

“Reading,” “Writing,” and “Listening,” and 350 for “Speaking” which, per consultation with OET, does not represent an increase or decrease in minimum passing test scores.

b. For health care workers holding less than a Bachelor of Science degree, the current minimum passing score for “Reading,” “Writing,” and “Listening” is a letter grade of C and a letter grade of B for “Speaking.” HRSA proposes to replace these letter scores with the equivalent numeric scores of 250 for “Reading,” “Writing,” “Listening,” and 350 for “Speaking” which, per consultation with OET, does not represent an increase or decrease in minimum passing test scores.

c. For occupational and physical therapists, there are currently no minimum passing tests scores listed for OET. HRSA proposes the minimum passing scores of 300 for “Reading,” “Writing,” and “Listening” and the score of 350 for “Speaking” to include versions of OET designed specifically for occupational and physical therapists.

(6) Pearson PTE Academic is a computer-based exam that measures academic-level speaking, writing, reading, and listening skills.⁶ HRSA proposes the following modification to the listing:

a. Add a new passing minimum score of 63 for “Speaking” for registered

nurses and Bachelor of Science level health care workers. Previously, no passing minimum score for “Speaking” was listed. HRSA proposes this change to enhance parity among minimum passing test scores.

To reflect the aforementioned modifications*, HRSA proposes to update its website to replace the June 2022 listing of approved standardized tests and minimum passing scores with the following table, which reflects the information described above:

* Proposed modifications are bolded and italicized for this document but will not appear in bold and italics when published on the website.

English competency tests	Scores: occupational therapists/physical therapists	Scores: registered nurses and B.S. level health care workers	Scores: <B.S. level health care workers
<i>Cambridge English B2 First, C1 Advanced, or C2 Proficiency.</i> Educational Testing Service: TOEFL Internet-Based Test.	Cambridge English Scale 185 overall and 185 Speaking. Overall 89 with minimum of 63 on Reading, Listening and Writing and 26 on Speaking.	Cambridge English Scale 176 overall and 185 Speaking. Overall <i>83 with minimum of 57 on Reading, Listening and Writing and 26 on Speaking.</i>	Cambridge English Scale 169 overall and 185 Speaking. Overall 77 with minimum of 53 on Reading, Listening, and Writing and 24 on Speaking.
<i>Educational Testing Service: TOEIC (Listening and Reading).</i>	Not applicable	725	725.
Educational Testing Service: TOEIC (Speaking/Writing).	Not applicable	160 Speaking/150 Writing	160 Speaking/150 Writing.
International English Language Testing System (IELTS).	Not applicable	6.5 academic with minimum of 7 on Speaking.	6 academic or general with minimum of 7 on Speaking.
Michigan English Test (MET)	Not applicable	Overall 55; minimum Speaking section score of 55.	Overall 55; minimum Speaking section score of 55.
<i>Occupational English Test (OET) ..</i>	<i>Reading, Writing, Listening/300; Speaking 350.</i>	<i>Reading, Writing, Listening/300; Speaking 350.</i>	<i>Reading, Writing, Listening/250; Speaking 350.</i>
<i>Pearson PTE Academic</i>	Not applicable	Overall 55; Reading, Writing, Listening, no section below 50. <i>63 minimum for Speaking</i>	Overall 55; Reading, Writing, Listening, no section below 50.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024-25854 Filed 11-6-24; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-NEW]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before December 9, 2024.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, Sherrette.Funn@hhs.gov or (202) 264-0041, or PRA@HHS.GOV. When submitting comments or requesting information, please include the document identifier 0990-new-30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and

utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: Evaluation of the Certified Community Behavioral Health Clinic Demonstration in Accordance with the Bipartisan Safer Communities Act.

Type of Collection: New.
OMB No.: 0990-NEW.

Abstract: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services (HHS) is requesting Office of Management and Budget (OMB) approval for new data collection activities to support its evaluation of the Certified Community Behavioral Health Clinic (CCBHC)

⁶ See, website for Pearson PTE Academic: <https://www.pearsonpte.com/pte-academic>.

demonstration program in accordance with the Bipartisan Safer Communities Act.

