

DeSoto, MSc, Ph.D., MHA, Office of Extramural Research, Education and Priority Populations, Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20850, Phone: (301) 427-1546, Fax: (301) 427-1238, Email: Maushami.Desoto@AHRQ.hhs.gov.

Submission Guidelines: When submitting comments, please include, to the extent available:

- Detailed responses and suggestions; and
- Rationale and evidence for any recommended changes to the algorithm, including citations of published evidence, if available.

For all submissions, please also include:

A brief cover letter summarizing the information requested above for submitted comments;

Complete information about the person submitting the comments, including:

- (a) Name; and
- (b) Email address.

FOR FURTHER INFORMATION CONTACT:

Maushami (Mia) DeSoto, MSc, Ph.D., MHA

SUPPLEMENTARY INFORMATION: Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b-9a). Since the law was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality. Section 1139A(b) of the Act charged the Department of Health and Human Services with improving pediatric health care quality measures. To implement the law, AHRQ and CMS have established the CHIPRA Pediatric Quality Measures Program (PQMP), which is designed to enhance select pediatric quality measures and develop new measures as needed.

The information sought in this Notice is being collected pursuant to the needs of the Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement (CEPQM). It is one of the seven CHIPRA Pediatric Quality Measures Program (PQMP) Centers of Excellence and has been assigned the task of developing a pediatric readmission measure.

Dated: September 12, 2013.

Richard Kronick,
AHRQ Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-13-13TD]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

“So What? Telling a Compelling Story” Template—New—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Background: Stories are difficult to gather and track; therefore, OPHPR must use a creative method to collect relevant stories on the impacts of the Public Health Emergency Preparedness (PHEP) grant in state and local health departments and at the community level. Several resources and tools exist within CDC and partner organizations to share stories but the stories tend to be dated or already used in another capacity. OPHPR must be proactive in leveraging this template to collect new, timely anecdotes, described as “leads” in the rest of this notice, versus full stories, in order to describe the current successes and challenges public health officials face implementing the PHEP grant and associated activities.

CDC requests Office of Management and Budget (OMB) approval to collect information for three years.

Description: The storytelling template is a single page, double-sided guide for storytellers, described as “sources” in

the remainder of this notice. With this tool, developers intend to dramatically reduce the burden on respondents and employees who may otherwise engage in complete story development with each new event. In this manner, staff may tease out pertinent and timely leads for potential development at a later date based on the needs of leadership. Development of a complete story from this template will occur with a small percentage of the leads. The text specifically requested is the source's name, telephone number, email address, organization, job title, the topic of the compelling story, a headline, and up to three key bullet points. The intent of this template is to guide the development of bullets and headlines describing successes, impacts, and other funding-related activities.

The goals of these leads are shaped by four topics:

1. Showcasing the nature of the preparedness and response challenge: Something observed at ground level that clearly illustrates why preparedness and response work is necessary.
2. Illustrating the public health contribution: Examples that prove public health preparedness and response not only makes a difference, but also describe the unique approach public health brings to emergency response.

3. Supporting the evidence-base: Examples that compliment qualitative research on evidence based interventions.

4. Demonstrating return on investment: Leads describing awareness of how funds are used and demonstrating fiscal responsibility and transparency.

OPHPR representatives intend to collect story leads from a variety of sources including CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members.

The developers plan to leverage existing communications channels if the leads are used or developed into more lengthy stories. Just as stories are used currently, leads from this template will be potentially used in congressional inquiries, leadership presentations, annual reports, and CDC OPHPR Web sites.

There are no costs to respondents other than their time. The total estimated annual burden hours are 95.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members.	“So What? Telling a Compelling Story”	100	1	30/60
CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members.	“So What? Telling a Compelling Story” Follow-Up Questions.	30	1	1.5

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

The President signed the Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) into law on September 30, 2011. This act includes a targeted grants program (section 437(f) of the Social Security Act), which directs the Secretary of Health and Human Services (HHS) to reserve a specified portion for Regional Partnership Grants, designed to improve the well-being of children affected by parental substance abuse. On September 28, 2012, CB/ACYF awarded new 5-year RPG grants to 17 partnerships in 15 states. The overall objective of the Cross-Site Evaluation and Technical Assistance project (the RPG Cross-Site Evaluation) is to plan, develop, and implement a rigorous national cross-site evaluation of the RPG Grant Program, provide legislatively-mandated performance measurement, and furnish evaluation-related technical assistance to the grantees in order to improve the quality and rigor of their local evaluations. The project will evaluate the programs and activities conducted through the RPG Grant Program.

Title: RPG National Cross-Site Evaluation and Evaluation Technical Assistance.

OMB No.: New collection.

Description: The Children’s Bureau within the Administration for Children and Families of the U.S. Department of Health and Human Services seeks approval to collect information for the Regional Partnership Grants to Increase the Well-being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse (known as the Regional Partnership Grants Program or “RPG”) Cross-Site Evaluation and Evaluation-Related Technical Assistance project. Under RPG, the Children’s Bureau has issued 17 grants to organizations such as child welfare or substance abuse treatment providers or family court systems to develop interagency collaborations and integration of programs, activities, and services designed to increase well-being, improve permanency, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in out-of-home care as a result of a parent’s or caretaker’s substance abuse. The Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) includes a targeted grants program (section 437(f) of the Social Security Act) that directs the Secretary of Health and Human Services to reserve a specified portion of the appropriation for these Regional Partnership Grants, to be used to improve the well-being of children affected by substance abuse. The overall objective of the Cross-Site Evaluation and Technical Assistance project (the RPG Cross-Site Evaluation) is to plan, develop, and implement a rigorous national cross-site evaluation of the RPG Grant Program, provide legislatively-mandated performance measurement, and furnish evaluation-related technical assistance to the grantees in order to improve the quality and rigor of their local evaluations. The project will evaluate the programs and activities conducted through the RPG Grant Program. The evaluation is being undertaken by the Children’s Bureau

and its contractor Mathematica Policy Research. The evaluation is being implemented by Mathematica Policy Research and its subcontractors, Walter R. McDonald & Associates and Synergy Enterprises.

The RPG Cross-Site Evaluation will include the following components:

1. *Implementation and Partnership Study.* The RPG cross-site implementation and partnership study will contribute to building the knowledge base about effective implementation strategies by examining the process of implementation in the 17 RPG projects, with a focus on factors shown in the research literature to be associated with quality implementation of evidence-based programs. This component of the study will describe the RPG projects’ target populations, selected interventions and their fit with the target populations, inputs to implementation, and actual services provided (including dosage, duration, content, adherence to curricula, and participant responsiveness). It will examine the key attributes of the regional partnerships that grantees develop (for example, partnerships among child welfare and substance abuse treatment providers, social services, and the courts). It will describe the characteristics and roles of the partner organizations, the extent of coordination and collaboration, and their potential to sustain the partnerships after the grant ends. Key data collection activities of the implementation and partnership study are: (1) Conducting site visits during which researchers will interview RPG program directors, managers, supervisors, and frontline staff who work directly with families; (2) administering a survey to frontline staff involved in providing direct services to children, adults, and families; (3) asking grantees to provide information about implementation and their partnerships as part of their federally required semi-