

Dated: September 28, 2021.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2021–21396 Filed 9–30–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Refugee Resettlement

Public/Private Refugee Cash Assistance Inflationary Increase

AGENCY: Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of change in payment ceilings.

SUMMARY: In accordance with ORR regulations, the Director of ORR is announcing an inflationary increase to the public/private Refugee Cash Assistance (RCA) program's monthly payment ceilings, effective October 1, 2021. The current payment ceilings have remained fixed since March 22, 2000, despite inflation. The new payment ceilings accommodate that inflation and will provide arriving ORR-eligible populations greater economic stability as they transition to self-sufficiency.

DATES: The changes described in this **Federal Register** Notice are effective October 1, 2021.

FOR FURTHER INFORMATION CONTACT: Colleen Mahar-Piersma, Refugee Policy Unit, Division of Policy and Procedures, Office of the Director, Office of Refugee Resettlement, Administration for Children and Families, by phone at (202) 260–5493, and email at refugeepolicy@acf.hhs.gov.

SUPPLEMENTARY INFORMATION:

ORR-eligible populations are eligible for up to eight months of RCA after their initial ORR eligibility date if they are deemed ineligible for the Temporary Assistance for Needy Families (TANF) program. When TANF was established in 1996, ORR gave states the option to either establish a publicly administered RCA program modeled after their TANF program in terms of eligibility determinations and benefits levels, or the option to establish a public/private partnership (PPP) RCA program. States that chose the PPP RCA model proposed a plan to ORR that created their income eligibility standard and may have included sliding scale payments or incentives for early employment aimed at refugee self-sufficiency, as long as

they remained within the established payment ceilings.

ORR established the PPP RCA monthly payment ceilings codified at 45 CFR 400.60(a) using the poverty guidelines developed by the Assistant Secretary for Planning and Evaluation within HHS. These poverty guidelines, which are updated annually, are mainly used for administrative purposes such as determining an individual's eligibility for certain programs. When ORR established the current PPP RCA monthly payment ceilings, it used the 1998 HHS Poverty Guidelines with the following formula: "50% of the 1998 HHS Poverty Guidelines for each family size, divided by 12 months. . . ." Where family units were greater than four people, the monthly payment ceiling was increased by \$70 for each additional person.

These PPP RCA payment ceilings have remained fixed since March 22, 2000, despite inflation and an increased cost of living nationwide. The payment ceilings are insufficient to meet refugees' initial expenses for housing, utilities, transportation, food, and other essentials, as they acclimate to their new communities and try to secure employment. Refugees generally have no other means of assistance such as savings or family resources to assist in the early days of arrival. Additionally, more than half of current projected ORR-eligible arrivals do not benefit from assistance from the Department of State's Reception and Placement Program, making RCA a critical source of support as they strive for economic self-sufficiency and integration.

As such, in accordance with ORR regulations at 45 CFR 400.60(d), the ORR Director has determined that the PPP RCA payment ceilings need to be adjusted for inflation.

Using ORR's original formula in relation to the 2021 HHS poverty guidelines, the adjusted PPP RCA payment ceilings are:

PUBLIC/PRIVATE RCA PAYMENT CEILINGS

Size of family unit	Monthly payment ceiling
1	\$537
2	726
3	915
4	1,104

Where family units are greater than four people, the monthly payment ceiling is increased by \$113 for each additional person.

These payment ceilings only apply to RCA recipients within PPP-

administered programs. All remaining RCA programs must continue to follow their established TANF rate.

To implement the RCA payment ceilings outlined in this Notice, the State/Replacement Designee (RD) must first revise its State Plan and ORR–1 CMA estimate. ORR will issue further guidance on how a State/RD should address implementation of the new public/private partnership RCA rate in its State Plan and ORR–1 prior to the implementation of the increased rate.

ORR will also conduct minimally, a bi-annual review of the HHS Poverty Guidelines, the established PPP rates, and the availability of funding with the goal of enacting more responsive and equitable cash assistance rates in the public/private RCA program.

