

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.

Proposed Changes

ORR is proposing updates to streamline and strengthen health documentation by combining the two Public Health Investigation Forms into a single expanded Onsite Health Intervention Form that would cover quarantine for communicable disease exposure, triage with a licensed healthcare professional, and medication-related standing orders. The MHAF would also be revised to:

- *reduce duplicate documentation* by removing the History section requirement for follow-up mental health visits,
- *improve compliance and care tracking* by strengthening the disabilities and accommodations field and adding a field for all ordered or completed labs and imaging, and
- *improve data quality* through clearer instructions by visit type, standardizing options for findings outside of normal limits for the mental status exam, expanding the types of substances that may have been used by the child, adding a healthcare provider

acknowledgement and signature section authorizing record sharing with ORR, replacing fixed diagnosis choices with free-text fields, and broadening field reformatting.

The related Dear Colleague Letter would also be updated to reflect these MHAF changes.

In addition, language was updated to expand the purposes of data to include sharing relevant health data captured on the MHAF with DHS when a child in ORR custody has healthcare needs and is identified by DHS for repatriation. Shared information includes:

- Child's identifying information (name, alien number, date of birth)
- Active diagnoses or concerns that require management
- Allergies
- Current medications and dosages
- Isolation/Quarantine requirements
- Health-related accommodations (including durable medical equipment needs)
- Health-related travel restrictions

The purpose of sharing this data is to ensure children receive healthcare

services and accommodation as recommended by their treating healthcare providers.

Respondents: Mental health professionals (psychiatrists, psychiatric nurse practitioners and physician assistants, licensed psychologists, social workers, and any other community-based licensed mental health provider) and care provider staff.

Annual Burden Estimates

The overall annual burden of response and recordkeeping time decreased by 46.1 and 55.1 percent, respectively.

The decrease is attributed to a significantly lower census of unaccompanied alien children in ORR care which reduced the number of respondents and responses per respondent. In addition, the average burden hours per response decreased for each form because unnecessary fields were removed and skip patterns were introduced for fields that are only needed for specific types of visits.

ESTIMATED RESPONSE TIME FOR RESPONDENTS

Instrument	Respondent	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Mental Health Assessment Form	Mental health professionals	250	9.8	0.13	318.5
Onsite Health Intervention Form	Care Provider Staff	150	321.6	0.09	4,341.6
Estimated Total Annual Burden Hours .....	.....	.....	.....	.....	4,660.1

ESTIMATED RECORDKEEPING TIME

Instrument	Respondent	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Mental Health Assessment Form completed by a mental health professional.	Care Provider Staff	150	16.4	0.17	418.2
Mental Health Assessment Form not completed by a mental health professional (information obtained via health records).	.....	150	4.4	0.21	138.6
Onsite Health Intervention Form .....	.....	150	321.6	0.07	3,376.8
Estimated Total Annual Burden Hours.	.....	.....	.....	.....	3,933.6

Authority: These information collections are related to and funded by the ORR Unaccompanied Alien Children Bureau (UACB), are authorized by the statutes and regulations listed below, and are being conducted by ORR UACB.

- *Homeland Security Act (HSA), 6 U.S.C. 279*—Transferred responsibilities for the care and placement of

unaccompanied alien children from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR.

- *Unaccompanied Children Program Foundational Rule, 45 CFR part 410*—Establishes a uniform set of standards and procedures concerning the placement, care, and services provided to unaccompanied alien children in

ORR care that is consistent with ORR's statutory duties. § 410.1306(g) and 410.1307 require care provider programs to ensure children are provided with routine and emergency healthcare services while in care.

- *Lucas R. et al v. Becerra et al (Case No. 2:18-CV-05741 DMG PLA) Psychotropic Medication Settlement Agreement*—Establishes standards for

monitoring the administration of psychotropic medication to children in ORR custody and care.

Samantha L. Illangasekare,
ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advisory Council on Alzheimer's Research, Care, and Services; Meeting

AGENCY: Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces the public meeting of the Advisory Council on Alzheimer's Research, Care, and Services (Advisory Council) and the U.S. Department of Health and Human Services Alzheimer's Disease and Related Dementias Summit. The Advisory Council provides advice on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people living with the disease and their caregivers. During the Summit, attendees will hear updates on the coordinated national response to Alzheimer's disease and related dementias, including panel presentations on care, services, and supports, as well as research, innovation, and prevention. During the fourth and final Advisory Council meeting of 2026, the Advisory Council will hear from a panel organized by the clinical care subcommittee, receive budget updates from the National Institutes of Health, and hear a presentation on innovation in Alzheimer's disease interventions using focused ultrasound technology.

