

(2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

*Titles:*

- a. Arteries and Veins Conditions (Vascular Diseases including Varicose Veins) Disability Benefits Questionnaire, VA Form 21-0960A-2.
- b. Hypertension Disability Benefits Questionnaire, VA Form 21-0960A-3.
- c. Non-ischemic Heart Disease (including Arrhythmias and Surgery, Disability Benefits Questionnaire, VA Form 21-0960A-4.
- d. Diabetic Peripheral Neuropathy (Diabetic Sensory-Motor Peripheral Neuropathy), Disability Benefits Questionnaire, VA Form 21-0960C-4.
- e. Diabetes Mellitus Disability Benefits Questionnaire, VA Form 21-0960E-1.
- f. Scar/Disfigurement Disability Benefits Questionnaire, VA Form 21-0960F-1.
- g. Skin Diseases Disability Benefits Questionnaire, VA Form 21-0960F-2.
- h. Amputations Disability Benefits Questionnaire, VA Form 21-0960M-1.
- i. Ankle Conditions Disability Benefits Questionnaire, VA Form 21-0960M-2.
- j. Elbow and Forearm Conditions Disability Benefits Questionnaire, VA Form 21-0960M-4.
- k. Flatfoot (PES PLANUS) Disability Benefits Questionnaire, VA Form 21-0960M-5.
- l. Foot Miscellaneous (other than flatfoot/PES PLANUS), Disability Benefits Questionnaire, VA Form 21-0960M-6.
- m. Hand and Finger Conditions Disability Benefits Questionnaire, VA Form 21-0960M-7.
- n. Hip and Thigh Conditions Disability Benefits Questionnaire, VA Form 21-0960M-8.
- o. Knee and Lower Leg Conditions Disability Benefits Questionnaire, VA Form 21-0960M-9.
- p. Muscle Injuries Disability Benefits Questionnaire, VA Form 21-0960M-10.
- q. Shoulder and Arm Conditions Disability Benefits Questionnaire, VA Form 21-0960M-12.
- r. Temporomandibular Joint (TMJ) Conditions Disability Benefits Questionnaire, VA Form 21-0960M-15.
- s. Wrist Conditions Disability Benefits Questionnaire, VA Form 21-0960M-16.
- t. Eye Conditions Disability Benefits Questionnaire, VA Form 21-0960N-2.

*OMB Control Number:* 2900-0776 (DBQs—Group 2).

*Type of Review:* Extension without change of a currently approved collection.

*Abstract:* Data collected on VA Form 21-0960 series will be used obtain information from claimants treating physician that is necessary to adjudicate a claim for disability benefits.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:*

- a. VA Form 21-0960A-2—10,000.
- b. VA Form 21-0960A-3—12,500.
- c. VA Form 21-0960A-4—10,000.
- d. VA Form 21-0960C-4—37,500.
- e. VA Form 21-0960E-1—18,750.
- f. VA Form 21-0960F-1—6,250.
- g. VA Form 21-0960F-2—6,250.
- h. VA Form 21-0960M-1—12,500.
- i. VA Form 21-0960M-2—15,000.
- j. VA Form 21-0960M-4—10,000.
- k. VA Form 21-0960M-5—12,500.
- l. VA Form 21-0960M-6—7,500.
- m. VA Form 21-0960M-7—15,000.
- n. VA Form 21-0960M-8—25,000.
- o. VA Form 21-0960M-9—25,000.
- p. VA Form 21-0960M-10—15,000.
- q. VA Form 21-0960M-12—25,000.
- r. VA Form 21-0960M-15—3,750.
- s. VA Form 21-0960M-16—20,000.
- t. VA Form 21-0960N-2—30,000.

*Estimated Average Burden per Respondent:*

- a. VA Form 21-0960A-2—30 minutes.
- b. VA Form 21-0960A-3—15 minutes.
- c. VA Form 21-0960A-4—30 minutes.
- d. VA Form 21-0960C-4—30 minutes.
- e. VA Form 21-0960E-1—15 minutes.
- f. VA Form 21-0960F-1—15 minutes.
- g. VA Form 21-0960F-2—15 minutes.
- h. VA Form 21-0960M-1—30 minutes.
- i. VA Form 21-0960M-2—30 minutes.
- j. VA Form 21-0960M-4—30 minutes.
- k. VA Form 21-0960M-5—15 minutes.
- l. VA Form 21-0960M-6—15 minutes.
- m. VA Form 21-0960M-7—30 minutes.
- n. VA Form 21-0960M-8—30 minutes.
- o. VA Form 21-0960M-9—30 minutes.
- p. VA Form 21-0960M-10—30 minutes.
- q. VA Form 21-0960M-12—30 minutes.
- r. VA Form 21-0960M-15—15 minutes.
- s. VA Form 21-0960M-16—30 minutes.

- t. VA Form 21-0960N-2—45 minutes.
- Frequency of Response:* On occasion.  
*Estimated Number of Respondents:*
- a. VA Form 21-0960A-2—20,000.
  - b. VA Form 21-0960A-3—50,000.
  - c. VA Form 21-0960A-4—20,000.
  - d. VA Form 21-0960C-4—75,000.
  - e. VA Form 21-0960E-1—75,000.
  - f. VA Form 21-0960F-1—25,000.
  - g. VA Form 21-0960F-2—25,000.
  - h. VA Form 21-0960M-1—25,000.
  - i. VA Form 21-0960M-2—30,000.
  - j. VA Form 21-0960M-4—20,000.
  - k. VA Form 21-0960M-5—50,000.
  - l. VA Form 21-0960M-6—30,000.
  - m. VA Form 21-0960M-7—30,000.
  - n. VA Form 21-0960M-8—50,000.
  - o. VA Form 21-0960M-9—50,000.
  - p. VA Form 21-0960M-10—30,000.
  - q. VA Form 21-0960M-12—50,000.
  - r. VA Form 21-0960M-15—15,000.
  - s. VA Form 21-0960M-16—40,000.
  - t. VA Form 21-0960N-2—40,000.

