

amended, 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 on Aging Special Emphasis Panel; Medicare—Navigating the path forward.

Date: October 17, 2024.

Time: 10:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, 5601 Fishers Lane, Rockville, MD 20892 (Virtual Meeting).

Contact Person: Sandhya Sanghi, Ph.D., Scientific Review Officer, National Institute of Aging, National Institute of Health, 5601 Fishers Lane, Rm 2N230, Rockville, MD 20852, (301) 496-2879, sandhya.sanghi@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: August 30, 2024.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024-20095 Filed 9-5-24; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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 Mental Health Special Emphasis Panel; Lethal Means Safety Suicide Prevention Research.

Date: October 8, 2024.

Time: 12:00 p.m. to 2:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Virtual Meeting).

Contact Person: Serena Chu, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, National Institutes of Health, Neuroscience Center, 6001 Executive Blvd., Bethesda, MD 20852, 301-500-5829, Email: serena.chu@nih.gov.

Name of Committee: National Institute of Mental Health Special Emphasis Panel; Advanced Laboratories for Accelerating the Reach and Impact of Treatments for Youth and Adults with Mental Illness (ALACRITY).

Date: October 9, 2024.

Time: 12:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Virtual Meeting).

Contact Person: Regina Dolan-Sewell, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, National Institutes of Health, Neuroscience Center, 6001 Executive Blvd., Bethesda, MD 20852, (240) 796-6785, Email: regina.dolan-sewell@nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS)

Dated: September 3, 2024.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024-20097 Filed 9-5-24; 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 1009 of the Federal Advisory Committee Act, as amended, 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 Clinical Trial Planning Grants (R34 Clinical Trial Not Allowed); Investigator Initiated Extended Clinical Trial (R01 Clinical Trial Required); NIAID Clinical Trial Implementation Cooperative Agreement (U01 Clinical Trial Required).

Date: October 1, 2024.

Time: 1:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3E71, Rockville, MD 20892 (Video Assisted Meeting).

Contact Person: Samita S. Andreansky, Ph.D., Scientific Review Officer, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 5601 Fishers Lane, Room 3E71, Bethesda, MD 20892, 240-669-2915, samita.andreansky@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: September 3, 2024.

Lauren A. Fleck,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024-20128 Filed 9-5-24; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities; Proposed Collection; Comment Request; Correction

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

ACTION: Notice; correction.

SUMMARY: The SAMHSA published a document in the **Federal Register** of August 15, 2024, concerning request for comments on specifications for comments on a new SAMHSA data collection titled "SAMHSA Unified Client-level Performance Reporting Tool (SUPRT)". The document was missing a website to view the proposed draft tool. This correction includes the web address.

SUPPLEMENTARY INFORMATION: On August 15, 2024, SAMHSA, published a notice announcing request for comments on a new SAMHSA data collection (89 FR 66429). The document did not provide the website to view the proposed draft tool. We are, therefore, correcting the

notice to include the web address for the proposed draft tool. For convenience and ease of use, we are republishing the notice, in full, as it appeared on August 15, with the web address included. We are accepting written comments on the notice through October 15, 2024.

Department of Health And Human Services

Substance Abuse And Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; 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, email the SAMHSA Reports Clearance Officer at samhsapra@samhsa.hhs.gov.

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: SAMHSA Unified Client-Level Performance Reporting Tool (SUPRT)—(OMB No. 0930-NEW)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA is seeking approval for the new SAMHSA Unified Client-level Performance Reporting Tool (SUPRT) to modify the existing Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) Client-Level Performance Instruments into a streamlined, multi-component SAMHSA Client-Level Performance Tool. Currently, over 7,500 grantees across a range of prevention, harm reduction, treatment, and recovery support discretionary grant programs

report program performance data into SAMHSA's Performance Accountability and Reporting System (SPARS) that serves as a central data repository. SPARS also functions as a performance management system that captures information on the substance use and mental health services delivered via the range of SAMHSA's discretionary grants. SAMHSA has historically required grantees to collect much of the client-level information in SPARS using a prescribed series of questions in long complex instruments. This is not the totality of data tools SAMHSA uses, however, to collect performance data on its discretionary grant programs. SAMHSA uses data collected, depending on the grant program, at the client-level, but also through aggregate program performance tools, required narrative performance progress reports, or a combination of these. This notice informs the public of SAMHSA's intent to develop and implement a new streamlined client-level performance tool that will allow SAMHSA to continue to meet Government Performance and Results Modernization Act (GPRAMA) of 2010 reporting requirements, reduce the scope and associated burden of questions requiring responses directly from clients, and limit the amount of client-level detail reported by grantees.

