

participate in delivery system reform efforts in the future.

Collaboration between the Office of the National Coordinator for Health Information Technology (ONC) and SAMHSA on this data collection effort will provide an efficient manner to track trends in health IT adoption, use, and interoperability among behavioral health care providers. In addition, this collaboration will contribute to the development of strategic efforts to leverage health IT in behavioral health care settings to provide cost effective, high quality and patient-centered care. Results from this testing will allow ONC and SAMHSA to work together to quantitatively assess health IT adoption and interoperability among behavioral

health care providers using SAMHSA's current national surveys, the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS).

The information obtained from these efforts will be used to develop a new set of questions on the use and implementation of EHRs in behavioral health facilities for the N-SSATS and the N-MHSS surveys. Specifically, the information from the testing will be used to reduce respondent burden while simultaneously improving the quality of the data collected in these surveys.

Data from this testing will be collected mostly via telephone interviews, and few cases conducted

with in-person interviews. Results of this test will not be disseminated or used to inform policy, program, or budget decisions. Findings will be shared between ONC and SAMHSA staff to decide how the tested questions will be incorporated in the surveys.

It is estimated that the total burden for this project is 40 hours, based on a maximum of 80 interviews with an average of 30 minutes per interview.

The request for OMB seeks approval to conduct this testing of EHR questions during the Fall of 2018 for possible implementation starting in 2020.

The total estimated burden for this study is 39.2 hours for the period from September through December 2018.

Survey	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Interviews	80	1	80	.50	40

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, MD 20857 OR email a copy at summer.king@samhsa.hhs.gov. Written comments should be received by September 25, 2018.

Summer King,
Statistician.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

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, the Substance Abuse and Mental Health Services Administration (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, call the SAMHSA Reports Clearance Officer at (240) 276-1243.

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 through the use of automated collection techniques or other forms of information technology.

Proposed Project: National Survey of Substance Abuse Treatment Services (N-SSATS) (OMB No. 0930-0106)—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting a revision of the National Survey of Substance Abuse Treatment (N-SSATS) data collection (OMB No. 0930-0106), which expires on December 31, 2018. N-SSATS provides both national and state-level data on the numbers and types of patients treated and the characteristics of facilities providing substance abuse treatment services. It is conducted under the authority of Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) to meet the specific mandates for annual information about public and private substance abuse treatment providers and the clients they serve.

This request includes:

- Collection of N-SSATS, which is an annual survey of substance abuse treatment facilities; and
- Updating of the Inventory of Behavioral Health Services (I-BHS) which is the facility universe for the N-SSATS as well as the annual survey of

mental health treatment facilities, the National Mental Health Services Survey (N-MHSS). The I-BHS includes all substance abuse treatment and mental health treatment facilities known to SAMHSA. (The N-MHSS data collection is covered under OMB No. 0930-0119.)

The information in I-BHS and N-SSATS is needed to assess the nature and extent of these resources, to identify gaps in services, and to provide a database for treatment referrals. Both I-BHS and N-SSATS are components of the Behavioral Health Services Information System (BHSIS).

The request for OMB approval will include a request to update the I-BHS facility listing on a continuous basis and to conduct the N-SSATS and the between cycle N-SSATS (N-SSATS BC) in 2019, 2020, and 2021. The N-SSATS BC is a procedure for collecting services data from newly identified facilities between main cycles of the survey and will be used to improve the listing of treatment facilities in the online Behavioral Health Treatment Services Locator.

Planned Changes

I-BHS: Only minor form changes corresponding with updated technology are planned.

N-SSATS: The N-SSATS with client counts will continue to be conducted in alternate years, as in the past, and the Treatment Locator will be updated monthly.

Version A (2019 and 2021)

The following items have been added compared to the 2017 N-SSATS:

Add questions about: Where clients obtain their medications for opioid use disorder if they originate elsewhere; how facilities treat alcohol use disorder; where clients obtain their medications for alcohol use disorder if they originate elsewhere; whether the facility only treats alcohol use disorder; detoxification from opioids of abuse with lofexidine or clonidine; the percent of clients on MAT for opioid use disorder that receive maintenance services, detoxification, and relapse prevention; testing for metabolic syndrome; drug and alcohol oral fluid testing; professional interventionist/educational consultant; recovery coach; vocational training or educational support; Naloxone and overdose education; “Outcome follow-up after discharge” which was moved from another question; medications for HIV treatment; medications for Hepatitis C treatment; the medications lofexidine and clonidine; Hepatitis A and B vaccinations; Buprenorphine (*extended-release, injectable, for example, Sublocade®*); clients with co-occurring pain and substance use; Federally Qualified Health Centers (FQHC); Disulfiram, Naltrexone, or Acamprosate for alcohol use disorder for outpatient, inpatient, and residential. Also, response categories were added to select that services are not provided, and for medication services provided, an “other” category was added.