Dated: January 13, 2014.

By direction of the Secretary.

**Crystal Rennie,**

*VA Clearance Officer, Department of Veterans Affairs.*

[FR Doc. 2014-00782 Filed 1-16-14; 8:45 am]

**BILLING CODE 8320-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900-NEW]

**Agency Information Collection (Bowel and Bladder Care Billing Form) Activities Under OMB Review**

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-3521), this notice announces that the Veterans Health Administration (VHA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and includes the actual data collection instrument.

**DATES:** Written comments and recommendations on the proposed collection of information should be received on or before February 18, 2014.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn:

VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to "OMB Control No. 2900—NEW (Bowel and Bladder Care Billing Form)" in any correspondence. During the comment period, comments may be viewed online through the FDMS.

**FOR FURTHER INFORMATION CONTACT:**

Crystal Rennie, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 632-7492 or email [crystal.rennie@va.gov](mailto:crystal.rennie@va.gov). Please refer to "OMB Control No. 2900—NEW (Bowel and Bladder Care Billing Form)" in any correspondence.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Pub. L. 104-13; 44 U.S.C. 3501-3521), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VHA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VHA's functions, including whether the information will have practical utility; (2) the accuracy of VHA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

*Titles:* Bowel and Bladder Care Billing Form, VA Form 10-10071.

*OMB Control Number:* 2900—NEW.

*Type of Review:* New data collection.

*Abstract:* The information requested on this form is required for National Non-VA Medical Care Program Office to pay eligible caregivers for time spent providing eligible Veterans with specifically defined services such as: Bowel and bladder care, showering, shaving, brushing teeth, dressing, transferring to wheelchair, catheterization, undressing, transferring to bed, putting away clothes, etc.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 7,600 burden hours.

*Estimated Average Burden per Respondent:* 10 minutes.

*Frequency of Response:* 12 per year.

*Estimated Number of Respondents:* 3,800.

Dated: January 13, 2014.

By direction of the Secretary.

**Crystal Rennie,**

*VA Clearance Officer, Department of Veterans Affairs.*

[FR Doc. 2014-00775 Filed 1-16-14; 8:45 am]

**BILLING CODE 8320-01-P**

## DEPARTMENT OF VETERANS AFFAIRS

### Advisory Committee on Disability Compensation; Notice of Meeting

The Department of Veterans Affairs (VA) gives notice under the Federal Advisory Committee Act, 5 U.S.C. App. 2, that the Advisory Committee on Disability Compensation will meet on March 3-4, 2014, at the U.S. Department of Veterans Affairs. On March 3, 2014, the Committee will meet in Room 730, 810 Vermont Avenue NW., Washington, DC 20420, and on March 4, 2014, the Committee will meet in Room 630 at the same address. The sessions will begin at 8:30 a.m. and end at 4:30 p.m. on both days. The meeting is open to the public.

The purpose of the Committee is to advise the Secretary of Veterans Affairs on the maintenance and periodic readjustment of the VA Schedule for Rating Disabilities. The Committee is to assemble and review relevant information relating to the nature and character of disabilities arising during service in the Armed Forces, provide an ongoing assessment of the effectiveness of the rating schedule, and give advice on the most appropriate means of responding to the needs of Veterans relating to disability compensation.

The Committee will receive briefings on issues related to compensation for Veterans with service-connected disabilities and other VA benefits programs. Time will be allocated for receiving public comments in the morning or afternoon. Public comments will be limited to three minutes each. Individuals wishing to make oral statements before the Committee will be accommodated on a first-come, first-served basis. Individuals who speak are invited to submit 1-2 page summaries of

their comments at the time of the meeting for inclusion in the official meeting record.

The public may submit written statements for the Committee's review to Nancy Copeland, Designated Federal Officer, Department of Veterans Affairs, Veterans Benefits Administration, Compensation Service, Regulation Staff (211D), 810 Vermont Avenue NW., Washington, DC 20420, or email at [nancy.copeland@va.gov](mailto:nancy.copeland@va.gov). Because the meeting is being held in a government building, a photo I.D. must be presented at the Guard's Desk as a part of the clearance process. Therefore, you should allow an additional 15 minutes before the meeting begins. Any member of the public wishing to attend the meeting or seeking additional information should email Mrs. Copeland or contact her at (202) 461-9685.

Dated: January 14, 2014.

**William F. Russo,**

*Deputy Director, Office of Regulation Policy & Management Office of the General Counsel.*

[FR Doc. 2014-00842 Filed 1-16-14; 8:45 am]

**BILLING CODE 8320-01-P**

## DEPARTMENT OF VETERANS AFFAIRS

### Performance Review Board Members

**AGENCY:** Corporate Senior Executive Management Office, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** Under the provisions of 5 U.S.C. 4314(c)(4) agencies are required to publish a notice in the **Federal Register** of the appointment of Performance Review Board (PRB) members. This notice announces the appointment of persons to serve on the Performance Review Board of the Department of Veterans Affairs.

**DATES:** *Effective date:* January 17, 2014.

**ADDRESSES:** Corporate Senior Executive Management Office, Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420.

**FOR FURTHER INFORMATION CONTACT:** Contact William Atkinson, Deputy Director, Corporate Senior Executive Management Office (052), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5928.