

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Centers for AIDS Research and Developmental Centers for AIDS Research (CFAR) Meeting.

*Date:* November 17–19, 2014.

*Time:* 8:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Doubletree Hotel Bethesda, (Formerly Holiday Inn Select), 8120 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Jay R. Radke, Ph.D., AIDS, Review Branch Scientific Review Program, DEA/NIAID/NIH/DHHS, Room 2217, 6700B Rockledge Drive MDS-7616, Bethesda, MD 20892-7616, 301-496-2550, [jay.radke@nih.gov](mailto:jay.radke@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: October 24, 2014.

**David Clary,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2014-25763 Filed 10-29-14; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the Board of Scientific Counselors, NICHD.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the Eunice Kennedy Shriver National Institute of Child Health and Human Development, including consideration of personnel qualifications and performance, and the competence of

individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors, NICHD.

*Date:* December 5, 2014.

*Closed:* 8:00 a.m. to 4:00 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, Building 31A, Conference Room 2A48, 31 Center Drive, Bethesda, MD 20892.

*Contact Person:* Constantine A. Stratakis, MD, D(Med)Sci, Scientific Director, Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, Building 31A, Room 2A46, 31 Center Drive, Bethesda, MD 20892, 301-594-5984, [stratak@mail.nih.gov](mailto:stratak@mail.nih.gov).

Information is also available on the Institute's/Center's home page: <http://dir.nichd.nih.gov/dirweb/bsc.html>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS)

Dated: October 24, 2014.

**Anna Snouffer,**

*Deputy Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2014-25766 Filed 10-29-14; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel; NIAID Investigator Initiated Program Project Applications (P01).

*Date:* November 25, 2014.

*Time:* 12:00 p.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Room 3F30B, 5601 Fishers Lane, Rockville, MD 20852, (Telephone Conference Call).

*Contact Person:* Jane K. Battles, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, National Institutes of Health/NIAID, 6700B Rockledge Drive, Room 3128, Bethesda, MD 20892-7616, 301-451-2744, [battlesja@mail.nih.gov](mailto:battlesja@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: October 24, 2014.

**David Clary,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2014-25764 Filed 10-29-14; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Sec. 223 Demonstration Programs To Improve Community Mental Health Services—Criteria for Certified Community Behavioral Health Clinics

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of Public Listening Session.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA) announces that it will hold a public listening session on Wednesday, November 12, 2014, to solicit information concerning the Criteria for Certified Community Behavioral Health Clinics (CCBHC) to participate in Demonstration Programs. The scheduled listening session provides an opportunity for SAMHSA to seek public input on the criteria development process. The scope of this session will be on the development of the Criteria only. The session will be held in Rockville, MD, to obtain direct input from stakeholders on the development of criteria for state certification of Community Behavioral Health Clinics.

**DATES:** The listening session will be held on Wednesday, November 12, 2014, from 9:00 a.m. to 5:00 p.m. EST.

**ADDRESSES:** The listening session will be held at SAMHSA, 1 Choke Cherry Road, Rockville, MD 20857, Lobby-level Sugarloaf/Seneca Conference Rooms.

The agenda and logistical information on how to participate via the phone or Internet are on the SAMHSA Web site at: <http://beta.samhsa.gov/about-us/who-we-are/laws-regulations/section-223>.

The session will be open to the public and the entire day's proceedings will be webcast, recorded, and made publicly available. Interested parties may participate in person or via webcast and registration is required. In person seating is limited. To register, go to [http://www.eventbrite.com/e/listening-session-sec-223-criteria-for-state-certified-behavioral-community-behavioral-health-tickets-13532338589?utm\\_campaign=new\\_eventv2&utm\\_medium=email&utm\\_source=eb\\_email&utm\\_term=eventurl\\_text](http://www.eventbrite.com/e/listening-session-sec-223-criteria-for-state-certified-behavioral-community-behavioral-health-tickets-13532338589?utm_campaign=new_eventv2&utm_medium=email&utm_source=eb_email&utm_term=eventurl_text). Registration will be open until November 5, 2014. The listening session location is accessible to persons with disabilities. To request a reasonable accommodation, please send your request to: [section223feedback@samhsa.hhs.gov](mailto:section223feedback@samhsa.hhs.gov).