The following items have been deleted compared to the 2017 N-SSATS: Questions about religious affiliation, standard operating procedures, outpatient capacity, how (paper/electronic/both) a facility performs selected activities, and the item asking about Access To Recovery (ATR) client payments have been deleted.

The following additional changes have been made compared to the 2017 N-SSATS: Removed the asterisk from

the question about primary focus of facilities, which means the information will no longer be published on the N-SSATS treatment locator; reorganized the question about services offered; moved the question on types of counseling to the question about services offered; changed the wording from Screening for Hepatitis B and C to Testing for Hepatitis B and C; changed “Screening for mental health disorders” to “Screening for mental disorders”; changed the question about clinical/therapeutic approaches to a “mark all that apply” format; changed the wording from “Computerized substance abuse treatment/telemedicine” to “Telemedicine/telehealth”; changed the question wording about the number of outpatient clients so it states, “As of March 29, 2019, how many active clients were receiving each of the following outpatient substance abuse services at this facility?” and changed the instructions to state “An active client is a client who received treatment in March and is still enrolled in treatment on March 29, 2019.”; and changed the question about halfway houses so it states, “Does this facility operate transitional housing, a halfway house, or a sober home for substance abuse clients at this location, that is, the location listed on the front cover?”

For the question about how facilities treat opioid use disorder, information was added about the question that states, “For this question, MAT refers to any or all of these medications unless specified.” Also, category 5 was reworded to say “This facility administers naltrexone to treat opioid use disorder. Naltrexone use is authorized through any medical staff who have prescribing privileges.” In addition, a category was added, “This facility prescribes buprenorphine to treat opioid use disorder. Buprenorphine use is authorized through a DATA 2000 waived physician, physician assistant, or nurse practitioner.” Finally, for the last option, the wording was changed to “This facility is a *federally-certified*

Opioid Treatment Program (OTP). (Most OTPs administer/dispense methadone; some only use buprenorphine.)”

Version B (2020)

All changes to the 2019 N-SSATS were made for the 2020 N-SSATS except: Add the question asking if a facility is part of an organization with multiple facilities or sites, and if applicable, the question asking information about the parent site; remove the question about the percent of clients on MAT for opioid use disorder that receive maintenance services, detoxification, and relapse prevention; All of Section B (Reporting Client Counts) has been deleted which includes: How the facility will complete client counts; number of facilities in client counts; names and addresses of additional facilities reported for; number of hospital inpatient client counts by category, by number under age 18, number receiving methadone, buprenorphine, or naltrexone, and number of dedicated beds; number of residential client counts by category, by number under age 18, and number receiving methadone, buprenorphine, or naltrexone, and number of dedicated beds; number of outpatient client counts by category, by number under age 18, and number receiving methadone, buprenorphine, or naltrexone; type of substance abuse problem, percent of co-occurring clients; and 12-month admissions; remove questions about how many hospital inpatients, residential clients, and outpatient clients received Disulfiram, Naltrexone, and Acamprosate for alcohol use disorder; and add several new electronic health record questions.

N-SSATS (Between Cycles—BC)

The same changes to the 2020 N-SSATS (Version B) are requested for the N-SSATS BC except the electronic health record questions will not be added.

Estimated annual burden for the BHSIS activities is shown below:

Type of respondent and activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
STATES:					
I-BHS Online ¹	56	75	4,200	0.08	336
State Subtotal	56	.....	4,200	.....	336
FACILITIES:					
I-BHS application ²	800	1	800	0.08	64
Augmentation screener	1,300	1	1,300	0.08	104
N-SSATS questionnaire	17,000	1	17,000	0.66	11,333
N-SSATS BC	1,000	1	1,000	0.58	580
Facility Subtotal	20,100	.....	20,100	.....	12,081

Type of respondent and activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Total	20,156	.....	24,300	.....	12,417

¹ States use the I-BHS Online system to submit information on newly licensed/approved facilities and on changes in facility name, address, status, etc.

² New facilities complete and submit the online I-BHS application form in order to get listed on the Inventory.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E57B, Rockville, MD 20852 OR email a copy at summer.king@samhsa.hhs.gov. Written comments should be received by September 25, 2018.

Summer King,
Statistician.

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ADVISORY COUNCIL ON HISTORIC PRESERVATION

Notice of Amendments to the Program Comment for the U.S. General Services Administration on Select Envelope and Infrastructure Repairs and Upgrades to Historic Public Buildings

AGENCY: Advisory Council on Historic Preservation.

