

approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. Type of Information Collection Request: Revision of a currently approved collection; **Title of Information Collection:** Annual State Report on CMS Value Based Purchasing Arrangements (VBP) Supplemental Rebate Agreements; **Use:** The reported data is being collected to safeguard against unnecessary utilization of such care and services and to assure that state payments to providers of Medicaid services are consistent with efficiency, economy, and quality of care. CMS will collect this data to ensure that VBP programs adopted by states continue to meet these standards. The revisions would add Puerto Rico and revise the annual report; **Form Number:** CMS–10722 (OMB control number: 0938–1385); **Frequency:** Yearly; **Affected Public:** State, Local, or Tribal Governments; **Number of Respondents:** 52; **Total Annual Responses:** 52; **Total Annual Hours:** 312. (For policy questions regarding this collection contact Whitney Swears at 410–786–6543.)

2. Type of Information Collection Request: Revision of a currently approved collection; **Title of Information Collection:** Transitional Pass through payments related to Drugs, Biologicals, and Radiopharmaceuticals to determine eligibility under the Outpatient Prospective Payment System; **Use:** Section 1833(t)(6)(D)(i) of the Act sets the payment rate for pass-through eligible drugs and biologicals (assuming that no pro rata reduction in pass-through payment is necessary) as the amount determined under section 1842(o) of the Act. Section 303(c) of Public Law 108–173 amended Title XVIII of the Act by adding new section 1847A. This new section establishes the use of the average sales price (ASP) methodology for payment for drugs and

biologicals described in section 1842(o)(1)(C) of the Act furnished on or after January 1, 2005. Therefore, as we stated in the November 15, 2004 **Federal Register** (69 FR 65776), in CY 2005, we will pay under the OPPS for drugs, biologicals and radiopharmaceuticals with pass-through status consistent with the provisions of section 1842(o) of the Act as amended by Public Law 108–173 at a rate that is equivalent to the payment these drugs and biologicals will receive in the physician office setting, and established in accordance with the methodology described in the CY 2005 Physician Fee Schedule final rule.

Interested parties such as hospitals, pharmaceutical companies, and physicians will apply for transitional pass-through payment for drugs, biologicals, and radiopharmaceuticals used with services covered under the hospital OPPS. After we receive all requested information, we will evaluate the information to determine if the criteria for making a transitional pass-through payment are met and if an interim healthcare common procedure coding system (HCPCS) code for a new drug, biological, or radiopharmaceutical is necessary. We will advise the applicant of our decision and update the hospital OPPS during its next scheduled quarterly update to reflect any newly approved drug, biological, or radiopharmaceutical. Based on experience gained in processing transitional pass-through and new technology applications, we have reworded some of the statements for clarity and have more clearly requested information in a format that will allow us to determine if the drug, biological, or radiopharmaceutical meets the cost significance test, as well as to estimate the associated pass-through payment amount. In addition, we have also eliminated the requirement for applicants to obtain a national Level II HCPCS code prior to seeking transitional pass-through payment eligibility or provide us with a copy of their application for a national HCPCS code, as we originally required in the April 7, 2000, final rule.

Form Number: CMS–10008 (OMB control number: 0938–0802); **Frequency:** Once; **Affected Public:** Private Sector, Business or other for-profit and Not-for-profit institutions; **Number of Respondents:** 40; **Total Annual Responses:** 40; **Total Annual Hours:** 640. (For policy questions regarding this

collection contact Kelcymarie Kelly at 667–290–8463).

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0421]

Submission for Office of Management and Budget Review; Federal Case Registry

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), is requesting a three-year extension of the Federal Case Registry (FCR) (Office of Management and Budget (OMB) # 0970–0421, expiration November 30, 2026) There are no changes requested to the FCR.

DATES: Comments due November 4, 2026.

