

make proper decisions about approving or denying such requests. Collection of this data aids in the prevention of gaps in access to care and services before, during, and after an emergency. CMS must also respond to inquiries related to a Public Health Emergency (PHE) from providers. CMS is not collecting information from these inquiries; we are merely responding to them.

The collection of the information surrounding 1135 Waiver requests/inquiries is based on a case-by-case basis and not regularly scheduled (e.g., quarterly, annually, by all providers/suppliers). The collection of information only occurs when the healthcare entity, impacted by an emergency, is requesting waivers/flexibilities under Section 1135 of the Act or inquiring about PHEs. The collection of information is also dependent on provider types; therefore, it is not a collection for all Medicare-participating facilities.

In 2021, we implemented a streamlined, automated process to standardize the 1135 waiver requests and inquiries submitted based on lessons learned during the COVID-19 PHE.

Furthermore, the normal operations of a healthcare provider are disrupted by emergencies or disasters occasionally. When this occurs, State Survey Agencies (SA) or Health Care Providers deliver a provider/beneficiary tracking report regarding the current status of all affected healthcare providers and their beneficiaries. This report includes demographic information about the beneficiary status, provider, their operational status, anticipated needs and planned resumption of normal operations. This information is provided whether or not a PHE has been declared.

We are enhancing this information collection to better support emergency response by capturing the emergency date, simplifying ongoing status updates for stakeholders, and providing a more comprehensive view of cybersecurity incidents through expanded reporting on patient and operational impacts. This

automated process will continue to consist of a public facing web form as well as a process for SAs/Providers to submit data using extracts (CSV or Excel) on emergent events impacting Health Care Facilities via an automated mail handler system. Both processes (public facing web form and extracts via an automated mail handler system) are known as the Health Care Facility (HCF) Operational Status. *Form Number:* CMS-10752 (OMB control number: 0938-1384); *Frequency:* Occasionally; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions and State, Local or Tribal Governments; *Number of Respondents:* 4,829; *Total Annual Responses:* 4,829; *Total Annual Hours:* 4,016. (For policy questions regarding this collection, contact Adriane Saunders at 404-562-7484.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0345]

Submission for OMB Review; TANF Financial Report, ACF-196T

AGENCY: Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the Temporary Assistance for Needy Families (TANF) Financial Report, Form ACF-196T (Office of Management and

Budget (OMB) #: 0970-0345, expiration date: March 31, 2026. ACF is not proposing updates to the form but is proposing significant updates to streamline and improve the instructions. While the substance of the instructions remains the same, they are easier to read, with review time reduced by an estimated 33 percent.

DATES: *Comments due* April 30, 2026.

ADDRESSES: The public may view and comment on this information collection request at: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202603-0970-014. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Grantees of the TANF program are required by statute to report financial data on a quarterly basis. Form ACF-196T is used by tribal agencies administering the TANF program to report these quarterly expenditure data and to request quarterly grant funds. Failure to collect the data would seriously compromise the Office of Family Assistance and ACF's ability to monitor TANF expenditures and compliance with statutory requirements. These data are also needed to estimate outlays and to prepare reports and budget submissions for Congress. The instructions have been edited for clarification and general improvements for respondents.

Respondents: Tribal agencies receiving a direct grant from OFA to administer a TANF program.

Annual Burden Estimates

Based on the edits to the instructions, the estimated time per response has been reduced 33 percent, from 1.5 hours to 1 hour. The number of agencies has been reduced to reflect current grant recipients. Overall, annual burden estimates have decreased from 306 hours to 200 hours.

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
TANF Financial Report, Form ACF-196T	50	4	1.0	200

Authority: Social Security Act, Section 409 & 411; 45 CFR 286.245–286.285.

Mary C. Jones,
ACF/OPRE Certifying Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Assistance Listing Number: 93.568]

Proposed Reallotment of Fiscal Year 2025 Funds for the Low Income Home Energy Assistance Program

AGENCY: Office of Community Services (OCS), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

ACTION: Notice for public comment.

