Transfer of Select Agents and Toxins, 9 CFR Part 121). Topics will include the definition of select agents, transportation of select agents, physical and personnel security of select agent entities, oversight and inspections of laboratories, and fostering a culture of security and responsibility.

Procedures for Providing Public Input: Public participation in this meeting of the Working Group is encouraged. Interested members of the public may attend the meeting in person. Pre-registration is highly encouraged and is available at the website: *https://www.medicalcountermeasures.gov/StrengtheningBiosecurity2009*. Members of the public may also submit relevant written or oral information for the Working Group to consider. Oral and written information that is submitted may be made be available to the public; therefore, we request that statements do not include private or proprietary information. *Oral Statements:* Thirty minutes will be available each day of the meeting for public comment. In general, each speaker (or group of speakers) requesting an oral presentation will be limited to three minutes. To be placed on the public speaker list, interested parties should contact Dr. Laura Kwinn, in writing (preferably via e-mail to *biosecurity.workgroup@hhs.gov*), by May 8, 2009. *Written Statements:* In general, individuals or groups may file written comments with the Working Group. All written comments must be received prior to May 18, 2009 and should be sent to Dr. Laura Kwinn (preferably by e-mail with ''Working Group Public Comment'' as the subject line). Individuals needing special assistance should notify Dr. Laura Kwinn by May 8, 2009.

Dated: April 27, 2009.

RADM W. Craig Vanderwagen,

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

[FR Doc. E9–10008 Filed 4–30–09; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10116]

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:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Program; Conditions for Payment of Power Mobility Devices, including Power Wheelchairs and Power-Operated Vehicles; *Use:* CMS is renewing our request for approval for the collection requirements associated with the final rule, CMS–3017–F (71 FR 17021), which was published on April 5, 2006 and became effective on June 5, 2006. The regulation CMS–3017–F finalized provisions set forth in the interim final regulation (70 FR 50940) published on August 26, 2005. This final rule conforms our regulations to section 302(a)(2)(E)(iv) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This rule defines the term power mobility devices (PMDs) as power wheelchairs and power operated vehicles (POVs or scooters). It sets forth revised conditions for Medicare payment of PMDs and defines who may prescribe PMDs. This rule also requires a face-to-face examination of the beneficiary by the physician or treating practitioner, a written prescription, and receipt of pertinent parts of the medical record by the supplier within 45 days after the face-to-face examination that the durable medical equipment (DME) suppliers maintain in their records and make available to CMS and its agents upon request. Finally, this rule discusses CMS' policy on documentation that may be requested by CMS and its agents to support a Medicare claim for payment.

Since the implementation of regulation CMS–3017–F, there have been no new requirements that have necessitated changes to any burden. The change in total burden is attributable to an estimate of claims for PMD that were higher than the estimate of claims calculated for this PRA package. For example, last time CMS calculated burden estimates associated with this regulation to be 243,000 claims. For this package, CMS estimates that 240,325 claims will be submitted for payment in 2009. This translates into 48,065 hours instead of 48,600 hours, resulting in a difference of 535 hours less burden than originally estimated.

Form Number: CMS–10116 (OMB #0938–0971); *Frequency:* Occasionally; *Affected Public:* Private Sector; *Number of Respondents:* 89,411; *Total Annual Responses:* 240,325; *Total Annual Hours:* 48,065. (For policy questions regarding this collection contact Maria Ciccanti at 410–786–3107. For all other issues call 410–786–1326.)

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 June 1, 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: April 23, 2009.

Michelle Shortt,

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

[FR Doc. E9–9957 Filed 4–30–09; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project

Title: Evaluation of the Community Healthy Marriage Initiative—Impact Evaluation Wave 2.

OMB No.: 0970–0322.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is conducting a demonstration and evaluation called the Community Healthy Marriage Initiative (CHMI). Demonstration programs have been funded through Healthy Marriage and Responsible Fatherhood grants authorized under section 403(a)(2) of the Social Security Act to support healthy marriage directly and to encourage community changes that increase support for healthy marriages and improve child and family well-being. The objective of the evaluation is to: (1) Assess the implementation of community interventions designed to provide marriage education by examining the way the projects operate and by examining child support outcomes among low-income families in the community; and (2) evaluate the community impacts of these interventions on marital stability and satisfaction, child well-being and child support outcomes among low-income families.

The purpose of this information collection is to conduct a follow-up survey of respondents from Wave 1 who live in the communities where CHMI demonstrations are operating, and a survey of CR141 program participants. The impact evaluation will assess the effects of community healthy marriage initiatives by comparing family and child well-being outcomes in the CR141 communities with similar outcomes in comparison communities that are well matched to the demonstration project sites.

Respondents: Community members and program participants in CHMI treatment and comparison communities.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Average number of responses per respondents	Average burden hours per response	Total burden hours
Wave 2 Survey	4,120	1	.75	3,090

Estimated Total Annual Burden Hours: 3,090.

Additional Information: In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. E-mail address: *OPREinfocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection. The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: April 23, 2009.

Seth Chamberlain,

OPRE Reports Clearance Officer.

[FR Doc. E9–9900 Filed 4–29–09; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Summary Data Component, National Child Abuse and Neglect Data System (NCANDS).

OMB No.: 0980–0229.

Description: The Child Abuse and Neglect Treatment Act (42 U.S.C. 5101 *et seq.*) as amended requires States to annually work with the Secretary to provide to the maximum extent practical, a report that includes 12 data items listed in the statute. The National Child Abuse and Neglect Data System (NCANDS), administered by the Children's Bureau, meets this reporting requirement. In addition, the amendments of 1988 require that the data system shall be universal and case specific and integrated with other case-based foster care and adoption data collected by the Secretary. There are two data components, the Detailed Case Data Component (DCDC), which includes the case-level data submitted through the Child File and some aggregated data submitted through the Agency File, and the Summary Data component (SC), which is used by States that cannot submit case-level data. No changes are being requested. The Summary Data Component will be phased out over the next few years as the number of States that can complete the Child File increases.

Respondents: State Child Welfare Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
DCDC (includes the Child File and the Agency File)	49	1	108.60	5,321.40
Summary Data Component	3	1	32	96