SAMHSA is currently developing a national framework for independent CCBHC accreditation which is expected to:

1. Evaluate and approve independent accrediting bodies through a formal application and review process to ensure alignment with SAMHSA's established standards.
2. Transition CCBHC–E grant recipients who are not certified by their state under a Medicaid CCBHC program from self-attestation to independent accreditation.
3. Establish a structured system for ongoing federal oversight and coordination of approved accrediting bodies to ensure continued adherence to federal standards and to address disputes, appeals and conflicting determinations.
4. Provide targeted technical assistance and implementation support to states, CCBHCs, accrediting bodies, and other stakeholders to ensure effective operation of the CCBHC accreditation system.

SAMHSA seeks public input on the standards, processes, oversight mechanisms, timing, and supports needed to implement this accreditation system effectively. SAMHSA invites comments on the below areas. Respondents may address any or all topics and provide additional information beyond the questions listed.

Standards and Requirements for Accrediting Bodies

- What elements should SAMHSA include in the standards governing accrediting bodies and their CCBHC accreditation processes?
- What specific aspects of the CCBHC model should be emphasized in accreditation?
- What expectations should SAMHSA establish for accrediting bodies in terms of their processes, basis for decision-making, fees and time frames for communications?
- What staffing, qualifications, and expertise should be required for accrediting bodies and/or for individuals conducting accreditation reviews?

Accreditation Process, Oversight and Compliance

- How can accreditation support continuous quality improvement at both the clinic and state levels?
- How can SAMHSA reduce administrative burden and cost for CCBHCs and states while supporting efficient and high-quality accreditation processes?
- How should SAMHSA structure oversight of accrediting bodies, including monitoring, reporting and coordination with states and providers?
- What data infrastructure would help support a federal accreditation system?
- How should SAMHSA approach appeals, disputes, or conflicting determinations between state certification and independent accreditation findings?
- How should SAMHSA address situations where CCBHCs are found out of compliance through accreditation?

a. Under what circumstances should SAMHSA prioritize remediation and within what timeframes?

b. Under what circumstances should accrediting bodies deny accreditation?

c. Should failure to achieve or maintain accreditation affect CCBHC–E grant funding, and if so, how?

- How should designated collaborating organizations be evaluated and included in accreditation site visits?

Timing and Logistics of Implementation

- What considerations should inform the timing of SAMHSA's application and approval process for accrediting bodies?
- How much time would providers need to prepare for accreditation, and what factors should SAMHSA consider when determining launch timelines?
- What timing considerations should apply to CCBHC–E grant recipients not certified by their states?
- Should SAMHSA consider provisional attestation, phased implementation, or other transition strategies for introducing accreditation?

State Coordination

- How can SAMHSA best partner with CCBHC-certifying states during accreditation implementation?
- How should SAMHSA address scenarios where state certification decisions differ from accreditation findings?

Technical Assistance and Support

- What technical assistance and support would be most helpful for CCBHCs, states, accrediting bodies, and other stakeholders?
- What forms of TA-such as consultation, webinars, readiness tools, or checklists- would be most valuable?

Additional Feedback

- What additional considerations, concerns, or recommendations should SAMHSA consider in developing and implementing an independent CCBHC accreditation system?
- Are there experiences or examples from accreditation or certification processes in other sectors that may inform SAMHSA's approach?

Responses to this request for information will inform SAMHSA's development of standards, processes, oversight mechanisms, and technical assistance strategies for an independent CCBHC accreditation system. SAMHSA may use the information received to develop future guidance, program requirements, or related policy materials.

Carlos Castillo,

Program Management Officer, Committee Management Office.

[FR Doc. 2026–12883 Filed 6–25–26; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration (SAMHSA)

Agency Information Collection Activities: Proposed Collection; Comment Request Proposed Project: Request To Publish the 30-Day Notices in the Federal Register To Solicit Public Comment on Information Collection for the Continued Approval and Updates for the Protection and Advocacy for Individuals With Mental Illness (PAIMI)—Revised Annual Program Performance Report (PPR)—OMB No. 0930–0169— DECISION

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, 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, email the SAMHSA Reports Clearance Officer at: *samhsapra@samhsa.hhs.gov.*

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 leveraging automated data collection techniques or other forms of information technology.

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for changes to the revised annual PPR, PPR Instructions, and the ACR for the PAIMI program. The OMB clearance

for the current 2023–2025 PPR, PPR Instructions, and ACR (0930–0169) will expire on July 31, 2026.