The proposed new client-level performance tool will involve streamlining questions from the currently used client-level performance reporting tools, as well as incorporating select new measures/questions into a multi-component client-level tool. With this change, SAMHSA will provide guidance specifying which items SAMHSA expects grantees to ask directly of clients and those for which grantees may use alternate data sources for gathering and reporting client-level data. This new, streamlined client-level performance tool will reduce client and grantee reporting burden and enhance consistency of the collected performance data. This tool also reflects diverse stakeholder feedback SAMHSA obtained through multiple listening sessions conducted with key stakeholders and will incorporate findings of cognitive testing to improve clarity of the measures. This performance tool will align with, and strengthen, SAMHSA's complementary evaluation activities of its discretionary grant programs providing client services.

SAMHSA will use the data collected through the new streamlined client-level performance tool for both annual reporting required by GPRAMA, grantee monitoring, and continuous

improvement of its discretionary grant programs. The information collected through this process will allow SAMHSA to (1) monitor and report on implementation and overall performance of the associated grant programs; (2) advance SAMHSA's proposed performance goals; and (3) assess the accountability and performance of its discretionary grant programs, focused on efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery.

Through the proposed new, streamlined single client-level performance tool, SAMHSA seeks to (1) improve the utility of client-level performance tools while decreasing burden; (2) standardize and utilize tested questions across programs wherever possible; and, (3) elicit programmatic information that helps inform the impact of discretionary grant programs on the achievement of SAMHSA's Strategic Priority Area goals and objectives (<https://www.samhsa.gov/about-us/strategic-plan>). Furthermore, this effort is designed to align performance reporting requirements with the measurement activities of other federal agencies (e.g., the Centers for Medicare & Medicaid Services; the Centers for Disease Control and Prevention; the U.S. Census Bureau; the Office of Management and Budget; etc.) to the extent possible. To meet these goals, data from the new client-level performance tool for SAMHSA's discretionary grants can be used to delineate who is served, how they are served, what services they receive, and how the program impacts the progress of clients in terms of mental health and substance use issues. The tool reflects SAMHSA's goals to elicit pertinent program data that can be used to inform current and future programs and practices and respond to stakeholders, congressional, and other agency inquiries.

The proposed structure of the new tool will be one that is streamlined and multi-component with client-level information collected and reported at varying frequencies. The first component will be composed of standardized questions about demographic information (asked directly of clients at baseline only) and social determinants of health (asked directly of clients at baseline and annually as instructed by SAMHSA); the second component will contain standardized recovery, quality of life, and client goal measures as impacted by services received (also asked of clients at baseline and reassessment during the first year of a grant, then annually as

instructed by SAMHSA); and the third component will consist of a streamlined set of questions describing clients' behavioral health history, screening and diagnosis items, and services provided to clients (as reported at the client-level by the grantee using alternate data sources that already may be in use for other purposes, for example an electronic health or medical record). Question(s) about services provided to the client will only be required at reassessment and annually for some programs as instructed by SAMHSA.

