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Paperwork Reduction Act Reports Clearance  
Officer, Office of the Secretary.  
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DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

[Document Identifier: OS-0990-0421]

Agency Information Collection  
Request; 30-Day Public Comment  
Request

AGENCY: Office of the Secretary, 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 January 19, 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](http://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](mailto:Sherrette.Funn@hhs.gov) or (202) 264-0041, or [PRA@HHS.GOV](mailto: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:* ASPE Generic Clearance for the Collection of Qualitative Research and Assessment.

*Type of Collection:* (Revision).

*OMB No. 0990-0421*—Office of the Assistant Secretary for Planning and Evaluation (ASPE).

*Abstract:* The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting a three-year renewal with change for their generic clearance for purposes of conducting qualitative research. The ICR is for an extension of the approved information collection assigned OMB control number 0990-0421, scheduled to expire on January 31, 2024. ASPE conducts qualitative research to gain a better understanding of emerging health and human services policy issues, develop future intramural and extramural research projects, and to ensure HHS leadership, agencies and offices have recent data and information to inform program and policy decision-making. ASPE is requesting approval for at least four types of qualitative research which include, but are not limited to, (a) interviews, (b) focus groups, (c) questionnaires, and (d) other qualitative methods.

ASPE advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates many of the Department’s evaluation, research and demonstration activities, and manages cross-Department planning

activities such as implementation of the Evidence Act, strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE will use this mechanism to conduct qualitative research, evaluation, or assessment, conduct analyses, and understand needs, barriers, or facilitators for HHS-related programs and services.

ASPE is requesting comment on the increased burden for qualitative research aimed at understanding emerging health and human services policy issues. The goal of developing these activities is to identify emerging issues and research gaps to ensure the successful implementation of HHS programs. The participants may include health and human services experts; national, state, and local health or human services representatives; public health, human services, or healthcare providers; and representatives of other health or human services organizations, and people with lived experience.

*Need and Proposed Use of the Information:* ASPE is requesting comment on the burden for qualitative research aimed at understanding emerging health and human services policy issues. The goal of developing these activities is to identify emerging issues and research gaps to ensure the successful implementation of HHS programs. The participants may include health and human services experts; national, state, and local health or human services representatives; public health, human services, or healthcare providers; and representatives of other health or human services organizations, and people with lived experience. The increase in burden from 2,000 annually in 2020 to 5,000 respondents annually in 2023 reflects an increase in the number of research projects and information collections expected to be conducted over the next three years.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours per year
Health or Human Services Policy Stakeholder .....	5,000	1	1	5,000
Total .....	5,000	1	1	5,000

**Sherrette A. Funn,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Funding Opportunity for Tribal Self-Governance Planning Cooperative Agreement Program

*Announcement Type:* New.

*Funding Announcement Number:*

HHS-2024-IHS-TSGP-0001.

*Assistance Listing (Catalog of Federal Domestic Assistance or CFDA) Number:* 93.444.

#### Key Dates

*Application Deadline Date:* February 19, 2024.

*Earliest Anticipated Start Date:* April 1, 2024.

#### I. Funding Opportunity Description

##### *Statutory Authority*

The Indian Health Service (IHS) is accepting applications for cooperative agreements for the Tribal Self-Governance Planning Cooperative Agreement Program. This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. 5383(e). The Assistance Listings section of SAM.gov (<https://same.gov/content/home>) describes this program under 93.444.

##### *Background*

The Tribal Self-Governance Program (TSGP) is more than an IHS program; it is an expression of the Government-to-Government relationship between the United States (U.S.) and Indian Tribes. Through the TSGP, Tribes negotiate with the IHS to assume Programs, Services, Functions, and Activities (PSFAs), or portions thereof, which gives Tribes the authority to manage and tailor health care programs in a manner that best fits the needs of their communities.

Participation in the TSGP affords Tribes the most flexibility to tailor their health care needs by choosing one of three ways to obtain health care from the Federal Government for their citizens. Specifically, Tribes can choose to: (1) receive health care services directly from the IHS; (2) contract with the IHS to administer individual

programs and services the IHS would otherwise provide (referred to as Title I Self-Determination Contracting); and (3) compact with the IHS to assume control over health care programs the IHS would otherwise provide (referred to as Title V Self-Governance Compacting or the TSGP). These options are not exclusive and Tribes may choose to combine options based on their individual needs and circumstances.

The TSGP is a tribally-driven initiative and strong Federal-Tribal partnerships are essential to the program's success. The IHS established the Office of Tribal Self-Governance (OTSG) to implement the Self-Governance authorities under the ISDEAA. The primary OTSG functions are to: (1) serve as the primary liaison and advocate for Tribes participating in the TSGP; (2) develop, direct, and implement TSGP policies and procedures; (3) provide information and technical assistance to Self-Governance Tribes; and (4) advise the IHS Director on compliance with TSGP policies, regulations, and guidelines. Each IHS Area has an Agency Lead Negotiator (ALN), designated by the IHS Director to act on his or her behalf, who has authority to negotiate Self-Governance Compacts and Funding Agreements. Tribes interested in participating in the TSGP should contact their respective ALN to begin the Self-Governance planning and negotiation process. Tribes currently participating in the TSGP that are interested in expanding existing or adding new PSFAs should also contact their respective ALN to discuss the best methods for expanding or adding new PSFAs.

##### *Purpose*

The purpose of this Planning Cooperative Agreement is to provide resources to Tribes interested in entering the TSGP and to existing Self-Governance Tribes interested in assuming new or expanded PSFAs. Title V of the ISDEAA requires a Tribe or Tribal organization (T/TO) to complete a planning phase to the satisfaction of the Tribe. The planning phase must include legal and budgetary research and internal Tribal government planning and organizational preparation relating to the administration of health care programs. See 25 U.S.C. 5383(d).

The planning phase is critical to negotiations and helps Tribes make informed decisions about which PSFAs to assume and what organizational changes or modifications are necessary to successfully support those PSFAs. A thorough planning phase improves timeliness and efficient negotiations and ensures that the Tribe is fully prepared

to assume the transfer of IHS PSFAs to the Tribal health program.

A Planning Cooperative Agreement is not a prerequisite to enter the TSGP and a Tribe may use other resources to meet the planning requirement. Tribes that receive Planning Cooperative Agreements are not obligated to participate in the TSGP and may choose to delay or decline participation based on the outcome of their planning activities. This also applies to existing Self-Governance Tribes exploring the option to expand their current PSFAs or assume additional PSFAs.

#### II. Award Information

##### *Funding Instrument—Cooperative Agreement*

##### *Estimated Funds Available*

The total funding identified for fiscal year (FY) 2024 is approximately \$900,000. Individual award amounts are anticipated to be \$180,000. The funding available for competing awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

##### *Anticipated Number of Awards*

The IHS anticipates issuing approximately five awards under this program announcement.

##### *Period of Performance*

The period of performance is for 1 year.

##### *Cooperative Agreement*

Cooperative agreements awarded by the Department of Health and Human Services (HHS) are administered under the same policies as grants. However, the funding agency, IHS, is anticipated to have substantial programmatic involvement in the project during the entire period of performance. Below is a detailed description of the level of involvement required of the IHS.

##### *Substantial Agency Involvement Description for Cooperative Agreement*

A. Provide descriptions of PSFAs and associated funding at all organizational levels (service unit, area, and headquarters) including funding formulas and methodologies related to determining Tribal shares.

B. Meet with Planning Cooperative Agreement recipients to provide program information and discuss methods currently used to manage and deliver health care.

C. Identify and provide statutes, regulations, and policies that provide