ADDRESSES: The public may view and comment on this information collection request at: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202610-0970-001. You can also obtain copies of the proposed collection of information by emailing InfoCollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The FCR is a national database of information pertaining to child support cases processed by state child support agencies, referred to as IV–D cases, and non-IV–D support orders privately established or modified by courts or tribunals on or after October 1, 1998. FCR information is comprised of child support orders and case information from each State Case Registry (SCR). The FCR automatically compares new SCR submissions to existing FCR information and to wage and employment information in the National Directory of New Hires. The Federal Parent Locator Service notifies state agencies if a IV–D case participant in the state matches a participant in a

IV–D or non-IV–D case in another state and supplies any matched wage and employment information. Matches enable state agencies to locate parties that live in different states; establish, modify, or enforce child support obligations; establish paternity; enforce state law regarding parental kidnapping; and establish or enforce child custody or visitation determinations. There are no proposed changes to the FCR instrument, Appendix G: Input Transactions Layout.
Respondents: State and territory child support enforcement agencies.
Annual Burden Estimates: Burden estimates have been adjusted to reflect the average number of FCR batches submitted by each state in the most recent calendar year (CY 2025). The total number of annual batch submissions from states has declined since the FCR was last reviewed and approved by OMB.

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Appendix G: Input Transactions Layout	54	390	0.0333	701

Authority: 42 U.S.C. 653(h); 42 U.S.C. 654a(e); 42 U.S.C. 654a(f)(1).

Samantha L. Illangasekare,
ACF/OPRE Certifying Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0509]

Submission for Office of Management and Budget Review; Mental Health Assessment Form and Onsite Health Intervention Form

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.
ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) is requesting a 3-year extension with changes of the Mental Health Assessment Form and Onsite Health Intervention Form (formerly Public Health Investigation Form: Non-TB Illness, and Public Health Investigation Form: Active TB, OMB #0970–0509, expiration 9/30/2026). Proposed revisions include merging two forms (Public Health Investigation Forms, Active TB and Non-TB Illness) into the single Onsite Health Intervention (OHI) Form. The proposed restructuring and revisions will improve transparency, lessen burden, improve data quality, and ensure alignment with ORR requirements. In addition, to ensure continuity of care, the request has been revised to include the sharing of health information with the Department of

Homeland Security (DHS) in specific circumstances.

DATES: *Comments due* November 4, 2026.

ADDRESSES: The public may view and comment on this information collection request at: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202609-0970-009. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:
Description: Unaccompanied alien children in ORR custody are placed in care provider programs until unification with a qualified sponsor. Care providers ensure children receive a range of services including routine and emergency medical, dental, and mental health care. Care provider staff are expected to implement all recommended treatment plans (*e.g.*, referrals to specialists, medication administration, accommodation for physical or mental impairments that impact daily living activities) as directed by the evaluating healthcare provider. Care provider staff are also expected to respond to reported or observed non-emergency healthcare concerns (including exposures to specific reportable communicable illnesses) through triage with a licensed healthcare professional or administration of over-the-counter medications as indicated by the child’s primary healthcare provider’s standing orders. If a child with a health condition that requires daily management or accommodation (*e.g.*, medication, durable medical equipment) is identified for repatriation by DHS, relevant information from their established treatment plan must be shared with DHS to ensure continuity of

care. See “Proposed Changes” for more information.

Data from scheduled mental health assessments and onsite health interventions is captured through the following forms under OMB# 0970–0509:

- Mental Health Assessment Form
- Onsite Health Intervention Form (Formerly, Public Health Investigation Form: Active TB, and Public Health Investigation Form: Non-TB Illness)

The Mental Health Assessment Form (MHAF) has a corresponding instructional “Dear Colleague” letter that healthcare providers are expected to read at the initial visit with the child. The forms are used as worksheets by healthcare providers and care provider staff to compile information that would otherwise have been collected during the health assessment or onsite health intervention. Once completed, care provider staff transcribe the information from the form into ORR’s secure, electronic system of record. Although the MHAF is not completed during emergency or urgent care visits, hospitalizations, or admissions to an out-of-network facility (*e.g.*, residential treatment center), care providers are required to complete the respective form in ORR’s electronic system of record by extracting relevant data from health records.

Data is used by ORR to monitor and support the health of unaccompanied alien children while in care, for case management of identified illnesses/conditions, and to ensure care provider compliance with ORR requirements. Finally, ORR has updated the stated uses of data sharing to include providing relevant health information to DHS when a child with healthcare needs is identified by DHS for repatriation.