

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Mothers/primary caregivers of children with asthma.	Screening Questionnaire	1,000	1	10/60	167
Mothers/primary caregivers of enrolled children.	Baseline Questionnaire (Home Characteristics).	832	1	15/60	208
Mothers/primary caregivers of enrolled children.	Baseline (Part 2) Questionnaire (Home Characteristics).	832	1	5/60	69
Mothers/primary caregivers of enrolled children.	Baseline Questionnaire (Demographics).	832	1	5/60	69
Mothers/primary caregivers of enrolled children.	Baseline Questionnaire (Children 7–12 with Asthma).	832	1	15/60	208
Mothers/primary caregivers of enrolled children.	Text Messages (Children 7–12 with Asthma).	832	8	1/60	111
Mothers/primary caregivers of enrolled children.	3 and 9-month Follow-up Questionnaire (Children 7–12 with Asthma).	832	2	5/60	139
Mothers/primary caregivers of enrolled children.	6 and 12-month Follow-up Questionnaire (Environment).	832	2	10/60	277
Mothers/primary caregivers of enrolled children.	6 and 12-month Follow-up Questionnaire (Children 7–12 with Asthma).	832	2	10/60	277
Mothers/primary caregivers of enrolled children.	Time/Activity Questionnaire (Children with Asthma 7–12 years).	832	4	5/60	277
Mothers/primary caregivers of enrolled children.	Time/Activity Questionnaire (Mother/Primary Caregiver).	832	4	5/60	277
Mothers/primary caregivers of enrolled children.	Illness Checklist	832	4	5/60	277
Total	2,356

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[FR Doc. 2014–06219 Filed 3–20–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–0890]

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

HIV/AIDS Awareness Day Programs (0920–0890 exp. 06/30/2014)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting Office of Management and Budget (OMB) approval of a 3-year extension to administer surveys to respondents who plan HIV/AIDS day awareness activities during the next three years. The name and dates for the annual HIV/AIDS awareness day campaigns are: National Black HIV Awareness Day—February 7th; National Native HIV/AIDS Awareness Day—March 20th; National Asian and Pacific Islander HIV/AIDS Awareness Day—May 19th; and National Latino AIDS Awareness Day—October 15th.

The purpose of the surveys is to assess the number and types of HIV/AIDS prevention activities planned and implemented in observance of each of the four noted HIV/AIDS awareness day campaigns. This extension is required to continue the work of HIV/AIDS in among the African American, Native American, Latino, and Asian Pacific Islander populations. Each of the

awareness days have reached a landmark year. This has been done through national outreach and mobilization efforts towards their targeted populations as well as awareness to the general population about HIV/AIDS issues that impact their communities.

The importance of each day has been demonstrated in reaching beyond traditional audience. This has been done by collaborating with agencies and organizations who serve the public health in areas affected by HIV/AIDS. A more proactive role has been shared between each of the planning committees and the communities they serve. Testing and linkage to care has been a staple for each of the days. Also, each of the groups has fully used online resources to provide information and network with individuals and groups to help with their perspective cause(s).

After the date that each campaign occurs, the event planners will be asked to respond to a computer-based survey to collect qualitative data. They will go to the designated Web sites to review information about the campaigns and go to the section that allows them to enter information about their particular event. For example, the event planners will be asked to note the kind of events that they planned. The survey results are necessary to understand how and where

HIV/AIDS awareness activities are planned and implemented. These survey results will provide important information that will be used

to develop HIV/AIDS prevention activities. The computer-based surveys take up to one hour.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 375.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Responses per respondent	Average burden per response (In hours)
African-American HIV/AIDS awareness day activity planners.	National Black HIV/AIDS Awareness Day Evaluation Report.	200	1	1
Asian and Pacific Islander HIV/AIDS awareness day activity planners.	National Asian & Pacific Islander HIV/AIDS Awareness Day Evaluation Report.	15	1	1
Latino HIV/AIDS awareness day activity planners.	National Latino AIDS Awareness Day Evaluation Report.	125	1	1
Native HIV/AIDS awareness day activity planners.	National Native HIV/AIDS Awareness Day Evaluation Report.	35	1	1

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 Prevention.

[FR Doc. 2014-06218 Filed 3-20-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5512-N]

Medicare Program; Request for Applications for the Medicare Care Choices Model

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

ACTION: Notice.

SUMMARY: This notice informs interested parties of an opportunity to apply for participation in the Medicare Care Choices Model. The primary goal of the Medicare Care Choices Model is to test whether Medicare beneficiaries who meet Medicare hospice eligibility requirements would elect hospice if they could continue to seek curative services.

DATES: Applications will be considered timely if they are received on or before June 19, 2014.

Applications received after this date will not be considered. Applicants must submit their application in a manner that provides proof of timely delivery, for example, FedEx, UPS, or USPS Express Mail. It is the applicant's responsibility to be able to prove delivery of the complete application by the due date.

ADDRESSES: Applications should be mailed to the following address: Centers for Medicare & Medicaid Services, Center for Medicare and Medicaid Innovation, Attention: Cindy Massuda, Mail Stop: WB-06-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT: Cindy Massuda at (410) 786-0652 or Georganne Kuberski at (410) 786-0799 or by email at address: *CareChoices@cms.hhs.gov*.

The Innovation Center Web site at <http://innovation.cms.gov/>.

SUPPLEMENTARY INFORMATION:

General Information: In submitting application, refer to file code (CMS-5512-N).

Application requirements: Applications must be typed for clarity with a minimum font size of 12 using Microsoft Word and should not exceed 40 double-spaced pages, exclusive of cover letter, the executive summary, resumes, and letters of engagement from referring providers. Follow guidance in this Request for Application for elements to include in the application, specifically those elements outlined in the selection criteria.

Submission of Application: Applicants must submit a total of 10 hard copies printed single-sided with page numbers in the bottom right-hand corner to ensure that each reviewer receives an application in the manner intended by the applicant (for example, collated, tabulated, or color copies). Applicants must designate 1 copy as the official proposal. Applicants must provide 10 hard copies and 1 electronic copy saved onto a USB flash drive of the full application as the basic requirement of what constitutes submission of an application. Hard copies and electronic copies must be identical.

Note: We will not accept applications by any other means such as facsimile (FAX) transmission or by email.

Eligible Organizations: Eligible providers for this Model are Medicare certified and enrolled hospice programs based on their Medicare provider number, in good standing and of all sizes, located in a mix of rural and urban areas that are experienced in care coordination with their referring network of providers.

I. Background

The Center for Medicare and Medicaid Innovation (Innovation Center), within the Centers for Medicare & Medicaid Services (CMS), was created to test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care for Medicare, Medicaid, and Children's Health Insurance Program beneficiaries.

We are interested in identifying models designed to improve care for specific populations. One such population is terminally ill Medicare beneficiaries who qualify for, but do not elect to use the hospice benefit until late in their disease process. There is evidence that providing hospice care to terminally ill Medicare beneficiaries can reduce program expenditures while improving beneficiary satisfaction. Despite this evidence, only 44 percent of Medicare beneficiaries reach the end of life while using the hospice benefit, and most use the benefit for only a short period of time. While the average length of stay on Medicare hospice has grown over time, the median length of stay has remained stable at about 17 days. The hospice industry and other stakeholders often cite the requirement to forgo curative treatment as a primary reason patients do not elect hospice until the final days of their lives.