

(#0915–0342 and #0915–0367). The FTE resident assessment forms and exhibits currently approved for use by the CHGME Payment Program under OMB clearance #0915–0247 will be reviewed or completed by the fiscal

intermediaries during the audit of the FTE residents reported by the teaching health centers participating in the THCGME Program. The FTE resident assessment forms and exhibits are submitted to HRSA for approval. The

fiscal intermediaries currently reviewing or completing the forms and exhibits during the audit of children’s hospitals will use the same forms and exhibits during the audit of teaching health centers.

Total estimated annualized burden hours: form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Application Cover Letter (CHGME Initial and Reconciliation) .....	60	2	120	0.33	39.6
HRSA 99 Form (CHGME Initial and Reconciliation) .....	60	2	120	0.33	39.6
HRSA 99–1 Form (CHGME Initial) .....	60	1	60	26.50	1,590.0
HRSA 99–1 Form (CHGME Reconciliation) .....	60	1	60	6.50	390.0
HRSA 99–1 (Supplemental) (CHGME FTE Resident Assessment Only) .....	30	2	60	3.67	220.2
HRSA 99–2 Form (CHGME Initial) .....	60	1	60	11.33	679.8
HRSA 99–2 Form (CHGME Reconciliation) .....	60	1	60	3.67	220.2
HRSA 99–4 Form (CHGME Reconciliation) .....	60	1	60	12.50	750.0
HRSA 99–5 Form (Initial and Reconciliation) .....	60	2	120	0.33	39.6
CFO Form Letter (CHGME Initial and Reconciliation) .....	60	2	120	0.33	39.6
Exhibit 2 (CHGME Initial and Reconciliation) .....	60	2	120	0.33	39.6
Exhibit 3 (CHGME Initial and Reconciliation) .....	60	2	120	0.33	39.6
Exhibit 4 (CHGME Initial and Reconciliation) .....	60	2	120	0.33	39.6
Conversation Record (CHGME FTE Resident Assessment Only) .....	30	2	60	3.67	220.2
Exhibit C (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit E (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit F (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit N (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit O(1) (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit O(2) (HRSA 99–1) (CHGME FTE Resident Assessment Only) .....	30	2	60	26.5	1590.0
Exhibit P (Reconciliation Tool) (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit P(2) (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit S (CHGME and THCGME FTE Resident Assessment) .....	30	4	120	3.67	440.4
Exhibit T (CHGME FTE Resident Assessment Only) .....	30	2	60	3.67	220.2
Exhibit T(1) (CHGME FTE Resident Assessment Only) .....	30	2	60	3.67	220.2
Exhibit 1 (CHGME FTE Resident Assessment Only) .....	30	2	60	0.33	19.8
Exhibit 2 (CHGME FTE Resident Assessment Only) .....	30	2	60	0.33	19.8
Exhibit 3 (CHGME FTE Resident Assessment Only) .....	30	2	60	0.33	19.8
Exhibit 4 (CHGME FTE Resident Assessment Only) .....	30	2	60	0.33	19.8
<b>Total .....</b>	<b>* 90</b>	<b>.....</b>	<b>** 180</b>	<b>.....</b>	<b>9,980.4</b>

\* The total respondents are 90 because children’s hospitals (60) and fiscal intermediaries (30) are completing the forms.

\*\* The total responses are 180 because children’s hospitals (60), fiscal intermediaries for the CHGME audits (60), and the THCGME audits (60) are completing the forms.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2025–09518 Filed 5–27–25; 8:45 am]

**BILLING CODE 4165–15–P**

**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) 276-0361.

**Project: Training and Technical Assistance (TTA) Program Monitoring**

The Substance Abuse and Mental Health Administration (SAMHSA) will monitor program performance of its Training and Technical Assistance (TTA) programs. The TTAs disseminate current behavioral health services research from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Mental Health, National Institute of Justice, and other sources, as well as other SAMHSA programs. To accomplish this, the TTA programs develop and update state-of-the-art, research-based curricula and professional development training.

The TTA programs hold a variety of events: technical assistance, meetings, trainings, and presentations. A TTA technical assistance event is defined as a jointly planned consultation generally involving a series of contacts between the TTA and an outside organization/institution during which the TTA provides expertise and gives direction toward resolving a problem or improving conditions. Technical assistance events can be categorized into universal, targeted, and intensive. Other

TTA events such as meetings, training, presentations, strategic planning and learning collaboratives are utilized to support technical assistance. These events are TTA-sponsored or co-sponsored events in which a group of people representing one or more agencies other than the TTAs work cooperatively on a project, problem, and/or policy. SAMHSA intends to use three (3) instruments for program monitoring of TTA events as well as ongoing quality improvement, which are described below.

1. *TTA Event Description Form (EDF)*: The EDF collects event information. The form includes 10 questions of TTA faculty/staff relating to the event focus and format. It allows the TTAs and SAMHSA to track the number of events held (See Attachment 1).

2. *TTA Post Event Form*: The Post Event Form will be administered immediately following the event. The form includes 16 questions of each individual that participated in the event (Attachment 2). The instrument asks the participants to report on general demographic information, principal employment setting, employment zip code, satisfaction with the event, if they expect the event to benefit them professionally, if they expect the event to change their practice and if they would recommend the event to a colleague.

