

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Submission for OMB Review; Comment Request**

Title: Child Support Enforcement Program Expenditure Report (Form OCSE-396) and the Child Support Enforcement Program Collection Report (Form OCSE-34).

OMB No.: 0970-0181.

Description: State and Tribal agencies administering the Child Support Enforcement Program under Title IV-D of the Social Security Act are required to provide information each fiscal quarter to the Office of Child Support Enforcement (OCSE) concerning administrative expenditures and the receipt and disposition of child support payments from non-custodial parents. State title IV-D agencies report quarterly expenditures and collections using Forms OCSE-396 and OCSE-34, respectively. Tribal title IV-D agencies report quarterly expenditures using Form SF-425, as prescribed in program regulations, and formerly reported quarterly collections using only a modified version of Form OCSE-34. The information collected on these reporting forms is used to compute quarterly grant

awards to States, the annual incentive payments to States, and provides valuable information on program finances of States and Tribes. The collected information is also included in a published annual statistical and financial report, available to the general public.

In response to an earlier **Federal Register** Notice (77 FR 72352 December, 2012), this agency received comments to support the minor changes and revisions to these forms at this time. As we continued to discuss improvements to these reporting forms with State and Tribal grantees we list a few minor revisions that have been incorporated to facilitate grant award operations and grantee financial reporting. These revisions were limited to any changes that allow Tribal grantees to, at least, use the same quarterly collection report submitted by State grantees. Additionally, further clarification was provided to reduce confusion over the inclusion of the Federal share of funding in computations of claims and to standardize treatment of claims. Finally, there were minor revisions in the title of the forms by reverting to the original designation as Form OCSE-396 and Form OCSE-34 and minor changes to the existing wording to improve clarity and accuracy.

One respondent was concerned with the Tribal and State governments using

the same OCSE-34 Form, which was perceived to lead to an added burden and confusion about the submission of specific data elements. Our sense is that the form is developed in a sufficiently clear manner to inform respondents on the data elements required by each type of grantee. Furthermore, we consistently provide outreach and technical assistance to all grantees to ensure that reporting burdens are clear and minimized.

A few respondents provided technical and clerical edits to the OCSE-396 Form to increase accuracy and clarity. We have incorporated many of the requested edits and appreciate the detailed and thoughtful comments.

One respondent was concerned that the instructions to the OCSE-396 may be creating an additional burden by maintaining a 5 percent variance threshold (an increase or decrease in any data element of Part 1 compared to that same data element for the previous quarter). While we are understanding of this concern our position is that the form will be used nationally and raising the variance threshold above 5 percent is not justified at this time.

Respondents: State and Tribal agencies (including New York, Texas, Washington, Puyallup Tribe, and Port Gamble S'klallam Tribe) administering a Child Support Enforcement Program.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OCSE-396	54	4	6	1,296
OCSE-34	114	4	14	6,384

Estimated Total Annual Burden Hours: 7,680.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect

if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-7285, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,
Reports Clearance Officer.

[FR Doc. 2017-15348 Filed 7-20-17; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Ryan White HIV/AIDS Program, Part C Early Intervention Services Grant**

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of non-competitive, HRSA-initiated supplemental funding award.

SUMMARY: To prevent a lapse in comprehensive HIV primary care services for persons living with HIV, HRSA will provide a one-time non-competitive, HRSA-initiated supplemental award to Cape Cod Hospital. The purpose of the Fiscal Year 2017 RWHAP Part C Early Intervention

Services Program Existing Geographic Service Area (EISEGA) is to provide HIV primary care in the outpatient setting to targeted low income, underinsured, and uninsured people living with HIV.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Cape Cod Hospital.

Amount of Non-Competitive Award: \$158,713.

Period of Funding: April 1, 2017, through March 31, 2018.

CFDA Number: 93.918.

Authority: Sections 2651–2667 of the Public Health Service Act, (42 U.S.C. 300ff–51 through 67) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Act of 2009 (P.L. 111–87).

Justification: Outer Cape Health Services, Inc. (OCHS) submitted an official request to relinquish its RWHAP Part C EISEGA grant. Cape Cod Hospital is a current RWHAP Part C EISEGA recipient and provides primary medical care; chronic disease management including HIV care and treatment, counseling, and mental health services; lab work; and dental care to vulnerable and underserved populations. Cape Cod Hospital currently serves the service area of Barnstable County, Massachusetts, with the capacity, capability, and interest to serve OCHS's client base. Cape Cod Hospital has satellite offices located in the middle region of Cape Cod with close proximity to OCHS with comparable medical services provided. OCHS has had previous contractual relationships with Cape Cod Hospital that will ensure familiarity and a seamless transition of RWHAP patients originally served by OCHS. Up to \$158,713 will be awarded to Cape Cod Hospital for the budget period of April 1, 2017, through March 31, 2018. The award to Cape Cod Hospital will ensure continuity of comprehensive HIV primary care and support services for low income, underinsured, and uninsured people living with HIV in the service area.