ACTION: Notice.

SUMMARY: The Advisory Council on Historic Preservation (ACHP) has approved amendments to the Program Comment for the U.S. General Services Administration (GSA) that sets forth the way in which GSA complies with Section 106 of the National Historic Preservation Act for select repairs and upgrades to windows, lighting, roofing, and heating, ventilating, and air conditioning (HVAC) systems within historic public buildings. The amendments extend the life of the Program Comment through August 1, 2033, and update its reporting requirements.

DATES: The amendments took effect on July 27, 2018.

ADDRESSES: Address any questions concerning the amendments to Kirsten Kulis, Office of Federal Agency Programs, Advisory Council on Historic Preservation, 401 F Street NW, Suite 308, Washington, DC 20001.

FOR FURTHER INFORMATION CONTACT: Kirsten Kulis, (202) 517-0217, kkulis@achp.gov.

SUPPLEMENTARY INFORMATION: Section 106 of the National Historic Preservation Act requires federal agencies to consider the effects of their undertakings on historic properties and

to provide the Advisory Council on Historic Preservation (ACHP) a reasonable opportunity to comment with regard to such undertakings. The ACHP has issued the regulations that set forth the process through which Federal agencies comply with these duties. Those regulations are codified under 36 CFR part 800 (Section 106 regulations).

Under Section 800.14(e) of those regulations, agencies can request the ACHP to provide a “Program Comment” on a particular category of undertakings in lieu of conducting individual reviews of each individual undertaking under such category, as set forth in 36 CFR 800.4 through 800.7. An agency can meet its Section 106 responsibilities with regard to the effects of particular aspects of those undertakings by taking into account an applicable Program Comment and following the steps set forth in that comment.

On August 7, 2009, the ACHP issued such a Program Comment, for use by the General Services Administration (GSA), regarding repairs and upgrades to windows, lighting, roofing, and heating, ventilating, and air conditioning. Under the Program Comment, such repairs are undertaken using GSA’s Technical Preservation Guidelines (<https://www.gsa.gov/node/80914>), and are limited to those that do not adversely affect the qualities that qualify a subject historic building for listing in the National Register of Historic Places.

That Program Comment was set to expire on August 1, 2018. Earlier this year, GSA requested the ACHP to extend its term for fifteen (15) years, until August 1, 2033, and to de-couple its reporting requirements from those that occur under Section 3 of Executive Order 13287.

In late May 2018, after GSA requested consideration of such amendments, the ACHP held a conference call with the National Conference of State Historic Preservation Officers and the National Park Service (Technical Preservation Services). In late June 2018, ACHP emailed its members and other stakeholders requesting comments. Perhaps given the limited nature of the Program Comment itself and the straightforwardness of the proposed amendments, ACHP did not receive any substantive comments. The non-

substantive comments received were incorporated and are reflected in final amended version (see below).

The ACHP membership voted unanimously to adopt the mentioned amendments on July 20, 2018.

What follows is the text of the Program Comment, incorporating the adopted amendments:

Program Comment for General Services Administration Repairs and Upgrades to Windows, Lighting, Roofing, and Heating, Ventilating, and Air-Conditioning (HVAC), as Amended

I. Establishment and Authority: This Program Comment was issued by the Advisory Council on Historic Preservation (ACHP) as “Program Comment for General Services Administration Repairs and Upgrades to Windows, Lighting, Roofing, and Heating, Ventilating, and Air-Conditioning (HVAC)” on August 7, 2009, pursuant to 36 CFR 800.14(e). It provides the General Services Administration (GSA) with an alternative way to comply with its responsibilities under Section 106 of the National Historic Preservation Act, 54 U.S.C. 306108, and its implementing regulations, 36 CFR part 800 (Section 106), with regard to the effects of repairs and upgrades to windows, lighting, roofing, and heating, ventilating and air conditioning (HVAC) systems (Repairs/Upgrades) that follow the appended GSA Technical Preservation Guidelines (Guidelines). The appended Guidelines have been reviewed by the National Park Service, which confirms that they are in keeping with the Secretary of the Interior’s Standards on Rehabilitation. This Program Comment was amended in July 2018 to, among other things, extend its duration to August 1, 2033.

II. Applicability to General Services Administration: Only GSA may use this Program Comment.

III. Date of Effect: This Program Comment went into effect on August 7, 2009 and was amended in July 2018.

IV. Use of This Program Comment To Comply With Section 106 Regarding the Effects of the Repairs and Upgrades:

(1) GSA may comply with Section 106 regarding the effects of Repairs/Upgrades on historic properties by: