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]

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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