DATES: The events will be held on Monday, October 19, 2026. The Summit will take place from 9:30 a.m. to noon ET and the Advisory Council meeting will be held from 1:00 to 5:00 p.m. ET.

ADDRESSES: The Summit will be held in person, and the Advisory Council meeting will be a hybrid of in-person and virtual. Both events will be held in the Great Hall of the Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. They will also stream live at www.hhs.gov/live.

FOR FURTHER INFORMATION CONTACT:

Maria-Theresa Okafor, 771–223–7102, maria-theresa.okafor@hhs.gov.

SUPPLEMENTARY INFORMATION: Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and

(a)(2)). Topics of the Meeting: Alzheimer's disease and related dementias, department initiatives, clinical care, and innovation.

Procedure and Agenda: The events will be webcast at www.hhs.gov/live and video recordings will be added to the National Alzheimer's Project Act website¹ when available after the meeting. These events are open to the public.

Public Attendance and Registration: To register for the Summit, the Advisory Council meeting, or both, please complete the registration form by Monday, October 12: <https://forms.cloud.microsoft/g/QLYF2dvykW>. In-person seating for members of the public is limited and will be available on a first-come, first-served basis. Submitting the registration form does not reserve or guarantee a seat. The names of expected in-person attendees will be provided to HHS security. Any interested member of the public who is a non-U.S. citizen should include this information on the registration form to ensure that the appropriate security procedure to gain entry to the building is carried out. Although the meeting is open to the public, procedures governing security and entrance to Federal buildings may change without notice. If you wish to make a public comment, you must indicate on your registration form. Please note that individuals entering HHS owned, leased, or operated facilities must present a REAL ID compliant credential or another federally approved form of identification. Below is the list of acceptable forms of ID.

- State-issued Enhanced Driver's License
- U.S. passport²
- U.S. passport card³
- DHS trusted traveler cards (Global Entry, NEXUS, SENTRI, FAST)
- U.S. Department of Defense ID, including IDs issued to dependents
- Permanent resident card
- Border crossing card
- An acceptable photo ID issued by a federally recognized⁴ Tribal Nation/Indian Tribe, including Enhanced Tribal Cards (ETCs)
- HSPD–12 PIV card
- Foreign government-issued passport

¹ <https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa>.

² <https://travel.state.gov/content/travel/en/passports.html>.

³ <https://travel.state.gov/content/travel/en/passports/need-passport/card.html>.

⁴ <https://www.federalregister.gov/documents/2021/01/29/2021-01606/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of>.

- Canadian provincial driver's license or Indian and Northern Affairs Canada card
- Transportation worker identification credential
- U.S. Citizenship and Immigration Services Employment Authorization Card (I–766)
- U.S. Merchant Mariner Credential
- Veteran Health Identification Card (VHIC)

Comments: Time will be allocated on the agenda to hear public comments from 3:30 p.m. to 3:55 p.m. Oral comments will be limited to two (2) minutes per individual. Individuals who wish to provide an oral public comment must register using the registration form no later than Monday, October 12: <https://forms.cloud.microsoft/g/QLYF2dvykW>.

Registered commenters participating virtually will receive a meeting link and dial-in number and may use either option to join the meeting. Individuals may also request that NAPA staff read their comments during the public comment session. To make this request, please select the applicable response on the registration form and email the comment to napa@hhs.gov with the subject line “October 19 Public Comments Reading Request.” Comments to be read by NAPA staff must be received by Monday, October 12. **Note:** There may be a 30–45 second delay in the livestream video presentation of the meeting. For this reason, if you have pre-registered to submit a public comment, it is important to connect to the meeting by 2:55 p.m., to ensure that you do not miss your name and allotted time when called. If you miss your name and allotted time to speak, you may not be able to make your public comment. All participant audio lines will be muted for the duration of the meeting and only unmuted by the Host at the time of the participant's public comment. Should you have questions during the meeting, email napa@hhs.gov and someone will respond to your message as quickly as possible. To ensure accuracy, please submit a written copy of oral comments for the record by emailing napa@hhs.gov by Wednesday, October 21, 2026. Please attach the comments as a Microsoft Word (.docx) file so they can be compiled for publication. You may also attach a PDF copy for reference, but a Word version is required. These comments will be shared on the website and reflected in the meeting summary.

- In lieu of oral comments, formal written comments may be submitted for the record by emailing them to napa@hhs.gov or mailing them to Maria-