(Authority: 45 CFR 400.60)

Dated: September 24, 2021.

Cindy Huang,

Director of the Office of Refugee Resettlement.

[FR Doc. 2021–21369 Filed 9–30–21; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine and Oral Fluid Drug Testing for Federal Agencies

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

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Urine or Oral Fluid (Mandatory Guidelines).

FOR FURTHER INFORMATION CONTACT: Anastasia Donovan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240–276–2600 (voice); Anastasia.Donovan@samhsa.hhs.gov (email).

SUPPLEMENTARY INFORMATION: In accordance with Section 9.19 of the Mandatory Guidelines, a notice listing all currently HHS-certified laboratories and IITFs is published in the **Federal Register** during the first week of each month. If any laboratory or IITF

certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed at the end and will be omitted from the monthly listing thereafter.

This notice is also available on the internet at <https://www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list>.

The Department of Health and Human Services (HHS) notifies federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and of the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid.

The Mandatory Guidelines using Urine were first published in the **Federal Register** on April 11, 1988 (53 FR 11970), and subsequently revised in the **Federal Register** on June 9, 1994 (59 FR 29908); September 30, 1997 (62 FR 51118); April 13, 2004 (69 FR 19644); November 25, 2008 (73 FR 71858); December 10, 2008 (73 FR 75122); April 30, 2010 (75 FR 22809); and on January 23, 2017 (82 FR 7920).

The Mandatory Guidelines using Oral Fluid were first published in the **Federal Register** on October 25, 2019 (84 FR 57554) with an effective date of January 1, 2020.

The Mandatory Guidelines were initially developed in accordance with Executive Order 12564 and section 503 of Public Law 100-71 and allowed urine drug testing only. The Mandatory Guidelines using Urine have since been revised, and new Mandatory Guidelines allowing for oral fluid drug testing have been published. The Mandatory Guidelines require strict standards that laboratories and IITFs must meet in order to conduct drug and specimen validity tests on specimens for federal agencies. HHS does not allow IITFs to conduct oral fluid testing.

To become certified, an applicant laboratory or IITF must undergo three rounds of performance testing plus an on-site inspection. To maintain that certification, a laboratory or IITF must participate in a quarterly performance testing program plus undergo periodic, on-site inspections.

Laboratories and IITFs in the applicant stage of certification are not to be considered as meeting the minimum requirements described in the HHS

Mandatory Guidelines using Urine and/or Oral Fluid. An HHS-certified laboratory or IITF must have its letter of certification from HHS/SAMHSA (formerly: HHS/NIDA), which attests that the test facility has met minimum standards. HHS does not allow IITFs to conduct oral fluid testing.

HHS-Certified Laboratories Approved To Conduct Oral Fluid Drug Testing

In accordance with the Mandatory Guidelines using Oral Fluid dated October 25, 2019 (84 FR 57554), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on oral fluid specimens:

At this time, there are no laboratories certified to conduct drug and specimen validity tests on oral fluid specimens.

HHS-Certified Instrumented Initial Testing Facilities Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine dated January 23, 2017 (82 FR 7920), the following HHS-certified IITFs meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Dynacare, 6628 50th Street NW, Edmonton, AB Canada T6B 2N7, 780-784-1190 (Formerly: Gamma-Dynacare Medical Laboratories)

HHS-Certified Laboratories Approved To Conduct Urine Drug Testing

In accordance with the Mandatory Guidelines using Urine dated January 23, 2017 (82 FR 7920), the following HHS-certified laboratories meet the minimum standards to conduct drug and specimen validity tests on urine specimens:

Alere Toxicology Services, 1111 Newton St., Gretna, LA 70053, 504-361-8989/800-433-3823 (Formerly: Kroll Laboratory Specialists, Inc., Laboratory Specialists, Inc.)

Alere Toxicology Services, 450 Southlake Blvd., Richmond, VA 23236, 804-378-9130 (Formerly: Kroll Laboratory Specialists, Inc., Scientific Testing Laboratories, Inc.; Kroll Scientific Testing Laboratories, Inc.)

