PACHA Committee Manager is listed above.

Dated: March 3, 2009.

Christopher H. Bates,

Interim Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. E9–4854 Filed 3–6–09; 8:45 am]

BILLING CODE 4150–43–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee to the Director, Centers for Disease Control and Prevention, (ACD, CDC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the CDC announces the following meeting of the aforementioned committee:

TIME AND DATE: 6 p.m.–7 p.m., March 4, 2009.

PLACE: The teleconference call will originate at the CDC. Details on accessing the teleconference are located in the supplementary information.

STATUS: Open to the public, teleconference access limited only by availability of telephone ports.

PURPOSE: The committee will provide advice to the Director, CDC on strategic and other broad issues facing CDC.

MATTERS TO BE DISCUSSED: During this conference call, the National Biosurveillance Advisory Subcommittee (NBAS) will provide recommendations to the ACD, CDC for transmittal to the administration. Since the NBAS was created in May, 2008, the subcommittee has been on a very aggressive timeline in order to provide the administration with key recommendations for improving the nation's biosurveillance capability. In order for these recommendations to go through the proper clearance steps and still be timely and relevant for the administration, the ACD, CDC must review and approve these recommendations as soon as possible. The NBAS was originally scheduled to present these recommendations to the ACD, CDC at the meeting scheduled for February 24, 2009.

Agenda items are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: This conference call is scheduled to begin at 6 p.m. Eastern Standard Time. To participate in the teleconference, please dial 1–888–323–9787 and enter conference code 4735949.

CONTACT PERSON FOR MORE INFORMATION: Brad Perkins, M.D., M.B.A., Designated Federal Officer, ACD, CDC, 1600 Clifton Road, NE., M/S D–14, Atlanta, Georgia 30333. Telephone: 404–639–7000.

The ACD, CDC was scheduled to meet by conference call on February 24, 2009. The meeting was postponed on short notice because of quorum guidelines. The meeting is re-scheduled for March 4, 2009, at 6 p.m., as this is the only available time to gather a quorum of the ACD members.

This notice is being published less than 15 days prior to the meeting due to the scheduling difficulties encountered when planning the meeting, and due to the urgent nature of transmitting the recommendations to the administration.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the CDC and the Agency for Toxic Substances and Disease Registry.

Andre Tyler,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. E9–4940 Filed 3–4–09; 4:15 pm]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–245]

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

AGENCY: Centers for Medicare & Medicaid Services.

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:* Revision of a currently approved collection; *Title of Information Collection:* Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supporting Regulations in 42 CFR, Sections 484.55, 484.205, 484.245, 484.250; *Use:* The Centers for Medicare & Medicaid Services is requesting OMB approval to modify the Outcome and Assessment Information Set (OASIS) data set that home health agencies (HHAs) are required to collect in order to participate in the Medicare program. Proposed revisions to the OASIS data set include: (1) Issues raised by stakeholders, including removing items that are not currently used by CMS for payment or quality, adding items to address clinical domains not currently covered, and modifying item wording or response categories for selected items; and (2) the addition of process items that support measurement of evidence-based practices. Proposed revisions to OASIS items address issues raised by stakeholders, including removing items that are not currently used by CMS for payment or quality, adding items to address clinical domains not currently covered, and modifying item wording or response categories for selected items. These changes and item deletions are considered to be high priority by CMS and have implications for outcome measurement, risk adjustment of outcome reports, case mix adjustment for prospective payment, data submission procedures and specifications, reporting systems, and provider paperwork burden.