SUMMARY: The ACF OCS announces a preliminary determination that funds from the federal fiscal year 2025 (FY25) Low Income Home Energy Assistance Program (LIHEAP) are available for reallocation to states, territories, tribes, and tribal organizations that received FY26 direct LIHEAP awards. The purpose of this proposed action is to redistribute FY25 annual LIHEAP funds and FY24 and FY25 Infrastructure Investment and Jobs Act (IIJA) funds

that recipients were unable to obligate or carry over to FY26. No subrecipients of these recipients or other entities may apply for these funds.

DATES: Comments are due April 30, 2026.

ADDRESSES: Comments may be submitted to: Kate Thomas, Senior Advisor, Office of Community Services, 330 C Street SW, 5th Floor, Mail Room 5425, Washington, DC 20201. Telephone: 202–690–5737; email: kate.thomas@acf.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Kate Thomas, Senior Advisor, Office of Community Services, 330 C Street SW, 5th Floor, Mail Room 5425, Washington, DC 20201. Telephone: 202–690–5737; email: kate.thomas@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: Based on a review of FY25 Quarter 3 (Q3) reports and the Carryover and Reallotment Reports (CRR), which include information on unobligated balances, ACF has determined that \$2,697,089 of FY25 LIHEAP funds will be available for reallotment for FY26. In addition, \$484,019.07 in IIJA funds will be reallotted. The total of the two combined is \$3,181,108.07. LIHEAP recipients submitted the FY25 Q3 reports and FY25 CRRs to OCS in accordance with the requirements of 45 CFR 96.81(b).

The LIHEAP statute allows recipients who have funds unobligated at the end of the FY to request permission to carry

over up to 10 percent of their full-year allotments to the next FY (42 U.S.C. 8626(b)(2)). Funds in excess of this amount must be returned to the U.S. Department of Health and Human Services and are subject to reallotment under 42 U.S.C. 8626(b)(1).

In accordance with 42 U.S.C. 8626(b)(1)(B), beginning the week of August 25, 2025, ACF began outreach to each of the 35 recipients with unobligated block grant funds above their carryover caps according to their Q3 reports and CRR, and 60 recipients that had IIJA funds about the carryover caps. Using emails and phone calls, ACF informed each recipient of the amount that, according to the recipients' reports, the recipient needed to obligate before September 30, 2025, or would need to return for de-obligation and redistribution to FY26 recipients as part of the reallotment. ACF conducted outreach the week of February 2, 2026, to finalize these reallotment amounts based on Q3 reports and CRR information.

All LIHEAP recipients who receive a portion of these funds will be notified of the final reallotment amount redistributed to them for FY26. This decision will also be published in the **Federal Register**.

The FY25 LIHEAP funds ACF preliminarily expects to become available for reallotment determination, come from the following recipients in the following amounts:

Name of recipient that has block grant funds to be returned for reallotment	Preliminary amount available for reallotment ¹
Alaska	\$258,497
Absentee Shawnee Tribe	2,478
Alabama-Quassarte Tribal Town	12,595
Sitka Tribe Of Alaska	25,391
Ponca Tribe Of Oklahoma	26,304
Karuk Tribe of California	32,265
Kalispel Indian Community of the Kalispel Reservation	5,284
Sac & Fox Nation	2,792
Nanticoke Lenni-Lenape Indians of NJ,	50,587
Hoh Indian Tribe	5,114
Salt River Pima-Maricopa Indian Community	5,052
Kickapoo Tribe of Oklahoma	2,828
Monacan Indian Nation	20,195
Mississippi Band of Choctaw Indians	15,976
Nooksack Tribe	5,441
Poarch Band of Creek Indians	49,986
Standing Rock Sioux Tribe	638,197
Mowa Band of Choctaw Indians	88,421
Pleasant Point Indian Reservation	122,023
Confederated Tribes Of Warm Springs Reservation Of Oregon	77,481
Inter Tribal Council of Michigan Inc	9,495
Jicarilla Apache Nation	19,004
White Mountain Apache	101,103
Colorado River Indian Tribes	947
Northern Arapaho Tribe	16,828
Oglala Sioux Tribe	369,377
Eastern Shoshone Tribe	70,093
Paiute Indian Tribe of Utah	11,991
Confederated Tribes and Bands of Yakama Nation	118,386
Three Affiliated Tribes	376,883