TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2027–SEPTEMBER 30, 2028—Continued

[Fiscal year 2028]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Virginia	50.17	65.12
Washington	50.00	65.00
West Virginia	74.67	82.27
Wisconsin	61.45	73.02
Wyoming	50.00	65.00

* The Consolidated Appropriations Act, 2023 set the FMAP for American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands permanently at 83 percent. For purposes of section 1118 of the Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum for the Virgin Islands and Guam.

** The Consolidated Appropriations Act, 2023 set the FMAP for Puerto Rico at 76 percent through September 30, 2027. Beginning October 1, 2027, the FMAP for Puerto Rico will be 55 percent under section 1905(b)(2) of the Act. For purposes of section 1118 of the Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum for Puerto Rico.

*** The values for the District of Columbia (DC) in the table were set for the state plan under titles XIX and XXI and for capitation payments and disproportionate share hospital (DSH) allotments under those titles. For other purposes, the percentage for DC is 50.00, unless otherwise specified by law.

[FR Doc. 2026–23741 Filed 11–20–26; 8:45 am]

BILLING CODE 4150–28–P

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: *samhsapra@samhsa.hhs.gov.*

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 on Drug Use and Health (OMB No. 0930–0110)

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older within the 50 states and the District of Columbia. Consistent with NSDUH designs since 1991, the 2027 NSDUH will include residents of noninstitutional group quarters (*e.g.,* shelters, rooming houses, dormitories) and civilians residing on military bases. Excluded from the NSDUH are those without fixed household address (*e.g.,* homeless people not in shelters) and residents of institutional group quarters, such as jails and hospitals.

The 2027 sampling frame will exclude U.S. territories. Although data collection pilots were conducted to assess operational feasibility in Puerto Rico (2023—2025) and in the U.S. Virgin Islands (2024), SAMHSA determined that additional testing and discussions with other statistical agencies are needed before expanding full-scale NSDUH data collection to Puerto Rico and the U.S. Virgin Islands.

The 2027 NSDUH will continue to use both in-person and web-based modes of data collection. Consistent with all NSDUH surveys conducted since 2002, each respondent who completes the full interview will be given a $30 incentive. The delivery method will depend on the interview mode: in-person respondents will receive a $30 cash incentive, while web-based respondents will receive either an electronic gift card by email or a physical gift card by mail, based on their preference.

The data provide nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; recovery from substance use disorders and mental health issues; and receipt of substance use and mental health treatment at the national, state, and substate levels. NSDUH data also help to identify the extent of substance use and mental illness among different population subgroups, estimate trends over time, and determine the need for treatment services. Substance use topics covered include lifetime, past-year, and past-month use; age at first use; substance use treatment history; perceived need for treatment; and substance use disorders. Mental health topics include major depressive episodes; suicidal ideation and attempts; general mental illness; and use of mental health care. NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation's behavioral health.

The NSDUH questionnaire must be updated periodically to reflect changing substance use and mental health issues and to continue producing current data. For the 2027 NSDUH, planned changes from the 2026 questionnaire include: (1) revisions and additions to the Special Drugs module to prevent inconsistent reporting of last use of specific drugs with earlier modules; (2) revisions to the Risk/Availability module to ask about using marijuana rather than smoking marijuana; (3) addition to the Mental Health Services Utilization module to capture past 12-month use of a Crisis Line service; (4) reinstatement of a question in the Youth Experiences module about perceived attitudes of close friends; (5) revisions to the Consumption of Alcohol module to ask about polysubstance use in the past 30 days rather than the last time the

respondent used drugs; (6) additions to the Emerging Issues module to measure past 12-month use of glucagon-like peptide-1 medications (GLP–1s), selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), mood stabilizers, and antipsychotic medications; (7) reinstatement of questions in the Employment module about workplace testing for drug and alcohol use; and (8) revisions to the Health Insurance and Income modules to include updated state program names for Medicaid, the Children's Health Insurance Program, and Temporary Assistance for Needy Families.

Overall, these changes are expected to generate data on new areas of interest, such as mental health medications and Crisis Line services. They will also reinstate questions previously used by other federal agencies in their reporting and revise additional items to prevent misreporting.

The revisions to the Special Drugs module will allow the 2027 NSDUH to collect more consistent information across the survey and lower interview completion time by avoiding redundant questions for some respondents. Several questions in the Risk/Availability module were revised to ask about ''using'' marijuana rather than ''smoking'' marijuana. This wording change is intended to measure other ways of using marijuana that are common with youth, such as vaping or edibles. In the Mental Health Services Utilization module, the addition of a question capturing past 12-month use of a Crisis Line service is to provide new data on emerging topics. Reinstating items in the Youth Experience and Employment module will collect data needed by several government agencies for their ongoing reporting while revising polysubstance use questions in the Consumption of Alcohol module to a standardized past 30-day reference period will bring this data more in line with other NSDUH drug use questions. The new questions measuring use of mental health medications, GLP–1s, and Crisis Line services were added because the NSDUH did not previously include these items and they are of growing interest to data users. Questions about workplace testing for drug and alcohol use were also reinstated in the Employment module to collect data needed by several government agencies for their ongoing reporting. Finally, annual updates of state Medicaid, Children's Health Insurance Program, and Temporary Assistance to Needy Families program names were made to ensure question accuracy.

As with all NSDUH/NHSDA [1] surveys conducted since 1999, the sample size of the NSDUH for 2027 will be sufficient to permit prevalence estimates for each of the 50 states and the District of Columbia. The total annual burden estimate for the NSDUH is shown below in Table 1. The primary set of new items is included in the Emerging Issues Module, which appears near the end of the interview. By this point, respondents are familiar with the survey format and questionnaire structure. The additional questions will take about one minute for an average respondent to complete, as they are short, contained within a module, and use straightforward survey logic. Overall, while new questions are being added, it is not expected that the addition will result in any significant increase in participant burden, as the survey branches efficiently to keep it short for most respondents.

TABLE 1—ANNUALIZED ESTIMATED BURDEN FOR 2027 NSDUH

Instrument	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Household Screening	297,529	1	297,529	0.083	24,695
Interview	67,507	1	67,507	1.008	68,047
Screening Verification	6,248	1	6,248	0.067	419
Interview Verification	7,088	1	7,088	0.067	475
Total	378,372	.....	378,372	.....	93,636

Send comments to SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E57A, Rockville, MD 20852 *OR* email a copy at *samhsapra@samhsa.hhs.gov.* Written comments should be received by December 23, 2026.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2026–23788 Filed 11–20–26; 8:45 am]

BILLING CODE 4162–20–P

[1] Prior to 2002, the NSDUH was referred to as the National Household Survey on Drug Abuse (NHSDA).

DEPARTMENT OF HOMELAND SECURITY

[Docket Number DHS–DHS–2026–0298]

Agency Information Collection Activities: DHS Civil Rights and Civil Liberties Complaint and Privacy Waiver Form, 1601–0035

AGENCY: Department of Homeland Security (DHS).

ACTION: 60-Day notice and request for comments; reinstatement without change of a currently approved collection, 1601–0035.

SUMMARY: The Department of Homeland Security will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995.

DATES: Comments are encouraged and will be accepted until January 19, 2027. This process is conducted in accordance with 5 CFR 1320.1.

ADDRESSES: You may submit comments, identified by docket number Docket #DHS–DHS–2026–0298, at:

○ Federal eRulemaking Portal: *https://www.regulations.gov.* Please