otte, Email: kathleen.otte@acl.hhs.gov , Phone: 212–264–2976.
Region III	DC, DE, MD, PA, VA, WV	Rhonda Schwartz, Email: rhonda.schwartz@acl.hhs.gov , Phone: 267–831–2329.
Region IV	AL, FL, GA, KY, MS, NC, SC, TN	Costas Miskis, Email: Constantinos.Miskis@acl.hhs.gov , Phone: 404–562–7600.
Region V	IL, IN, MI, MN, OH, WI	Amy Wiatr-Rodriguez, Email: Amy.Wiatr-Rodriguez@acl.hhs.gov , Phone: 312–938–9858.
Region VI	AR, LA, OK, NM, TX	Derek Lee, Email: derek.lee@acl.hhs.gov , Phone: 214–767–1865.
Region VII	IA, KS, MO, NE	Lacey Boven, Email: lacey.boven@acl.hhs.gov , Phone: 816–702–4180.
Region VIII	CO, MT, UT, WY, ND, SD	Percy Devine, Email: percy.devine@acl.hhs.gov , Phone: 303–844–2951.
Region IX	CA, NV, AZ, HI, GU, CNMI, AS	Fay Gordon, Email: Fay.Gordon@acl.hhs.gov , Phone: 415–437–8780.
Region X	AK, ID, OR, WA	Louise Ryan, Email: Louise.Ryan@acl.hhs.gov , Phone: (206) 615–2299.

Dated: January 27, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2021–02092 Filed 1–29–21; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Tenth Meeting of the National Clinical Care Commission

AGENCY: Office on Women’s Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The National Clinical Care Commission (the Commission) will conduct its tenth meeting virtually on February 17, 2021. The Commission is charged to evaluate and make recommendations to the U.S. Department of Health and Human

Services (HHS) Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

DATES: The meeting will take place on February 17, 2021, from 1 p.m. to approximately 5:30 p.m. Eastern Standard time (EST).

ADDRESSES: The meeting will be held online via webinar. To register to attend the meeting, please visit the registration website at: https://kauffmaninc.adobeconnect.com/nccc_feb_2021/event/event_info.html.

FOR FURTHER INFORMATION CONTACT:

Clydetta Powell, M.D., MPH, FAAP, Acting Designated Federal Officer, National Clinical Care Commission, U.S. Department of Health and Human Services Office on Women’s Health, 200 Independence Ave. SW, 7th Floor, Washington, DC 20201, Phone: (240) 453–8239, Email: OHQ@hhs.gov.

SUPPLEMENTARY INFORMATION: The National Clinical Care Commission Act (Pub. L. 115–80) requires the HHS Secretary to establish the National Clinical Care Commission. The Commission consists of representatives of specific federal agencies and non-federal individuals who represent diverse disciplines and views. The Commission will evaluate and make recommendations to the HHS Secretary and Congress regarding improvements to the coordination and leveraging of federal programs related to diabetes and its complications.

The tenth meeting will be held virtually, will consist of updates from the Commission’s three subcommittees, and include another round of potential “action plans,” or recommendations, from each subcommittee. The final meeting agenda will be available prior to the meeting at: <https://health.gov/our-work/health-care-quality/national-clinical-care-commission/meetings>.

Public Participation at Meeting: The Commission invites public comment on