The protection and advocacy (P&A) systems were established under the Developmental Disabilities Act of 1975 [42 U.S.C. 15001 *et seq.,* as amended in 2000]. The amendments of 2000 require the Secretary of Health and Human Services submit a biennial report on disabilities to the President, Congress, and the National Council on Disability. The Secretary's report is prepared by the Administration on Intellectual and Developmental Disabilities (AIDD), within the Administration on Community Living. The PPR, which includes an ACR, contains information from the PAIMI grantees on the types of activities and services they provided on behalf of PAIMI-eligible individuals. SAMHSA aggregates this information into a biennial summary report that AIDD includes in an appendix to the Secretary's biennial report on disabilities.

The PAIMI Act at 42 U.S.C. 10805(7) requires that each P&A system prepare and transmit a report to the Secretary HHS and to the head of its state mental health agency, on January 1. This report describes the activities, accomplishments, and expenditures of the system during the most recently completed fiscal year, including a section prepared by the advisory council (the PAIMI Advisory Council or PAC) that describes the activities of the council and its independent assessment of the operations of the system.

The PAIMI Act at 42 U.S.C. 10801 *et seq.,* authorized funds to the same protection and advocacy (P&A) systems created under the Developmental Disabilities Assistance and Bill of Rights Act of 1975, known as the DD Act (as amended in 2000, 42 U.S.C. 15001 *et seq.*]. The DD Act supports the Protection and Advocacy for Developmental Disabilities (PADD) Program administered by the Administration on Intellectual and Developmental Disabilities (AIDD) within the Administration on Community Living. AIDD is the lead federal P&A agency. The PAIMI Program supports the same governor-designated P&A systems established under the DD Act by providing legal-based individual and systemic advocacy services to individuals with significant (severe) mental illness (adults) and significant (severe) emotional impairment (children/youth) who are at risk for abuse, neglect and other rights violations while residing in a care or treatment facility.

In 2000, the PAIMI Act amendments created a 57th P&A system—the American Indian Consortium (the Navajo and Hopi Tribes in the Four Corners region of the Southwest). The American Indian Consortium can only be funded if the total funding for the PAIMI program is at least $25,000,000, according to 10822(a)(2)(D) The Act, at 42 U.S.C. 10804(d), states that a P&A system may use its allotment to provide representation to individuals with mental illness, as defined by section 42 U.S.C. 10804 (4) residing in the community, including their own home, *only,* if the total allotment under this title for any fiscal year is $30,000,000 or more. *If funding falls below $30,000,000*, PAIMI programs *must* give priority to representing PAIMI-eligible individuals, as defined by 42 U.S.C. 10802(4)(A) and (B)(i).

The Children's Health Act of 2000 (CHA) also referenced the state P&A system authority to obtain information on incidents of seclusion, restraint and related deaths [see, CHA, Part H at 42 U.S.C. 290ii–1]. PAIMI Program formula grants awarded by SAMHSA go directly to each of the 57 governor-designated P&A systems. These systems are located in each of the 50 states, the District of Columbia, the American Indian Consortium, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

SAMHSA proposes minimal changes to the current PPR/ACR to comply with all current Executive Orders and SAMHSA Strategic Priorities. The minimal changes to the current PPR/ ACR included the following revisions:

- Replaced the word ''Gender'' with ''Sex'';
- Maintained only the ''male'' and ''female'' response options for the question on ''sex of PAC members'' and removed other response options;
- Removed sexual orientation question from the annual program performance report;
- Removed a paragraph on ''Gender Identity'' and ''Sexual Orientation'' in the ''Section A: General Program Information'' of PAIMI PPR instructions; and
- Removed the words: culture, cultural barriers, diversity, disadvantaged individuals, individuals with English proficiency, and underserved and unserved populations.

The current report formats will be effective starting with FY 2026 PPR reports due on January 1, 2027. This request ensures the annual PAIMI PPR and ACR are approved for a three-year cycle until 2029.

Estimates of Annualized Hour Burden

The annual burden estimate is as follows:

Instrument/activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Hourly wage rate ($)	Total hour cost ($)
PAIMI PPR	57	1	57	20	1,140	$38.74	$44,164
PAIMI ACR	57	1	57	10	570	38.74	22,082
Total	114		114		1,710		66,246

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to: *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2026–12977 Filed 6–25–26; 8:45 am]

BILLING CODE 4162–20–P