Comments at the listening session will be limited to three minutes. In addition to providing oral comment at the session in person or via webcast, individuals and organizations may submit comments to SAMHSA using any of the following methods:

☐ Mail: Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857, Room 6–1019. Attn: Certified Behavioral Health Clinic Comments.

☐ Hand Delivery or Courier: 1 Choke Cherry Road, Rockville, MD 20857, Room 6–1019 between 9 a.m. and 5 p.m., EST, Monday through Friday, except federal holidays.

☐ Email: [section223feedback@samhsa.hhs.gov](mailto:section223feedback@samhsa.hhs.gov).

☐ Fax: 1–240–276–1930.

Each submission must include the agency name and the **Federal Register** docket number (FR Doc.) found at the end of this notice. Comments must be received by 5:00 p.m. EST on Wednesday, November 26, 2014.

**FOR FURTHER INFORMATION CONTACT:** For further information concerning the listening session or the live webcast, please contact Cynthia Kemp, Supervisory Public Health Advisor, SAMHSA, by mail at: 1 Choke Cherry Road, Rockville, MD 20857, Room 6–1019 or by email at: [section223feedback@samhsa.hhs.gov](mailto:section223feedback@samhsa.hhs.gov).

#### **SUPPLEMENTARY INFORMATION:**

##### **I. Background**

On March 31, 2014, Congress passed the Protecting Access to Medicare Act (Pub. L. No. 113–93), which authorized

Demonstration Programs to Improve Community Mental Health Services. Section 223 of Public Law 113–93 requires the Secretary to:

- Publish criteria for a clinic to be certified by a state as a certified community behavioral health clinic for purposes of participating in a demonstration program;
- Issue guidance for the establishment of a prospective payment system that shall only apply to medical assistance for mental health services furnished by a certified community behavioral health clinic participating in a demonstration program;
- Award planning grants to States for the purpose of developing proposals to participate in time-limited demonstration programs;
- Select states to participate in demonstration programs that are developed through planning grants, meet specific requirements, and represent a diverse selection of geographic areas, including rural and underserved areas; and
- Submit to Congress an annual report on the use of funds provided under all demonstration programs conducted.

Per Section 223, demonstration programs shall be developed to improve community mental health services. No later than September 1, 2015, the Secretary must publish the criteria for a clinic to be certified by a state as a certified community behavioral health clinic for purposes of participating in a demonstration program. The criteria published must include criteria with the following:

Staffing requirements, including criteria that the staff has diverse disciplinary backgrounds, have necessary state-required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.

Availability and accessibility of services, including crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient's ability to pay or a place of residence.

Care coordination, including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services including acute, chronic, and behavioral health needs. Care coordination requirements must include partnerships or formal contracts with the following:

- Federally-qualified health centers (and as applicable, rural health clinics) to provide federally-qualified health center services (and as applicable, rural

health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.

- Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.
- Other community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities, Indian Health Service (IHS) youth regional treatment centers, state licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
- Department of Veterans Affairs medical centers, independent outpatient clinics, drop-in centers, and other facilities of the Department as defined in 38 U.S.C. § 1801.

- Inpatient acute care hospitals and hospital outpatient clinics.

Scope of Services—provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers:

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- Screening, assessment, and diagnosis, including risk assessment.
- Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
- Outpatient mental health and substance use services.
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
- Targeted case management.
- Psychiatric rehabilitation services.
- Peer support and counselor services and family supports.

Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

Quality Reporting—Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.

Organizational Authority—Criteria that a clinic be a non-profit or part of a local government behavioral health authority or operated under the

authority of the IHS, an Indian tribe or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.), or an urban Indian organization pursuant to a grant or contract with the IHS under title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

Once the Criteria for Criteria for CCBHCs are established, the planning grants will be awarded to states by January 1, 2016. By September 1, 2017 up to eight states will be selected from those states awarded planning grants to participate in a two year demonstration program to implement proposed approaches and assess their success. Finally, one year after the first state is selected and annually thereafter—reports will be submitted to Congress on the accessibility, quality, scope, and cost of services. A final report to Congress will be submitted by December 31, 2021, and will include recommendations to continue, expand, modify, or terminate the demonstration program.

