

ESTIMATED ANNUAL REPORTING REQUIREMENT BURDEN FOR OPIOID TREATMENT PROGRAMS—Continued

42 CFR Citation	Purpose	Number of respondents	Responses/ respondent	Hours/ response	Total hours
8.28 (c) .....	Appellant Review File and Written Statement .....	2	1	5.00	10.00
Total .....	.....	1,100	.....	.....	1,643

\* This is a one-time requirement that will be fully met during the first three years of approval for the final rule.

SAMHSA believes that the recordkeeping requirements in the regulation are customary and usual practices within the medical and rehabilitative communities and has not calculated a response burden for them. The recordkeeping requirements set forth in 42 CFR 8.4, 8.11 and 8.12 include maintenance of the following: 5-year retention by accreditation bodies of certain records pertaining to accreditation; documentation by an OTP of the following: a patient's medical examination when admitted to treatment, a patient's history, a treatment plan, any prenatal support provided the patient, justification of unusually large initial doses, changes in a patient's dosage schedule, justification of unusually large daily doses, the rationale for decreasing a patient's clinic attendance, and documentation of physiologic dependence.

The rule also includes requirements that OTPs and accreditation organizations disclose information. For example, 42 CFR 8.12(e)(1) requires that a physician explain the facts concerning the use of opioid drug treatment to each patient. This type of disclosure is considered to be consistent with the common medical practice and is not considered an additional burden. Further, the rule requires, under § 8.4(i)(1) that accreditation organizations shall make public their fee structure; this type of disclosure is standard business practice and is not considered a burden.

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice

Dated: April 16, 2002.  
**Richard Kopanda,**  
*Executive Officer, Substance Abuse and Mental Health Services Administration.*  
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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 list 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 (301) 443-7978.

*An Assessment of the Status of PASRR and Mental Health Services for Persons in Nursing Facilities—New—* SAMHSA's Center for Mental Health Services, in conjunction with the Centers for Medicare and Medicaid

Services (CMS), is sponsoring an assessment of the effectiveness of the Pre-Admission Screening and Resident Review (PASRR) program, which is a required component of every State's Medicaid plan. Data will be collected from State Medicaid and Mental Health Authority administrators in 50 states and the District of Columbia as well as administrators and staff in 24 nursing facilities in 4 states (6 facilities per state). In addition, data will be collected from 100 residents in nursing facilities in 2 of the states. Data collection for this study will be conducted over an 8-month period. SAMHSA will use study findings to develop training opportunities for State agencies responsible for overseeing the placement and treatment of people with mental health needs in nursing facilities and by CMS to address specific recommendations of a recent report from the Office of the Inspector General.

Variables of interest for Medicaid Agencies, Mental Health Authorities, and nursing facilities include the following: availability of mental health services; change in condition procedures; alternative placement procedures; and experience with PASRR. Variables of interest for the nursing facility residents include: mental health symptomatology, functioning, and mental health service access. Data will be entered and managed electronically. The total respondent burden is estimated below.

Respondent	Number of respondents	Responses/ respondent	Burden/ response (hrs.)	Total burden (hrs.)
Medicaid Administrator .....	51	1	1	51
Mental Health Authority Administrator .....	51	1	1	51
Nursing Facility Resident .....	100	1	.5	50
Nursing Facility Administrator .....	24	1	1	24
Nursing Facility Staff .....	48	1	1	48
Total .....	274	.....	.....	224

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Lauren Wittenberg, Human Resources and Housing Branch, Office of

Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 15, 2002.  
**Richard Kopanda,**  
*Executive Officer, Substance Abuse and Mental Health Services Administration.*  
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