

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 Acamprostate 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
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.

Written comments and recommendations concerning the proposed information collection should be sent by October 31, 2018 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB’s receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory

Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,
Statistician.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Testing of Electronic Health Records Questions for the National Survey of Substance Abuse Treatment Services (N–SSATS) and the National Mental Health Services Survey (N–MHSS)—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), is requesting approval for conducting cognitive testing on the use of electronic health records (EHRs) by substance abuse and mental health treatment facilities in the United States. The final goal of this cognitive testing is to incorporate questions on electronic health records to SAMHSA’s National Survey of Substance Abuse Treatment Services (N–SSATS) and the National Mental Health Services Survey (N–MHSS).

Currently, there is a lack of national level data that exists on behavioral health care providers’ progress toward interoperability. The National Council

for Behavioral Health in 2011/2012 conducted a survey to determine health information technology (IT) readiness. This data focused only on the membership of the National Council for Behavioral Health and does not provide national baseline data on the four domains of interoperability that are outlined in the Interoperability Roadmap (finding, sending, receiving and integrating data into EHRs) for behavioral health care providers. Currently, these providers are not eligible to participate in interoperability driving efforts such as the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) initiative. However, some behavioral health providers may be eligible in the future to participate in value-based payment initiatives such as the Merit-Based Incentive Payment System (MIPS). Measuring and reporting the state of interoperability will help to determine the type of support these providers need and their readiness to 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

Written comments and recommendations concerning the proposed information collection should be sent by October 31, 2018 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA_Submission@omb.eop.gov*. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,
Statistician.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID: FEMA-2018-0025; OMB No. 1660-0040]

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Standard Flood Hazard Determination Form

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency (FEMA) will submit the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission will describe the nature of the information collection, the categories of respondents, the estimated burden (*i.e.*, the time, effort and resources used by respondents to respond) and cost, and the actual data collection instruments FEMA will use.

DATES: Comments must be submitted on or before October 31, 2018.

ADDRESSES: Submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the Desk Officer for the Department of Homeland Security, Federal Emergency Management Agency, and sent via electronic mail to *dhsdeskofficer@omb.eop.gov*.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection should be made to Director, Information Management Division, 500 C Street SW, Washington, DC 20472, email address *FEMA-Information-Collections-Management@fema.dhs.gov* or Susan Bernstein, Insurance Specialist, FIMA, Marketing and Outreach Branch, (202) 701-3595.

SUPPLEMENTARY INFORMATION: This proposed information collection previously published in the **Federal Register** on June 29, 2018 at 83 FR 30758 with a 60-day public comment period. No public comments were received. The purpose of this notice is to notify the public that FEMA will submit the information collection