Clinical Reference Laboratory, Inc., 8433 Quivira Road, Lenexa, KS 66215-2802, 800-445-6917

Cordant Health Solutions, 2617 East L Street, Tacoma, WA 98421, 800-442-0438 (Formerly: STERLING Reference Laboratories)

Desert Tox, LLC, 5425 E Bell Rd, Suite 125, Scottsdale, AZ 85254, 602-457-5411/623-748-5045

DrugScan, Inc., 200 Precision Road, Suite 200, Horsham, PA 19044, 800-235-4890

Dynacare, * 245 Pall Mall Street, London, ONT, Canada N6A 1P4, 519-679-1630 (Formerly: Gamma-Dynacare Medical Laboratories)

ElSohly Laboratories, Inc., 5 Industrial Park Drive, Oxford, MS 38655, 662-236-2609

Laboratory Corporation of America Holdings, 7207 N Gessner Road, Houston, TX 77040, 713-856-8288/800-800-2387

Laboratory Corporation of America Holdings, 69 First Ave., Raritan, NJ 08869, 908-526-2400/800-437-4986 (Formerly: Roche Biomedical Laboratories, Inc.)

Laboratory Corporation of America Holdings, 1904 TW Alexander Drive, Research Triangle Park, NC 27709, 919-572-6900/800-833-3984

(Formerly: LabCorp Occupational Testing Services, Inc., CompuChem Laboratories, Inc.; CompuChem Laboratories, Inc., A Subsidiary of Roche Biomedical Laboratory; Roche CompuChem Laboratories, Inc., A Member of the Roche Group)

Laboratory Corporation of America Holdings, 1120 Main Street, Southaven, MS 38671, 866-827-8042/800-233-6339 (Formerly: LabCorp Occupational Testing Services, Inc.; MedExpress/National Laboratory Center)

LabOne, Inc. d/b/a Quest Diagnostics, 10101 Renner Blvd., Lenexa, KS 66219, 913-888-3927/800-873-8845 (Formerly: Quest Diagnostics Incorporated; LabOne, Inc.; Center for Laboratory Services, a Division of LabOne, Inc.)

Legacy Laboratory Services Toxicology, 1225 NE 2nd Ave., Portland, OR 97232, 503-413-5295/800-950-5295

MedTox Laboratories, Inc., 402 W County Road D, St. Paul, MN 55112, 651-636-7466/800-832-3244

Minneapolis Veterans Affairs Medical Center, Forensic Toxicology Laboratory, 1 Veterans Drive, Minneapolis, MN 55417, 612-725-2088. Testing for Veterans Affairs (VA) Employees Only

Pacific Toxicology Laboratories, 9348 DeSoto Ave., Chatsworth, CA 91311, 800-328-6942 (Formerly: Centinela Hospital Airport Toxicology Laboratory)

Phamatech, Inc., 15175 Innovation Drive, San Diego, CA 92128, 888-635-5840

Quest Diagnostics Incorporated, 400 Egypt Road, Norristown, PA 19403, 610-631-4600/877-642-2216 (Formerly: SmithKline Beecham

Clinical Laboratories; SmithKline Bio-Science Laboratories)

U.S. Army Forensic Toxicology Drug Testing Laboratory, 2490 Wilson St., Fort George G. Meade, MD 20755–5235, 301–677–7085, Testing for Department of Defense (DoD) Employees Only

The following laboratory voluntarily withdrew from the National Laboratory Certification Program effective September 3, 2021:

Redwood Toxicology Laboratory, 3700 Westwind Blvd., Santa Rosa, CA 95403, 800–255–2159

* The Standards Council of Canada (SCC) voted to end its Laboratory Accreditation Program for Substance Abuse (LAPSA) effective May 12, 1998. Laboratories certified through that program were accredited to conduct forensic urine drug testing as required by U.S. Department of Transportation (DOT) regulations. As of that date, the certification of those accredited Canadian laboratories will continue under DOT authority. The responsibility for conducting quarterly performance testing plus periodic on-site inspections of those LAPSA-accredited laboratories was transferred to the U.S. HHS, with the HHS' NLCP contractor continuing to have an active role in the performance testing and laboratory inspection processes. Other Canadian laboratories wishing to be considered for the NLCP may apply directly to the NLCP contractor just as U.S. laboratories do.

Upon finding a Canadian laboratory to be qualified, HHS will recommend that DOT certify the laboratory (**Federal Register**, July 16, 1996) as meeting the minimum standards of the Mandatory Guidelines published in the **Federal Register** on January 23, 2017 (82 FR 7920). After receiving DOT certification, the laboratory will be included in the monthly list of HHS-certified laboratories and participate in the NLCP certification maintenance program.

Anastasia Marie Donovan,

Policy Analyst, Division of Workplace Programs.

[FR Doc. 2021–21402 Filed 9–30–21; 8:45 am]

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DEPARTMENT OF THE INTERIOR

Geological Survey

[GX21BD239AV0100; OMB Control Number 1028–NEW]

Agency Information Collection Activities; Information Collection Through Surveys and Interviews To Evaluate and Improve the Cooperative Research Units Program Mission, Functions, and Goals

AGENCY: U.S. Geological Survey, Interior.

ACTION: Notice of information collection; request for comment.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, we, the U.S. Geological Survey (USGS) are proposing a new information collection.

DATES: Interested persons are invited to submit comments on or before November 30, 2021.

ADDRESSES: Send your comments on this information collection request (ICR) by mail to U.S. Geological Survey, Information Collections Officer, 12201 Sunrise Valley Drive MS 159, Reston, VA 20192; or by email to gs-info_collections@usgs.gov. Please reference OMB Control Number 1028–NEW in the subject line of your comments.

FOR FURTHER INFORMATION CONTACT: To request additional information about this ICR, contact Cynthia S. Loftin by email at cyndy_loftin@usgs.gov, or by telephone at (207) 581–2843. Individuals who are hearing or speech impaired may call the Federal Relay Service at 1–800–877–8339 for TTY assistance.

SUPPLEMENTARY INFORMATION: In accordance with the Paperwork Reduction Act of 1995, we provide the general public and other Federal agencies with an opportunity to comment on new, proposed, revised, and continuing collections of information. This helps us assess the impact of our information collection requirements and minimize the public's reporting burden. It also helps the public understand our information collection requirements and provide the requested data in the desired format.

We are soliciting comments on the proposed ICR that is described below. We are especially interested in public comment addressing the following issues: (1) Is the collection necessary to the proper functions of the USGS; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the USGS enhance the quality, utility, and clarity of the information to

be collected; and (5) how might the USGS minimize the burden of this collection on the respondents, including through the use of information technology.

Comments that you submit in response to this notice are a matter of public record. We will include or summarize each comment in our request to OMB to approve this ICR. Before including your address, phone number, email address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Abstract: The USGS Cooperative Fish and Wildlife Research Units Program originated in 1935 to fill a need for qualified wildlife and fisheries professionals and provide evidence based graduate research to inform resource management. Currently the program has 40 individual Units in 38 states and formalizes relationships among a state natural resources management agency, a host university, the USGS, the USFWS, and the Wildlife Management Institute. The program's graduate education and research mission has remained largely unchanged through its tenure, yet the issues challenging fish and wildlife conservation have transformed. This raises questions about the program's support and sustainability into the future and how best to address cooperator needs.

Through focused surveys and interviews, this information collection will ask participants to evaluate their communication and relationships with individuals in the program. The data will be used to examine the structure, communication, and socio-technical connectivity using network analysis and agent based modeling. This information collection aims to improve our understanding of the Cooperative Research Units Program and how it meets its partners' needs.

Title of Collection: Information collection through surveys and interviews to improve the Cooperative Research Units Program mission, functions, and goals.

OMB Control Number: 1028–NEW.

Form Number: None.

Type of Review: New.

Respondents/Affected Public: Universities, state and tribal governments, and businesses which are direct (both formal and informal)