Section 223 of the Protecting Access to Medicare Act (Pub. L. 113–93; PAMA) authorized the Certified Community Behavioral Health Clinic (CCBHC) demonstration to allow states to test a different strategy for delivering and reimbursing a comprehensive array of services provided in community behavioral health clinics. The demonstration aims to improve the availability, quality, and outcomes of outpatient services provided in these clinics by establishing a standard definition for CCBHCs and develops a new Medicaid prospective payment system (PPS) in each state that accounts for the total cost of providing nine types

of services to all people who seek care. The PPS in each state is designed to provide CCBHCs with the financial support and stability necessary to deliver these required services. The demonstration also aims to incentivize quality through quality bonus payments to clinics and requires CCBHCs to report quality measures and costs. The demonstration was originally authorized for two years.

Need and Proposed Use of the Information: PAMA mandates that HHS submit reports to Congress about the Section 223 demonstration that assess (1) access to community-based mental health services under Medicaid in the area or areas of a state targeted by a demonstration program as compared to other areas of the state, (2) the quality

and scope of services provided by certified community behavioral health clinics as compared to community-based mental health services provided in states not participating in a demonstration program and in areas of a demonstration state that are not participating in the demonstration, and (3) the impact of the demonstration on the federal and state costs of a full range of mental health services (including inpatient, emergency, and ambulatory services). The ability of ASPE to provide this information to Congress requires a rigorously designed and independent evaluation of the CCBHC demonstration.

The total annual burden hours estimated for this information collection request are summarized in the table below.

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
State official interviews	75	1	1.5	113
CCBHC interviews	20	1	1.5	30
CCBHC survey	231	1	4	924
CCBHC client focus groups	8	1	1.5	12
Total	334			1,079

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2024–25856 Filed 11–6–24; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA–2024–0002; Internal Agency Docket No. FEMA–B–2472]

Changes in Flood Hazard Determinations

AGENCY: Federal Emergency Management Agency, Department of Homeland Security.

ACTION: Notice.

SUMMARY: This notice lists communities where the addition or modification of Base Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, or the regulatory floodway (hereinafter referred to as flood hazard determinations), as shown on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports, prepared by the Federal Emergency Management Agency (FEMA) for each community, is appropriate because of

new scientific or technical data. The FIRM, and where applicable, portions of the FIS report, have been revised to reflect these flood hazard determinations through issuance of a Letter of Map Revision (LOMR), in accordance with Federal Regulations. The currently effective community number is shown in the table below and must be used for all new policies and renewals.

DATES: These flood hazard determinations will be finalized on the dates listed in the table below and revise the FIRM panels and FIS report in effect prior to this determination for the listed communities.

From the date of the second publication of notification of these changes in a newspaper of local circulation, any person has 90 days in which to request through the community that the Deputy Associate Administrator for Insurance and Mitigation reconsider the changes. The flood hazard determination information may be changed during the 90-day period.

ADDRESSES: The affected communities are listed in the table below. Revised flood hazard information for each community is available for inspection at both the online location and the respective community map repository address listed in the table below. Additionally, the current effective FIRM

and FIS report for each community are accessible online through the FEMA Map Service Center at <https://msc.fema.gov> for comparison.

Submit comments and/or appeals to the Chief Executive Officer of the community as listed in the table below.

FOR FURTHER INFORMATION CONTACT: Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) patrick.sacbibit@fema.dhs.gov; or visit the FEMA Mapping and Insurance eXchange (FMIX) online at https://www.floodmaps.fema.gov/fhm/fmx_main.html.

SUPPLEMENTARY INFORMATION: The specific flood hazard determinations are not described for each community in this notice. However, the online location and local community map repository address where the flood hazard determination information is available for inspection is provided.

Any request for reconsideration of flood hazard determinations must be submitted to the Chief Executive Officer of the community as listed in the table below.

The modifications are made pursuant to section 201 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National