

and U. More specifically, § 423.2006 of the Part D appeals rules discusses the AIC threshold amounts for ALJ hearings and judicial review. Sections 423.2002 and 423.2006 grant a Part D enrollee who is dissatisfied with the independent review entity (IRE) reconsideration determination a right to an ALJ hearing if the amount remaining in controversy after the IRE reconsideration meets the threshold amount established annually by the Secretary, and other requirements set forth in § 423.2002. Sections 423.2006 and 423.2136 allow a Part D enrollee to request judicial review of an ALJ or Medicare Appeals Council decision if the AIC meets the threshold amount established annually by the Secretary, and other requirements are met as set forth in these provisions.

**II. Provisions of the Notice—Annual AIC Adjustments**

**A. AIC Adjustment Formula and AIC Adjustments**

Section 1869(b)(1)(E) of the Act requires that the AIC threshold amounts be adjusted annually, beginning in January 2005, by the percentage increase in the medical care component of the CPI for all urban consumers (U.S. city average) for July 2003 to July of the year preceding the year involved and rounded to the nearest multiple of \$10.

**B. Calendar Year 2022**

The AIC threshold amount for ALJ hearings will remain at \$180 and the AIC threshold amount for judicial review will remain at \$1,760 for CY 2022. These amounts are based on the 76.149 percent increase in the medical care component of the CPI, which was at 297.600 in July 2003 and rose to

524.219 in July 2021. The AIC threshold amount for ALJ hearings changes to \$176.15 based on the 76.149 percent increase over the initial threshold amount of \$100 established in 2003. In accordance with section 1869(b)(1)(E)(iii) of the Act, the adjusted threshold amounts are rounded to the nearest multiple of \$10. Therefore, the CY 2022 AIC threshold amount for ALJ hearings is \$180.00. The AIC threshold amount for judicial review changes to \$1,761.49 based on the 76.149 percent increase over the initial threshold amount of \$1,000. This amount was rounded to the nearest multiple of \$10, resulting in the CY 2022 AIC threshold amount of \$1,760.00 for judicial review.

**C. Summary Table of Adjustments in the AIC Threshold Amounts**

In the following table we list the CYs 2018 through 2022 threshold amounts.

	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
ALJ Hearing .....	\$160	\$160	\$170	\$180	\$180
Judicial Review .....	1,600	1,630	1,670	1,760	1,760

**III. Collection of Information Requirements**

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

**Vanessa Garcia**,  
*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Mental Health Care Services for Unaccompanied Children (New Collection)**

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is inviting public comments on the proposed collection. The request consists of several forms that allow the Unaccompanied Children (UC) Program to provide mental health care services to UC.

**DATES:** *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES:** 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](http://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.

**SUPPLEMENTARY INFORMATION:**

*Description:* ORR received several comments on this information collection in response to the **Federal Register** Notice published on January 7, 2021, (86 FR 1114) and has provided responses to those comments in its final submission to OMB. UC Path is critical to program operations and it is important that rollout of the new system not be delayed. Therefore, the below description details what will be included in the initial launch of the UC Path case management system and revisions based on public comments will be made after initial launch. ORR plans to conduct a deliberative review of commenters’ suggestions and concerns and submit a request for revisions to this information collection request in January 2022. The upcoming information collection request will also include revisions based on feedback from UC Path system users (*i.e.*, ORR grantee, contractor, and federal staff).

1. *Initial Mental Health Evaluation (Form MH-1):* This instrument is used by clinicians to document the UC’s mental state upon arrival to the care provider facility. It includes an

assessment of the UC’s current mental state, psychiatric history, and substance use history.

2. *Columbia Suicide Severity Rating Scale (SSRS) Risk Assessment (Form MH-2)*: This instrument is used by clinicians to assess suicide risk for UC who verbalize or demonstrate suicidal thoughts or behavior. It is a shorter version of the standard Columbia SSRS used to triage mental health care for UC, a tool designed to support suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The Columbia SSRS includes the most essential, evidence-supported questions required for a thorough assessment. Further information about the Columbia SSRS can be found at <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>.

3. *Mental Health Group Event (Form MH-3)*: This instrument is used by clinicians to document group counseling or community meetings held at the care provider program.

4. *Clinical Contact Log (Form MH-4)*: This instrument is used by clinicians to document the following mental health

services: Individual counseling, group counseling, community meetings, family counseling sessions, screenings/evaluations, and collateral contact with services providers involved in the UC’s case. Mental Health Group Events (Form MH-3) may be linked to a Clinical Contact Log entry.

5. *Mental Health Referral (Form MH-5)*: This instrument is used by clinicians and/or medical coordinators to refer a UC for community-based mental health care services (assessments/evaluations, psychotherapy, medical referrals, and treatment); acute and long-term psychiatric hospitalizations; and referrals to out-of-network residential treatment centers.

6. *Mental Health Service Report (Form MH-6)*: This instrument is used by clinicians and/or medical coordinators to document the provision of community-based mental health care services (assessments/evaluations, psychotherapy, medical referrals, and treatment); acute and long-term psychiatric hospitalizations; and referrals to out-of-network residential

treatment centers. In addition, the UC interview portion of the Out-of-Network Site Visit Report (Form M-3B), which is part of a different information collection request, is accessible from within this instrument.

7. *Mental Health Task (Form MH-7)*: This instrument is auto-generated to create reminders for clinicians and/or medical coordinators of tasks that must be completed. Clinicians and/or medical coordinators may edit the instrument after it is generated.

*Revisions:*

1. ORR plans to replace the term “unaccompanied alien child (UC)” with “unaccompanied child (UC)” throughout the instruments in this collection. The revision in terminology will be made before the UC Path system is launched.

2. ORR plans to remove the term “alien” from the title of this information collection and revise it to read “Mental Health Care Services for Unaccompanied Children.”

*Respondents:* ORR grantee and contractor staff, and UC.

ANNUAL BURDEN ESTIMATES

Instrument	Annual total number of respondents	Annual total number of responses per respondent	Average burden minutes per response	Annual total burden hours
Initial Mental Health Evaluation (Form MH-1) .....	216	241	60	52,056
Columbia SSRS Risk Assessment (Form MH-2) .....	216	5	45	810
Mental Health Group Event (Form MH-3) .....	216	156	10	5,616
Clinical Contact Log (Form MH-4) .....	216	11,194	10	402,984
Mental Health Referral (Form MH-5) .....	216	24	45	3,888
Mental Health Service Report (Form MH-6) .....	216	31	45	5,022
Mental Health Task (Form MH-7) .....	216	55	5	990
Estimated Annual Burden Hours Total: .....	.....	.....	.....	471,366

*Authority:* 6 U.S.C. 279; 8 U.S.C. 1232; *Flores v. Reno Settlement Agreement*, No. CV85-4544-RJK (C.D. Cal. 1996).

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

Administration for Children and Families

Submission for OMB Review; Release of Unaccompanied Children From ORR Custody (OMB #0970-0552)

AGENCY: Office of Refugee Resettlement, Administration for Children and

Families, Department of Health and Human Services.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is inviting public comments on revisions to an approved information collection. The request consists of several forms that allow the Unaccompanied Children (UC) Program to process release of UC from ORR custody and provide services after release.

**DATES:** *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment

is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES:** 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](http://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.

**SUPPLEMENTARY INFORMATION:**  
*Description:* ORR received several comments on this information collection in response to the **Federal Register** Notice published on February 25, 2021, (86 FR 11536) and has provided responses to those comments in its final submission to OMB. UC Path is critical to program operations, and it