FOR FURTHER INFORMATION CONTACT: CAPT Mahyar Mofidi, DMD, Ph.D., Director, Division of Community HIV/AIDS Programs, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, 09N09, Rockville, Maryland 20857, phone: (301) 443–2075, email: mmofidi@hrsa.gov.

Dated: July 12, 2017.

George Sigounas,
Administrator.

[FR Doc. 2017–15292 Filed 7–20–17; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services; Notice of Meeting

Pursuant to Public Law 92–463, notice is hereby given that the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) National Advisory Council (NAC) will meet on August 10, 2017, from 9:00 a.m. to 5:15 p.m. and on August 11, 2017, from 8:30 a.m. to 12:00 p.m. EDT. The NAC will convene in both open and closed sessions on August 10, 2017, and will convene in open session on August 11, 2017.

The closed portion of the meeting will include discussion and evaluation of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public from 9:00 a.m. to 10:30 a.m. as determined by the Acting Deputy Assistant Secretary for Mental Health and Substance Use, SAMHSA in accordance with Title 5 U.S.C. 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, 10(d). The remainder of this meeting will be open to the public from 10:45 a.m. to 5:15 p.m. and will continue on Friday, August 11, 2017, from 8:30 a.m. to 12:00 p.m. EDT to include discussion of the Center's policy issues, presentations on SAMHSA's Learning Agenda, Treatment Innovations, Cognitive Behavioral Therapy for Serious Mental Illness, Co-occurring Mental Illness and Opioid Addiction, Continuum of Care for Adults with Serious Mental Illness, Prodromal Care Approaches in Children's Mental Health, Faith-based Approaches, and a conversation with the Acting Deputy Assistant Secretary for Mental Health and Substance Use.

Attendance by the public will be limited to available space. Interested persons may present data, information, or views, orally or in writing, on issues pending before the council. Written submissions should be forwarded to the contact person (below) on or before July 27, 2017. Oral presentations from the public will be scheduled at the conclusion of the meeting on Friday, August 11, 2017. Five minutes will be allotted for each presentation. Meeting information and a roster of Council members may be obtained either by accessing the SAMHSA Council Web

site at <http://www.samhsa.gov/about-us/advisory-councils/cmhs-national-advisory-council> or by contacting Ms. Pamela Foote (see contact information below).

The meeting can be accessed via telephone. To obtain the conference call-in number and access code, submit written or brief oral comments, or request special accommodations for persons with disabilities, please register at the SAMHSA's Advisory Council Web site at <http://nac.samhsa.gov/Registration/meetingsRegistration.aspx>, or contact Pamela Foote (see contact information below).

Committee Name: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services National Advisory Council.

Dates/Time/Type:

Thursday, August 10, 2017, 9:00 a.m. to 10:30 a.m. EDT: CLOSED

Thursday, August 10, 2017, 10:45 a.m. to 5:15 p.m. EDT: OPEN

Friday, August 11, 2017, 8:30 a.m. to 12:00 p.m. EDT: OPEN

Place:

SAMHSA, 5600 Fishers Lane, 5th Floor, Conference Room A04, Rockville, Maryland 20857, August 10, 2017
SAMHSA, 5600 Fishers Lane, 5th Floor, Conference Room 5E29, Rockville, Maryland 20857, August 11, 2017

Contact: Pamela Foote, Designated Federal Official, SAMHSA CMHS National Advisory Council, 5600 Fishers Lane, Room 14E53C, Rockville, Maryland 20857, Telephone: (240) 276–1279, Fax: (301) 480–8491, Email: pamela.foote@samhsa.hhs.gov.

Summer King,

Statistician, Substance Abuse and Mental Health, Services Administration.

[FR Doc. 2017–15381 Filed 7–20–17; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS–2017–0041]

Committee management; notice of Federal Advisory Committee meeting

AGENCY: Information Sharing and Services Organization (IS²O)/Office of Chief Information Officer (OCIO), Department of Homeland Security.

ACTION: Committee management; notice of Federal Advisory Committee meeting.

SUMMARY: The Homeland Security Information Network Advisory Committee (HSINAC) will meet on Wednesday, September 6, 2017, to