In addition, adopting measures of efficient and high-quality care is central to the direction that CMS would like to take in its Quality Initiative. In accordance with long-standing Federal objectives, CMS ultimately plans to create a standard patient assessment instrument that can be used across all post-acute care settings. The revision of the OASIS instrument is an opportunity to consider various components of quality care and how patients might be better served as they (and information about them and their care) move among health care settings. For this reason, the OASIS C includes process items that support measurement of evidence-based practices across the post-acute care spectrum that have been shown to prevent exacerbation of serious conditions, can improve care received by individual patients, and can provide

guidance to agencies on how to improve care and avoid adverse events. *Form Number:* CMS–R–245 (OMB# 0938–0760); *Frequency:* Occasionally; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 10,170; *Total Annual Responses:* 14,960,070; *Total Annual Hours:* 15,590,610.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *April 8, 2009.*

OMB, Office of Information and Regulatory Affairs

Attention: CMS Desk Officer.
Fax Number: (202) 395–6974.
E-mail: *OIRA_submission@omb.eop.gov*.

Dated: March 3, 2009.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E9–4883 Filed 3–6–09; 8:45 am]

BILLING CODE 4120–01–U–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Developmental Disabilities Program Independent Evaluation Project.

OMB No.: New collection.

Description: The Developmental Disabilities Program Independent Evaluation (DDPIE) Project is an independent (non-biased) evaluation to examine through rigorous and comprehensive performance-based research procedures the targeted impact on the lives of people with developmental disabilities and their families of three programs funded under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act): (1) State Councils on Developmental Disabilities (SCDDs); (2) State Protection and Advocacy Systems for Individuals with developmental disabilities (P & As); and (3) University Centers for Excellence in Developmental Disabilities (UCEDDs). The intent of this evaluation is to understand and report on the accomplishments of these programs, including collaborative efforts among the DD Network programs. The results of this evaluation will provide a report to the Administration on Developmental Disabilities (ADD) (the agency that administers these programs) with information on the effectiveness of its programs and policies and serve as a way for ADD to promote accountability to the public.

The independent evaluation is a response to accountability requirements for ADD as identified in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), the Government Performance and Results Act (GPRA) of 1993, and the Program Assessment Rating Tool (PART), administered by the Office of Management and Budget (OMB). This project meets the requirements of PART by providing a non-biased method of evaluating the effectiveness and impact of DD Network programs on the lives of people with developmental disabilities and their families.

ADD is seeking OMB approval for the evaluation tools (*e.g.*, data collection instruments). The evaluation tools are designed to collect data for two purposes: (1) To measure the programs according to indicators (structural, process, output, and outcome) in key function areas; and (2) to establish performance standards for measuring the impact of each of the programs. The evaluation tools are primarily protocols for conducting interviews with various staff of the three programs and stakeholders associated with the programs. The interview protocols were tested during a pilot study in 2008. There is also a self-administered form for each of the programs to be completed by Executive Directors or his/her designee. The self-administered form was developed as a result of the pilot study and, therefore, has not been tested for reliability and validity. It is intended that the clearance process will be a mechanism for determining the reliability, validity, and feasibility of using this instrument.

Respondents: Staff of State Councils on Developmental Disabilities, State Protection and Advocacy Systems for Indiviiduals with developmental disabilities, and University Centers for Excellence in Developmental Disabilities, Education, Research, and Service; individuals with developmental disabilities; parents of individuals with developmental disabilities; siblings of individuals with developmental disabilities; guardians; advocates; policymakers; service providers; university faculty; and others (*e.g.*, DDC chairs, members of Protection and Advocacy boards of directors or commissioners; Consumer Advisory Committee members).

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
DD Council: Executive Director Interview	20	1	4	80
DD Council: Interview with Council Chair/Council Members	60	1	0.75	45
DD Council: Group Interview with Policymakers, Collaborators, and Grantees	160	1	2	320
DD Council: Group Interview with Recipients of Self-Advocacy and Leadership Education and Training	100	1	0.75	75
DD Council: Group Interview with Recipients of Education and Training to Improve Community Capacity	100	1	0.75	75
DD Council: Self-administered Form	20	1	8	160
P&A: Executive Director Interview	20	1	4	80
P&A: Staff Interview	60	1	0.75	45