

A. Federal Reserve Bank of Cleveland
(Nadine Wallman, Vice President) 1455
East Sixth Street, Cleveland, Ohio
44101-2566:

1. *NB and T Financial Group, Inc., Employee Stock Ownership Plan, Wilmington, Ohio, and NB and T Financial Group, Inc., Wilmington, Ohio*; to acquire 100 percent of the voting shares of Community National Corporation, Franklin, Ohio and thereby indirectly acquire The Community National Bank, Franklin, Ohio.

Board of Governors of the Federal Reserve System, August 25, 2009.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E9-20815 Filed 8-27-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New]

Agency Emergency Information Collection Clearance Request for Public Comment

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) 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 information collection request 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 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. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 7 days.

Proposed Project: Rapid Assessment of Critical Illness Due to 2009-H1N1 Influenza OMB No. 0990-New—Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO).

Abstract: The Office of the Secretary (OS) is requesting emergency action for this clearance by the Office of Management and Budget no later than August 28, 2009. ASPR is requesting

emergency processing procedures for this application because this information is needed immediately to help reduce morbidity and mortality from 2009-H1N1 by providing near real-time critical care data streams and analyses to strengthen our response to 2009-H1N1 influenza. Specifically, HHS officials will use this information to inform up-to-date clinical practice guidance to front-line clinicians. Also, this data will be used by HHS to guide resource planning actions to assure that healthcare systems have optimal access to treatments and supportive care medical material for critically ill patients. Lastly, this data stream network can serve as platform for which to build critical care clinical trials for H1N1. The overarching purpose of this initiative is to better understand critical illness in 2009-H1N1 patients and to be able to better respond to the needs of these patients. Currently our main source of data is case reports, which lacks timeliness and sufficient numbers of patients to assure that these non-scientific snapshots represent the broad experience across US ICUs. Collecting patient level data through a research network will allow us to understand the disease course of critically ill patients, what clinical resources they require, and what conditions they may be at increased risk for (e.g., secondary bacterial infections and pulmonary thromboembolism).

Estimate Annualized Burden Hours

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total hour burden
IRB Submission (Research Coordinator)	120	1	20	2400
IRB Submission (Site Coordinator)	120	1	2	240
Prospective Patient Data Collection and Transmittal to Coordinating Center (Research Coordinator)	2000	1	6	12000
(Site Investigator)	2000	1	30/60	1000
Retrospective Patient Data Collection and Transmittal to Coordinating Center (Research Coordinator)	250	1	8	2000
(Site Investigator)	250	1	30/60	125
NHLBI Clinical Coordinating Center, 0.5 FTE	1	1	520	520
Total				18,285

Seleda Perryman,

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

[FR Doc. E9-20793 Filed 8-27-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0299; 30-day notice]

Agency Information Collection Request, 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) 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. 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Send written comments and

recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: Adolescent Family Life Care and Prevention End of Year Report Templates (Revision) OMB No. 0990-0299, Office of Adolescent Pregnancy Programs (OAPP).

Abstract: OAPP is proposing to revise the current OMB approved Adolescent Family Life Care and Prevention End of Year Report Templates. The current OMB approval is applicable through May 31, 2009. All AFL grantees are required by their Notice of Grant Awards to submit an end of year report once per year. The current End of Year Report templates provide a degree of

standardization across the AFL grantees, allowing for more complete data collection by OAPP for program assessment.

OAPP is also proposing to consolidate 0990-0300—AFL Prevention Project End of Year Report Template ICR and 0990-0299—AFL Care and Prevention End of Year Report Templates ICR. After the approval by OMB on 0990-0299 ICR, OAPP will eliminate 0990-0300. This action will reduce the redundancy across ICRs and lessen the number of burden hours reported by including both templates under one ICR (0990-0299).

The original title will be changed to Adolescent Family Life End of the Year Report Template.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses/ respondent	Average burden/ response (hours)	Total burden (hours)
Care demonstration projects.	Adolescent Family Life Care and Prevention Template.	31	1	65	2,015
Prevention demonstration projects.	Adolescent Family Life Care and Prevention Template.	35	1	65	2,275

Seleda Perryman,

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

[FR Doc. E9-20795 Filed 8-27-09; 8:45 am]

BILLING CODE 4150-30-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-1515/1572, CMS-301, CMS-317, CMS-319, CMS-1957 and CMS-10296]

Agency Information Collection Activities: Proposed Collection; 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) 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 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.

1. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Home Health Agency Survey and Deficiencies Report, Home Health Functional Assessment Instrument and Supporting Regulations in 42 CFR 488.26 and 442.30. *Use:* In order to participate in the Medicare Program as a Home Home Agency (HHA) provider, the HHA must meet Federal Standards. These forms are used to record information and patients' health and provider compliance with requirements and to report the information to the Federal Government. *Form Number:* CMS-1515/1572 (OMB#: 0938-0355); *Frequency:* Reporting—Yearly; *Affected Public:* Health Care Services; *Number of Respondents:* 10,078; *Total Annual Responses:* 5,614; *Total Annual Hours:* 9,821. (For policy questions regarding this collection contact Patricia Sevast at 410-786-8135. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Revision of a currently

approved collection; *Title of Information Collection:* Certification of Medicaid Eligibility Quality Control Payment Error Rates and Supporting Regulations Contained in 42 CFR 431.816. *Use:* Under the MEQC program, States can operate the traditional MEQC sample-and-review program or States can elect to study targeted areas of eligibility or program administration that are error-prone or that will help to prevent or reduce erroneous or misspent funds. These alternative MEQC programs are called MEQC pilots. Some States operate alternative MEQC programs as part of their research and demonstration waivers under Section 1115 of the Social Security Act. The majority of States operate some form of alternative MEQC program. However, since the number of States that conduct traditional MEQC programs and alternative MEQC programs can fluctuate at any time, we have assessed the burden and costs associated with submitting the Payment Error Rate form as if all States were reporting this information.

State agencies are required to submit the Payment Error Rate form to their respective CMS Regional Offices. Regional Office staff will review these forms for completeness and will forward these forms to the Central Office for compilation of error rate charts for