

Applications that fail to meet the application due date will *not* be reviewed and will receive *no* further consideration.

**VI. Application Review Information**

Eligible applications in response to this announcement will be reviewed according to the following evaluation criteria:

- Purpose and Need for Assistance—(20 points).
- Approach/Method—Workplan and Activities—(35 points).
- Outcomes/Evaluation/Dissemination—(25 points).
- Level of Effort—(20 points).

**VII. Agency Contacts**

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Office of Evaluation, Washington, DC 20201, telephone: (202) 357-0145.

Dated: July 3, 2006.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60 Day-06-05C]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and

instruments, call 404-639-5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

**Proposed Project**

CDC Oral Health Management Information System -New- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The CDC seeks to improve the oral health of the nation by targeting efforts to improve the infrastructure of state and territorial oral health departments, strengthen and enhance program capacity related to monitoring the population's oral health status and behaviors, develop effective programs to improve the oral health of children and adults, evaluate program accomplishments, and inform key stakeholders, including policy makers, of program results. Through a cooperative agreement program (Program Announcement 03022), CDC provides approximately \$3 million per year over 5 years to 12 states and one territory to strengthen the states' core oral health infrastructure and capacity and reduce health disparities among

high-risk groups. The CDC is authorized to do this under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. 241 and 247b(k)].

Information systems provide a central repository of information, such as the plans of the state or territorial oral health programs (their goals, objectives, performance milestones and indicators), as well as state and territorial oral health performance activities including programmatic and financial information. The management information system (MIS) will allow a CDC project officer to enter information related to technical assistance, consultative plans, communication and site visits. For state and territorial oral health programs, this MIS will provide a central location that will allow for the more efficient collection of information needed to meet reporting requirements. The system will allow state and territorial oral health programs immediate access to information and better equip them to respond to inquiries in a timely fashion and to make programmatic decisions in a more efficient, informed manner.

The MIS will support CDC's broader mission of reducing oral health disparities by enabling CDC staff to more effectively identify the strengths and weaknesses of individual state and territorial oral health programs; to identify national progress toward reaching the goals of Healthy People 2010; and to disseminate information related to successful public health interventions implemented by state and territorial programs to prevent and control the burden of oral diseases. The CDC anticipates that the state burden of providing hard-copy reports will be reduced with the introduction of the Web-based progress reporting system. It is assumed that states will experience a learning curve in using this application that burden will be reduced once they have familiarized themselves with it.

There are no costs to respondents except their time to participate in the survey.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hrs.)	Total burden (hours)
State Program Staff .....	12	2	9	216
Territory Program Staff .....	1	2	9	18
Total .....	13	4	18	234

Dated: June 30, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30 Day-06-05AA]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written

comments should be received within 30 days of this notice.

**Proposed Project**

Early Hearing Detection and Intervention Hearing Screening and Follow-up Survey -New- National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) of the Centers for Disease Control and Prevention promotes the health of babies, children, and adults with disabilities. Activities related to addressing hearing loss (HL) among newborns and infants are part of NCBDDD's mission. HL is a common birth defect that affects approximately 12,000 infants across the United States each year, and can result in developmental delays when left undetected. As awareness about infant HL increases, so does the demand for accurate information about incidence, rate of screening, referral to care, and loss to follow-up.

Given the lack of a standardized and readily accessible source of data, CDC's Early Hearing Detection and Intervention (EHDI) program has developed a survey to be used annually for State and Territory EHDI Program Coordinators that utilizes uniform definitions to collect aggregate, standardized EHDI data from states and territories. This information is important for helping to ensure infants and children are receiving recommended screening and follow-up services, documenting the occurrence and etiology of differing degrees of HL among infants, and determining the overall impact of infant HL on future outcomes, such as cognitive development and family dynamics. These data will also assist state EHDI programs with quality improvement activities and provide information that will be helpful in assessing the impact of Federal initiatives. The public will be able to access this information via CDC's EHDI Web site (<http://www.cdc.gov/ncbddd/ehdi/>). There are no costs to respondents other than their time. The total estimated annualized burden is 209 hours.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
States Contacted .....	55	1	10/60
States Completed .....	50	1	4

Dated: June 30, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-216 and CMS 10191]

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health

and Human Services, is publishing the following summary of proposed collections for public comment. 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 function; (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.

1. *Type of Information Collection Request:* New Collection.

*Title of Information Collection:* Organ Procurement Organization/ Histocompatibility Laboratory Statement of Reimbursable Cost, Manual Instructions and Supporting Regulations Contained in 42 CFR 413.20 and 413.24.

*Use:* CMS is requesting reapproval of Form CMS-216-94 (OMB No.0938-0102). The current form implements various provisions of the Social Security Act, including Section 1881(a) which provides Medicare coverage for end-stage renal disease patients who meet certain entitlement requirements and kidney donors. It also implements Sections 1881(b)(2)(B) and 1861(v)(1)(A) of the Act to determine the reasonable costs incurred to furnish treatment for renal patients and transplant patients. The reasonable costs of securing and transporting organs cannot be determined for the fiscal year until the Organ Procurement Organization/ Histocompatibility Laboratory files its cost report (Form CMS-216) at year-end and costs are verified by the Medicare fiscal intermediary.

*Form Number:* CMS-216 (OMB#: 0938-0102).

*Frequency:* Recordkeeping—Daily, Reporting—Annually.