Currently, the tool and final burden table are still under development and will be available as part of the 30-Day FRN. However, SAMHSA expects that use of the multi-component tool will result in a significant decrease in burden for client and grantee annualized reporting, not only because of the streamlining of questions, but also because not all items will be required at every data collection time point. For example, SAMHSA anticipates that the services provided item will not be required to report at baseline, only reassessment and, for some programs, annually. SAMHSA is also finalizing a revised policy on when reassessments are expected to occur, recognizing that a one-size fits all approach may not be appropriate for all client-focused grant programs. SAMHSA is conducting testing to establish a better estimate of the time it will take to complete the information collection given the varying degree of direct client involvement across the new tool's components and grantee use of alternate data sources for a portion of the tool. At this point, SAMHSA estimates that approximately 1,500 client-focused grantees annually will use the tool and with a burden hour estimate per assessment that ranges from 0.13 to 0.27 for each of the three tool components. SAMHSA's goal is to develop a new performance tool that is streamlined and will significantly reduce burden compared to the current performance tools.

Send comments to the SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E45, Rockville, Maryland 20857, OR email a copy to samhsapra@samhsa.hhs.gov. The draft tool can be found at: <https://www.samhsa.gov/grants/gpra-measurement-tools>. Written comments should be received by 15 Oct 2024.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2024-20051 Filed 9-5-24; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-7080-N-45]

30-Day Notice of Proposed Information Collection Requirement: Comment Request; Implementation of the Housing for Older Persons Act of 1995 (HOPA); OMB Control No. 2529-0046

AGENCY: Office of Policy Development and Research, Chief Data Officer, HUD.

ACTION: Notice.

SUMMARY: HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comment from all interested parties on the proposed collection of information. The purpose of this notice is to allow for an additional 30 days of public comment.

DATES: *Comments Due Date:* October 7, 2024.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to OIRA_submission@omb.eop.gov or 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.

Interested persons are also invited to submit comments regarding this proposal and comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Anna Guido, Clearance Officer, REE, Department of Housing and Urban Development, 451 7th Street SW, Room 8210, Washington, DC 20410-5000; email PaperworkReductionActOffice@hud.gov.

FOR FURTHER INFORMATION CONTACT: Colette Pollard, Reports Management Officer, REE, Department of Housing and Urban Development, 7th Street SW, Room 8210, Washington, DC 20410; email Colette.Pollard@hud.gov or telephone (202) 402-3400. This is not a toll-free number. HUD welcomes and is prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. To learn more about how to make an accessible telephone call, please visit <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>.

Copies of available documents submitted to OMB may be obtained from Ms. Pollard.

SUPPLEMENTARY INFORMATION: This notice informs the public that HUD is seeking approval from OMB for the information collection described in Section A.

The Federal Register notice that solicited public comment on the information collection for a period of 60 days was published March 27, 2024 at 89 FR 21265.

A. Overview of Information Collection

Title of Information Collection: Implementation of the Housing for Older Persons Act of 1995 (HOPA).

OMB Control Number: 2529-0046.

Type of Request: Proposed extension, without change, of a currently approved information collection requirement.

Description of the need for the information and proposed use: The Fair Housing Act [42 U.S.C.3601 *et seq.*], prohibits discrimination in the sale, rental, occupancy, advertising, insuring, or financing of residential dwellings based on *familial status* (individuals living in households with one or more children under 18 years of age). However, under § 3607(b)(2) of the Act, Congress exempted three (3) categories of "housing for older persons" from liability for familial status discrimination: (1) housing provided under any State or Federal program which the Secretary of HUD determines is "specifically designed and operated to assist elderly persons (as defined in the State or Federal program)"; (2) housing "intended for, and solely occupied by persons 62 years of age or older"; and (3) housing "intended and operated for occupancy by at least one person 55 years of age or older per unit [“55 or older” housing]." In December 1995, Congress passed the Housing for Older Persons Act of 1995 (HOPA) [Pub. L. 104-76, 109 Stat. 787] as an amendment to the Fair Housing Act. The HOPA modified the "55 or older" housing exemption provided under section 3607(b)(2)(C) of the Fair Housing Act by eliminating the requirement that a housing provider must offer "significant facilities and services specifically designed to meet the physical or social needs of older persons." In order to qualify for the HOPA exemption, a housing community or facility must meet each of the following criteria: (1) *at least 80 percent of the occupied units* in the community or facility must be occupied by at least one person who is 55 years of age or older; (2) the housing provider must publish and adhere to policies and procedures that demonstrate the *intent*