**Cathy J. Friedman,**

*Public Health Analyst, Substance Abuse and Mental Health Services Administration.*

[FR Doc. 2014-25822 Filed 10-29-14; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

[Docket ID: FEMA-2014-0023; OMB No. 1660-0107]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request; Federal Emergency Management Agency Public Assistance Customer Satisfaction Surveys

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

**SUMMARY:** The Federal Emergency Management Agency (FEMA) will submit the information collection abstracted below to the Office of Management and Budget for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission will describe the nature of the information collection, the categories of respondents, the estimated burden (i.e., the time, effort and resources used by respondents to respond) and cost, and

the actual data collection instruments FEMA will use.

**DATES:** Comments must be submitted on or before December 1, 2014.

**ADDRESSES:** Submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the Desk Officer for the Department of Homeland Security, Federal Emergency Management Agency, and sent via electronic mail to [oir.submission@omb.eop.gov](mailto:oir.submission@omb.eop.gov) or faxed to (202) 395-5806.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the information collection should be made to Director, Records Management Division, 500 C Street SW., Room 7NE, Washington, DC 20472-3100, facsimile number (202) 212-4701, or email address [FEMA-Information-Collections-Management@fema.dhs.gov](mailto:FEMA-Information-Collections-Management@fema.dhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Collection of Information

*Title:* Federal Emergency Management Agency Public Assistance Customer Satisfaction Surveys.

*Type of information collection:* Revision of a currently approved collection.

*Form Titles and Numbers:* FEMA Form 519-0-1 T, Public Assistance Customer Satisfaction Survey (Telephone); FEMA Form 519-0-1 INT, Public Assistance Customer Satisfaction Survey (Internet); FEMA Form 519-0-1, Public Assistance Customer Satisfaction Survey (Fill-able).

*Abstract:* Federal agencies are required to survey their customers to determine the kind and quality of services customers want and their level of satisfaction with those services. FEMA managers use the survey results to measure performance against standards for performance and customer service, measure achievement of strategic planning objectives, and generally gauge and make improvements to disaster service that increase customer satisfaction.

*Affected Public:* Not-for-profit institutions, State, Local, or Tribal government.

*Number of Respondents:* 12,749.

*Number of Responses:* 12,749.

*Estimated Total Annual Burden Hours:* 4,342.

*Estimated Cost:* \$12,204.00.

Dated: October 16, 2014.

**Charlene D. Myrthil,**

*Director, Records Management Division, Mission Support Bureau, Federal Emergency Management Agency, Department of Homeland Security.*

[FR Doc. 2014-25775 Filed 10-29-14; 8:45 am]

**BILLING CODE 9111-23-P**

## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

[Docket ID: FEMA-2014-0031; OMB No. 1660-0069]

#### Agency Information Collection Activities: Proposed Collection; Comment Request; National Fire Incident Reporting System (NFIRS) v5.0

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

**SUMMARY:** The Federal Emergency Management Agency, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on a proposed revision of a currently approved information collection. In accordance with the Paperwork Reduction Act of 1995, this notice seeks comments concerning the National Fire Incident Reporting System (NFIRS) v5.0. The program provides a well established mechanism, using standardized reporting methods, to collect and analyze fire incident data at the Federal, State, and local levels with a myriad of life and property saving uses and benefits.

**DATES:** Comments must be submitted on or before December 29, 2014.

**ADDRESSES:** To avoid duplicate submissions to the docket, please use only one of the following means to submit comments:

(1) *Online.* Submit comments at [www.regulations.gov](http://www.regulations.gov) under Docket ID FEMA-2014-0031. Follow the instructions for submitting comments.

(2) *Mail.* Submit written comments to Docket Manager, Office of Chief Counsel, DHS/FEMA, 500 C Street SW., Room 8NE, Washington, DC 20472-3100.

(3) *Facsimile.* Submit comments to (202) 212-4701.

All submissions received must include the agency name and Docket ID. Regardless of the method used for submitting comments or material, all submissions will be posted, without