EXHIBIT 2—ESTIMATED ANNUALIZED

Form name	No. of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
LN Meeting Evaluation	22	7	$40.75	$285
Group TA Evaluation	8	3	40.75	122
Individual TA Evaluation	15	1	40.75	41
Annual Survey	22	4	40.75	163
Annual Interview	5	4	40.75	163
Total	72	19	40.75	774

*Based upon tne mean hourly wage rate for Medical Scientists, Except Epidemiologists, from the National Compensation Survey: Occupational wages in the United States May 2009, ''U.S. Department of Labor, Bureau of Labor Statistics,'' accessed on April 26, 2011.

Estimated Annual Costs to the Federal Government

The total cost of this contract to the government is $178,137 over the three years of the project (September 27, 2010 to September 26, 2013). Therefore, the annualized cost to the government of the evaluation of the Complex Patient LN&TAC is $59,379.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	$70,247	$23,416
Data Collection Activities	54,636	18,212
Data Processing and Analysis	31,220	10,406
Overhead	22,034	7,345
Total	178,137	59,379

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 21, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–19392 Filed 8–2–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11–11JJ]

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 Daniel L. Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *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

Evaluating Locally-Developed HIV Prevention Interventions for African-American MSM in Los Angeles—New—National Center for HIV/AIDS, Viral Hepatitis, STD, TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Data reported from 33 states with HIV reporting indicate the burden of HIV/AIDS is most concentrated in the African American population compared to other racial/ethnic groups. Of the 49,704 African American males diagnosed with HIV between 2001 and 2004, 54% of these cases were among men who have sex with men (MSM). In Los Angeles County (LAC), the proportion of HIV/AIDS cases among African American males attributable to male-to-male sexual transmission is

even greater (75%). In the absence of an effective vaccine, behavioral interventions represent one of the few methods for reducing high HIV incidence among African American MSM (AAMSM). Unfortunately, in the third decade of the epidemic, very few of the available HIV-prevention interventions for African American populations have been designed specifically for MSM. In fact, until very recently none of CDC's evidence-based, HIV-prevention interventions had been specifically tested for efficacy in reducing HIV transmission among MSM of color. Given the conspicuous absence of (1) Evidence-based HIV interventions and (2) outcome evaluations of existing AAMSM interventions, our collaborative team intends to address a glaring research gap by implementing a best-practices model of comprehensive program evaluation.

The purpose of this project is to test, in a real world setting, the efficacy of an HIV transmission prevention intervention for reducing sexual risk among African American men who have sex with men in LAC. The project is a 3-session, group-level intervention that will provide participants with the information, motivation, and skills necessary to reduce their risk of transmitting or acquiring HIV. The intervention will be evaluated using baseline, 3 month and 6 month follow-up assessments. This project will also conduct in-depth qualitative interviews with 36 men in order to assess their experiences with the intervention, elicit recommendations for improving the intervention, and to better understand the factors that put African American MSM at risk for HIV.

CDC is requesting a 3-year clearance for data collection. The data collection system involves screenings, limited locator information, contact information, a baseline questionnaire, client satisfaction surveys, a 3-month follow-up questionnaire, a 6-month follow-up questionnaire, and case study interviews. An estimated 700 men will be screened for eligibility in order to enroll 528 men. The baseline and follow up questionnaires contain questions about participants' socio-demographic information, health and healthcare, sexual activity, substance use, and other psychosocial issues. The duration of each baseline, 3-month, and 6-month questionnaires are estimated to be 60 minutes; the 36 Success Case Study interviews 90 minutes; Outreach Recruitment Assessment 5 minutes; limited locator information form 5 minutes; participant contact information form 10 minutes; each client satisfaction survey 5 minutes. There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per espondent	Average burden per respondent (in hours)	Total annual urden in hours
AAMSM	Outreach Recruitment Assessment (screener).	700	1	5/60	58
AAMSM	Limited Locator Information	700	1	5/60	58
Enrolled AAMSM	Participant Contact Information Form.	528	1	10/60	88
Enrolled AAMSM	Baseline Questionnaire	528	1	1	528
Enrolled AAMSM	Client Satisfaction Survey	224	3	5/60	56
Enrolled AAMSM	3 month follow up Questionnaire	420	1	1	420
Enrolled AAMSM	6 month follow up Questionnaire	400	1	1	400
Enrolled AAMSM	Success Case Study Interview	36	1	1.5	54
Total					1662

Dated: July 27, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–19614 Filed 8–2–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3143–NC]

Medicare Program; Evaluation Criteria and Standards for Quality Improvement Program Contracts (10th Statement of Work)

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice with comment period.

SUMMARY: This notice with comment period describes the general criteria we intend to use to evaluate the effectiveness and efficiency of Quality Improvement Organizations (QIOs) that will enter into contracts with CMS under the 10th Statement of Work (SOW) on August 1, 2011. The evaluation of a QIOs' performance related to their SOW will be based on evaluation criteria specified for the aims, drivers, tasks, and subtasks set forth in section J–10 of the QIOs' 10th SOW.

DATES: *Effective Date*: August 1, 2011 to July 31, 2014.

Comment Date: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on September 2, 2011.

ADDRESSES: In commenting, please refer to file code CMS–3143–NC. Because of staff and resource limitations, we cannot accept comments by facsimile (Fax) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov*. Follow the ''Submit a comment'' instructions.

2. *By regular mail.* You may mail written comments to the following address *only*: Centers for Medicare & Medicaid Services, Department of Health and Human Services, *Attention:* CMS–3143–NC, P.O. Box 8010, Baltimore, MD 21244–8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address *only*: Centers for Medicare & Medicaid Services, Department of Health and Human Services, *Attention:* CMS–3143–NC, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.