For Geographic (Non-High Need) HPSAs.

Geographic (Non-High Need)		Core Mental Health Ratio						
		≥ 6K and <7.5K:1	≥ 7.5K and <9K:1	≥ 9K and <12K:1	≥ 12K and <15K:1	≥ 15K and <18K:1	≥ 18K and <24K:1	≥ 24K:1
Psychiatrists Ratio	≥ 20K and <25K:1	1	2	3	4	5	6	7
	≥ 25K and <30K:1	2	3	4	5	6	7	7
	≥ 30K and <35K:1	3	4	5	6	7	7	7
	≥ 35K and <40K:1	4	5	6	7	7	7	7
	≥ 40K and <45K:1	5	6	7	7	7	7	7
	≥ 45K and <50K:1	6	7	7	7	7	7	7
	≥ 50K:1 or 0 psychiatrists as verified by HRSA	7	7	7	7	7	7	7

Only Reporting Psychiatrists (Geographic Non-High Need)	
Ratio	Score
≥ 30K and <35:1	1
≥ 35K and <40K:1	2
≥ 40K and <45K:1	3
≥ 45K and <50K:1	4
≥ 50K and <55K:1	5
≥ 55K and <60K:1	6
≥ 60K:1	7

Only Reporting Core Mental Health Providers (Geographic Non-High Need)	
Ratio	Score
≥ 9K and <12K:1	1
≥ 12K and <15:1	2
≥ 15Kand <18:1	3
≥ 18K and <24K:1	4
≥ 24K and <30K:1	5
≥ 30K and <36K:1	6
≥ 36K:1	7

No Psychiatrists or Core Mental Health Providers as verified by HRSA (Geographic Non-High Need)	
Ratio	Score
≥ 3K and <4.5K:0	1
≥ 4.5K and <6K:0	2
≥ 6K and <7.5K:0	3
≥ 7.5K and <9K:0	4
≥ 9K and <12K:0	5
≥ 12K and <15K:0	6
≥ 15K and <18K:0	7

Dated: January 6, 2015.

Mary K. Wakefield,

Administrator.

[FR Doc. 2015–00398 Filed 1–13–15; 8:45 am]

BILLING CODE 4165–15–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-day Comment Request Progress Reports for Center for Global Health's Low and Mid-Income Countries (LMICs) Global Health Collaborations (NCI)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on July 28, 2014, Vol. 79, P. 43755 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Cancer Institute (NCI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: NIH Desk Officer.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, or request more information on the proposed project, contact: Paul C. Pearlman, Ph.D., Center for Global Health, National Cancer Institute, 9609 Medical Center Dr., RM 3W550, Rockville, MD 20850 or call non-toll-free number 240–276–5354 or Email your request, including your address to: *paul.pearlman@nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: Progress Reports for Center for Global Health's Low and Mid-Income Countries (LMICs) Global

Health Collaborations, 0925–NEW, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The Center for Global Health's (CGH) Low and Mid-Income Countries (LMICs) Global Health Collaborations is proposing new program specific progress report guidelines. The CGH LMIC Global Health Collaborations are part of a pilot initiative and partnership, between the NCI CGH and the Office of Cancer Centers (OCC), to promote collaborations between the NCI designated Cancer Centers and foreign institutions from Low and Middle Income Countries (LMICs). This collaboration is designed to develop and implement mutually beneficial global cancer research programs by increasing the capability of these countries to participate and partner in cancer research. The proposed guidelines request information about award performance related to objectives, accomplishments, barriers and challenges, collaborators, and findings. The information is gathered six months into the award and 12 months after the award (upon expiry). This information is needed to monitor the performance of this special program within NCI, funded through three Request for Proposals (RFPs); the first was released April 18, 2013 and CGH expects to release another in 2014 and the final one in 2015. The respondents are the Principal Investigators of the awards. The information will be used to monitor individual award performance and the effectiveness of the program as a whole. Since these projects are funded through the contract mechanism, the PIs will not be required to submit interim and final progress reports like other National Institutes of Health grantees must.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 83.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hours
Principal Investigators	6 Month Report	15	1	90/60	23
	12 Month Report	15	1	4	60

Dated: January 7, 2015.

Karla Bailey,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2015–00393 Filed 1–13–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Announcement of Requirements and Registration for: ''Innovations in Measuring and Managing Addiction Treatment Quality'' Challenge

Authority: 15 U.S.C. 3719.

Award Approving Official: Dr. Nora Volkow, Director, National Institute on Drug Abuse (NIDA)

SUMMARY: Through the ''Innovations in Measuring and Managing Addiction Treatment Quality'' Challenge (the ''Challenge''), the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), challenges the general public to make concrete advances toward improving the quality of addiction treatment. Specifically, through this Challenge, NIDA hopes to incentivize the development of innovative concepts for quality measurement and quality management systems based on the latest science of addiction and its treatment and of quality measurement and management. These new concepts would be game-changing because they would go beyond current performance measurement concepts in that they would not be limited by the data commonly available in current provider and payer data systems. Instead, they would (a) more directly reflect the clinical effects that can and should be expected from high-quality addiction treatment; (b) capture what clinicians and provider organizations need to measure to help them provide high-quality addiction treatment; and (c) provide a solid basis for measuring clinician and provider performance that may be used by patients and other purchasers to select and incent high-quality treatment. NIDA believes that the development of such quality measures and management systems has the potential to meaningfully improve the quality of addiction treatment both by giving clinicians and providers the information they need to assess and improve the quality of the care they provide and by providing tools patients and purchasers can use to shop for the highest quality providers, allowing market forces to provide another incentive for improvement.

DATES:

(1) Submission Period begins January 14, 2015, 9:00 a.m., ET

(2) Submission Period ends June 1, 2015, 5:00 p.m., ET

(3) Judging Period June 2, 2015 and July 15, 2015, 2015

(4) Winners Announced September 30, 2015

FOR FURTHER INFORMATION CONTACT: Sarah Q. Duffy, Ph.D., Associate Director for Economics Research, Division of Epidemiology, Services and Prevention Research, National Institute on Drug Abuse, Phone: 301–443–6504 Email *duffys@nida.nih.gov.*

SUPPLEMENTARY INFORMATION:

Subject of the Challenge

Scientific knowledge about addiction and its treatment has increased markedly over the past several years. We have a better understanding of the effects of drugs on the brain. We also have new, more effective treatments. At the same time, new health care payment and delivery models are emerging that may provide opportunities to further enhance the quality of addiction treatment.

It has long been recognized that health care may be improved through the development and use of quality measures and management systems through which they can be collected, reported, monitored, and improved [Ref.1]. Quality measures are meant to reflect aspects of the care provided, or outcomes achieved that assess the health care quality. Health care quality has been defined as ''the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge'' [Ref 2.]. In 2006 the Institute of Medicine recommended developing and implementing a quality