3. *TTA Follow-up Form*: The Follow-up Form will be administered 60-days after all events that last a minimum of three (3) hours. The form will be administered to a minimum of 25% of participants who consent to participate in the follow-up process. The includes 13 questions (Attachment 3). The instrument asks the participants to report if the information provided in at the event benefited their professional development, will change their practice, if they will use the information in their future work, if information will be shared with colleagues, how the event supported their work responsibilities, how the TTA can improve the events, what other topics participants would like to see TTAs address and in what format.

The information collected on the three TTA forms will assist SAMHSA in documenting the numbers and types of participants in TTA events, describing the extent to which participants report improvement in their professional development, and which method is most effective in disseminating knowledge to various audiences. This type of information is crucial to support SAMHSA in complying with GPRA reporting requirements and will inform future development of knowledge dissemination activities.

The chart below summarizes the annualized burden for this project.

Type of respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total annual burden hours	Hourly wage cost	Total hour cost
<b>TTA Faculty/Staff</b>							
TTA Event Description Form ...	113	48	5,424	.16	867.84	\$28.89	\$25,071.90
<b>Meeting and Presentations Respondents</b>							
TTA Post-Event Form .....	300,057	1	300,057	.16	48,009.00	28.89	1,386,983.48
TTA Follow-up Form .....	13,566	1	13,566	.16	2,170.56	28.89	62,707.48
Total .....	313,736	.....	319,047	.....	51,047.40	.....	1,474,762.86

SUMMARY TABLE

Instruments	Number of respondents	Responses per respondents	Annual burden hours
TTA Event Description Form .....	113	48	867.84
TTA Post Event Form .....	300,057	1	48,009.00
TTA Follow up Form .....	13,566	1	2,170.56
Total .....	313,736	.....	51,047.40

Written comments and recommendations concerning the proposed information collection should be sent by June 27, 2025 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](mailto: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.

**Alicia Broadus,**  
Public Health Advisor.

[FR Doc. 2025–09491 Filed 5–27–25; 8:45 am]  
BILLING CODE 4162–20–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Submission for Office of Management and Budget (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 at (240) 276–0361.

**Project: Regulations To Implement SAMHSA’s Charitable Choice Statutory Provisions—42 CFR Parts 54 and 54a (OMB No. 0930–0242)—Revision**

Section 1955 of the Public Health Service Act (42 U.S.C. 300x–65), as amended by the Children’s Health Act of 2000 (Pub. L. 106–310) and Sections 581–584 of the Public Health Service Act (42 U.S.C. 290kk *et seq.*, as added by the Consolidated Appropriations Act (Pub. L. 106–554)), set forth various provisions which aim to ensure that religious organizations are able to compete on an equal footing for federal funds to provide substance use services. These provisions allow religious organizations to offer substance use services to individuals without impairing the religious character of the organizations or the religious freedom of the individuals who receive the services. The provisions apply to the Substance Use Prevention, Treatment,

and Recovery Services Block Grant (SUBG), to the Projects for Assistance in Transition from Homelessness (PATH) formula grant program, and to certain SAMHSA discretionary grant programs (programs that pay for substance use treatment and prevention services, not for certain infrastructure and technical assistance activities). Every effort has been made to assure that the reporting, recordkeeping, and disclosure requirements of the proposed regulations allow maximum flexibility in implementation and impose minimum burden.

No changes are being made to the regulations or the information collection provisions. A minor change reflecting current state reporting has been made to the annual burden estimates in 54.8(c)(4) resulting in total burden costs reported decreasing.

Information on how states comply with the requirements of 42 CFR part 54 was approved by OMB as part of the Substance Use Prevention and Treatment Block Grant FY 2019–2021 annual application and reporting requirements approved under OMB control number 0930–0168.

42 CFR citation and purpose	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hours
<b>Part 54—States Receiving SUBG and/or Projects for Assistance in Transition from Homelessness</b>					
Reporting:					
96.122(f)(5) Annual report of activities the state undertook to comply with 42 CFR Part 54.	60	1 .....	60	1	60
54.8(c)(4) Total number of referrals to alternative service providers reported by program participants to States (respondents).					
SUBG .....	7	7 (avg.) .....	47	1	47
PATH .....	10	5 .....	50	1	50
54.8(e) Annual report by PATH grantees on activities undertaken to comply with 42 CFR Part 54.	56	1 .....	56	1	56
Disclosure:					
54.8(b) Program participant notice to program beneficiaries of rights to referral to an alternative service provider.					
SUBG .....	60	1 .....	60	.05	3
PATH .....	56	1 .....	56	.05	3
Recordkeeping:					
54.6(b) Documentation must be maintained to demonstrate significant burden for program participants under 42 U.S.C. 300x–57 or 42 U.S.C. 290cc–33(a)(2).	60	1 .....	60	1	60
Part 54—Subtotal .....	116	.....	389	.....	279

**Part 54a—States, local governments and religious organizations receiving funding under Title V of the PHS Act for substance use prevention, treatment and recovery services**

Reporting:					
54a.8(c)(1)(iv) Program participant notification to state or local government of a referral to an alternative provider.	25	4 .....	100	.083	8
54a(8)(d) Program participant notification to SAMHSA of referrals. ( <i>Note:</i> This notification will occur during the course of the regular reports that may be required under the terms of the funding award)..	20	2 .....	40	.25	10
Disclosure:					
54a.8(b) Program participant notice to program beneficiaries of rights to referral to an alternative service provider.	1,460	1 .....	1,460	1	1,460