

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Instrument name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Grantee Data Staff	Individual Service Utilization Data.	56	4	8	1,792
Grantee Data Staff	TRAC Indicators	56	1,000	5/60	4,667
Grantee Project Directors	Quarterly Reports	56	4	2	448
SMI Clients	Client Exam and Survey—Baseline.	1,000	1	45/60	750
SMI Clients	Client Exam and Survey—Follow-up.	1,667	1	45/60	1,250
Grantee Leadership	Site Visit Interview	40	1	2	80
Grantee MH Providers	Site Visit Interview	40	1	1	40
Grantee PH Providers	Site Visit Interview	40	1	1.5	60
Grantee Care Coordinators ..	Site Visit Interview	20	1	1.5	30
Control Site Leadership	Site Visit Interview	50	1	2	100
Grantee Key Staff	Web Survey	560	1	1.5	840
Total	10,057

Seleda M. Perryman,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011-7292 Filed 3-28-11; 8:45 am]

BILLING CODE 4150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Health IT Strategic Plan: 2011–2015 Open Comment Period

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

SUMMARY: Section 3001(c)(3) of the Public Health Service Act, as added by the Health Information Technology for Economic and Clinical Health (HITECH) Act, requires the National Coordinator for Health Information Technology (ONC) to update the Federal Health IT Strategic Plan (developed June 3, 2008) in consultation with other appropriate federal agencies and in collaboration with private and public entities. Work on the five-year Plan began more than a year ago and has included collaboration across federal agencies, as well with the private sector via the HIT Policy Committee. This notice serves to announce that the public comment period for the Federal Health IT Strategic Plan is open through Friday, April 22 at 11:59 p.m. (Eastern). ONC welcomes and encourages all comments from the public regarding the Plan.

In order for your comments to be read and considered, you must submit your comment via the Federal Health IT Buzz Blog: <http://www.healthit.gov/buzz-blog/>.

Dated: March 23, 2011.

Erin Poetter,

Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2011-7318 Filed 3-28-11; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Request; Extension of Certification on Maintenance of Effort for the Title III and Minor Revisions to the Certification of Long-Term Care Ombudsman Program Expenditures

AGENCY: Administration on Aging, HHS.

ACTION: Notice

SUMMARY: The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to the Certification on Maintenance of Effort under Title III and Certification of Long-Term Care Ombudsman Program Expenditures for OAA Title III and Title VII Grantees.

DATES: Submit written or electronic comments on the collection of information by May 31, 2011.

ADDRESSES: Submit electronic comments on the collection of information to:

Nichlas.Fox@aoa.hhs.gov.

Submit written comments on the collection of information to Administration on Aging, Washington, DC 20201, attention Nichlas Fox.

FOR FURTHER INFORMATION CONTACT:

Becky Kurtz, National Long Term Care Ombudsman, Administration on Aging, Washington, DC 20201.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. “Collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA’s functions, including whether the information will have practical utility; (2) the accuracy of

AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (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 when appropriate, and other forms of information technology.

The Certification on Maintenance of Effort under Title III and Certification of Long-Term Care Ombudsman Program Expenditures provides statutorily required information regarding State's contribution to programs funded under the Older Americans Act and conformance with legislative requirements, pertinent Federal regulations and other applicable instructions and guidelines issued by Administration on Aging (AoA). This information will be used for Federal oversight of Title III Programs and Title VII Ombudsman Program expenditures.

AoA estimates the burden of this collection of information as follows: 56 State Agencies on Aging respond annually which should be an average burden of one half (1/2) hour per State agency per year or a total of twenty-eight hours for all State agencies annually. The proposed data collection tools may be found on the AoA Web site for review at http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/Cert_Forms.aspx.

Dated: March 23, 2011.

Kathy Greenlee,

Assistant Secretary for Aging.

[FR Doc. 2011-7301 Filed 3-28-11; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-11DU]

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 project or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at 404-639-5960 or send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS D-74, 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

The National Survey of Prison Healthcare (NSPH) — New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request includes data collection from identified respondents at the Department of Corrections within each state in the United States and the Federal Bureau of Prisons.

Few national level data exist concerning the administration of health care services in correctional facilities in the United States. National-level data from the health care providers within prison systems are important for a myriad of purposes related to improving prison health and health care. To remedy this gap in knowledge regarding the capacity of prison facilities to deliver medical and mental health services, NCHS in partnership with the Bureau of Justice Statistics (BJS) plans to conduct the National Survey of

Prison Healthcare (NSPH). This collection aims to: provide an overall picture of the global structure of healthcare services in prisons in the United States; close gaps in available information about availability, location and capacity of healthcare services provided to inmates; and identify extent to which electronic medical records are utilized within the correctional healthcare system.

NSPH will be a mail survey to a prison official in the Department of Corrections (DOC) within each of the 50 States and Federal Bureau of Prisons (BOP) and will seek facility-level information on the types of healthcare services delivered and the mechanisms used to deliver these services. Following a small pilot test of the questionnaire with 9 prison officials, NSPH will be administered in Fall 2011.

NSPH will collect data on healthcare services including the extent to which services are contracted; staffing; locations (*i.e.*, on- or off-site) of healthcare services and specialty healthcare services; and the types of medical, dental, mental health, and pharmaceutical services provided to inmates. NSPH will collect data on intake physical and mental health assessments practices for inmates; credentials of staff performing screenings; vaccinations against major infectious diseases; and smoking allowances. Discharge planning data collected includes the availability of bridge medications, Medicaid re-enrollment processes, and the number of inmates with mental illness linked to housing prior to release. NSPH will also collect data on how DOCs maintain health records including the format (paper and/or electronic) of specific types of health records.

Potential users of the data collected through NSPH are policy makers, correctional healthcare researchers, mental health researchers, and corrections administrators. Valid and current data on infrastructure, capacity and utilization of healthcare are essential to supporting research and studying the effects of changes in correctional healthcare. Other potential users of these data include universities, research organizations, many in the private sector, foundations, and a variety of users in the print media. There is no cost to respondents other than their time to participate.