

Dated: September 12, 2023.

**Lauren K. Roth,**

*Associate Commissioner for Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Change in Federal Award Closeout Provisions

**AGENCY:** Office of the Assistant Secretary for Financial Resources (ASFR), Department of Health and Human Services (HHS or the Department).

**ACTION:** Notice.

**SUMMARY:** HHS will follow the Federal award Office of Management and Budget (OMB) closeout provisions modified the closeout provisions rather than the HHS-specific closeout provisions.

**FOR FURTHER INFORMATION CONTACT:** Johanna Nestor at *Johanna.Nestor@hhs.gov* or (202) 631–0420.

#### SUPPLEMENTARY INFORMATION:

*Background:* In 2014, HHS codified the Uniform Administrative Requirements, Cost Principles, and Audit Requirements (UAR) for HHS Awards at 45 CFR part 75. 79 FR 75889 (Dec. 19, 2014). This codification included HHS-specific language, including the adoption of the closeout provisions at 45 CFR 75.381. In 2020, the Office of Management and Budget modified the closeout provisions for Federal awards at 2 CFR 200.344. 85 FR 49506 (Aug. 13, 2020). These modifications:

- Increase the number of days for recipients to submit closeout reports and liquidate all financial obligations from 90 calendar days to 120 calendar days after the end of the period of performance.
- Require awarding agencies to complete closeout actions no later than one year after the end of the period of performance unless otherwise directed by authorizing statutes.
- Require awarding agencies to close out awards within one year of the end of the period of performance based on available information and report the recipient to the OMB-designated integrity and performance system (currently Federal Awardee Performance and Integrity Information System (FAPIIS)).

The HHS-specific closeout provisions at 45 CFR 75.381 are more restrictive than 2 CFR 200.344 as modified. This may lead to recipient confusion and inconsistencies in closeout timing

government-wide. Additionally, the different provisions may result in report submission delays, which can affect closeout task reconciliation and effective completion. Adhering to the 2 CFR 200.344 closeout provisions would provide more time for recipient compliance and conform with other Federal awarding agencies, thus promoting greater equity and fairness.

*Action:* For the reasons stated above, effective October 1, 2023, HHS will follow the 2 CFR 200.344 closeout provisions. This action will minimize the burden on the internal and external grants communities while ensuring the timely closeout of HHS awards.

**William D. Bell IV,**

*Deputy Assistant Secretary for Grants.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–0361.

*Comments are invited on:* (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

#### Proposed Project: National Substance Use and Mental Health Services Survey (N–SUMHSS) (OMB No. 0930–0386)—Revision

Under section 505 of the Public Health Service Act (42 U.S.C. 290aa–4),

SAMHSA is required to conduct annual collection of data on substance use and mental health. Selected information collected from the N–SUMHSS is also published on SAMHSA's *FindTreatment.gov* for persons seeking treatment for mental and substance use disorders in the United States.

*FindTreatment.gov* is authorized by the 21st Century Cures Act (Pub. L. 114–255, section 9006; 42 U.S.C. 290bb–36d).

In 2021, SAMHSA combined the National Survey of Substance Abuse Treatment Services (N–SSATS) and the National Mental Health Services Survey (N–MHSS) into the N–SUMHSS to reduce the burden on facilities offering both substance use and mental health services, optimize government resources to collect data, and enhance the quality of data collected on the treatment facilities.

The N–SUMHSS is the most comprehensive national source of data on substance use and mental health treatment facilities. On an annual basis, the N–SUMHSS collects information on the facility location, characteristics, and utilization of substance use and mental health treatment services. The survey also collects client counts on individuals receiving services at these facilities. There is an increasing need to collect and maintain data on current and accurate numbers of clients in treatment at the local level for communities to assess capacity and estimate resource requirements. This information on substance use and mental health services has assisted with communities to better respond to life changing events, (*i.e.*, hurricane) and plan for service demands in the event of a natural disaster (*i.e.*, earthquakes).

SAMHSA also maintains the Inventory of Substance Use and Mental Health Treatment Facilities (I–TF) (previously known as the Inventory of Behavioral Health Services [I–BHS]). The I–TF is a master list of all known substance use and mental health treatment facilities in the United States. It also serves as the universe population for the N–SUMHSS.

SAMHSA is requesting OMB approval of revisions to the N–SUMHSS and I–TF related data collections, to include changes to the following instruments:

#### N–SUMHSS Questionnaire

- *Q1a:* added to clarify if facilities reported providing mental health treatment services in Q1 also provide substance use treatment services, to help respondents understand how to respond accurately and ensure appropriate survey module(s) are completed.