Background

CDC intends to conduct a methodological study of the Youth Risk Behavior Survey in the Spring of 2004 to assess the effects of setting and mode of survey administration on the reporting of health-risk behaviors among adolescents. This study will provide methodological guidance for future surveys, especially surveys of adolescents. In 2000, the Office of the Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services (HHS), commissioned five expert papers written on the topic ''Examining Substance Abuse Data Collection Methodologies.'' The papers focused on the Youth Risk Behavior Survey (YRBS), the National Survey on Drug Use and Health (NSDUH, formerly the National Household Survey on Drug Abuse, or NHSDA), and Monitoring the Future (MTF). A consensus among the authors was that disparate results across the studies are most likely a product of methodological differences across the surveys. The 2004 Methodological Study of the YRBS is designed to measure the extent to which the prevalence of health-risk behaviors among students varies by whether the survey is administered in schools versus students' homes (setting), and by whether the survey is administered using paper and pencil questionnaire booklets versus computer assisted self interviewing (mode).

Approximately 5,480 high school students will be given questionnaires in one of the four setting/mode combinations. Elucidation of the impact of these factors on prevalence will assist in reducing response effects and improving the quality of the YRBS data. The total estimated annualized burden for this data collection is 4,110 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
High school students—paper & pencil, school-based questionnaire	1,344	1	45/60
High school students—paper & pencil, home-based questionnaire	1,344	1	45/60
High school students—CASI, school based questionnaire	1,344	1	45/60
High school students—CASI, home based questionnaire	1,344	1	45/60
School administrators recruitment	104	1	45/60

Dated: September 29, 2003.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–76–03]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: WISEWOMAN Reporting System—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

The WISEWOMAN program, which focuses on reducing cardiovascular disease risk factors among at-risk women, was in response to the ''Secretary of Health and Human Services Continuous Improvement Initiative'', asking for the development of programs that examine ways in which service delivery can be improved for select populations. Title XV of the Public Health Service Act, Section 1509 originally authorized the Secretary of the Department of Health and Human Services to establish up to three demonstration projects. Through appropriations language, the CDC WISEWOMAN program is now allowed to fund up to 15 projects, although current plans includes 12 demonstration projects. At full implementation, the projects are expected to screen approximately 30,000 women annually for cardiovascular disease risk factors. The program targets women already participating in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and provides screening for select cardiovascular disease risk factors (including elevated cholesterol, hypertension, and abnormal blood glucose levels), lifestyle interventions, and medical referrals as required in an effort to improve cardiovascular health among participants.

CDC proposes to collect and analyze baseline and follow-up data (12 months post enrollment) for all participants. These data, called the minimum data elements (MDE's), includes demographic and risk factor information about women served in each program and information concerning the number and type of intervention sessions attended. The MDE data allows for an assessment of how effective WISEWOMAN is at reducing the burden of cardiovascular disease risk factors among participants. CDC also proposes to collect programmatic data for all WISEWOMAN programs. Programmatic data includes information related to grantee management, public education and outreach, professional education, service delivery, cost, and an assessment of how well each program is meeting their stated objectives.

All required data will be submitted electronically to a contractor to conduct the WISEWOMAN evaluation. MDE and cost data will be submitted twice a year, October 15 and April 15. October 15 reporting will cover all MDE's and costs for activities that took place between January 1 and June 30, and the April 15 submission will cover MDE's and costs for activities occurring between July 1 and December 31. Quarterly reports containing programmatic data will be due to RTI on January 31 (reflecting October 1–December 31 program activities), April 30 (reflecting January 1–March 31), July 31 (reflecting April 1–June 30), and October 31 (reflecting July 1–September 30). All reports will be due in a pre-determined format provided by CDC and the contractor. The contractor will provide training as requested to WISEWOMAN personnel at each location concerning data collection and submission.

All information collected as part of the WISEWOMAN evaluation will be used to assess the costs, effectiveness, and cost-effectiveness of WISEWOMAN in reducing cardiovascular disease risk factors, for obtaining more complete health data among vulnerable populations, promoting public education of disease incidence and risk-factors, improving the availability of screening and diagnostic services for under-served women, ensuring the quality of services provided to women, and developing strategies for improved interventions. Because certain demographic data are already collected as part of NBCCEDP, the additional burden on grantees will be modest. Once the infrastructure is established to capture the additional WISEWOMAN data, the response burden is expected to be reduced even further. The annualized estimated burden for this data collection is 2,160 hours.

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Screening MDE report	15	2	16
Intervention MDE report	15	2	8
Cost report	15	2	16
Quarterly report	15	4	16

Dated: September 29, 2003.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS–10000, CMS–10097, CMS–10086, CMS–10093]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Consumer Assessment of Health Plan Survey-Fee for Service (CAHPS-FFS); *Form No.:* CMS–10000 (OMB# 0938–0796); *Use:* Under the Balanced Budget Act of 1997, CMS is required to provide general and plan comparative information to beneficiaries that will help them make more informed plan choices. A CAHPS fee-for-service survey is needed to provide information comparable to those data collected from the CAHPS managed care survey; *Frequency:* Annually; *Affected Public:* Individuals or Households; *Number of Respondents:* 142,920; *Total Annual Responses:* 142,920; *Total Annual Hours:* 47,640.

2. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Medicare Contractor Provider Satisfaction Survey; *Form No.:* CMS–10097 (OMB# 0938–NEW); *Use:* CMS needs standard data about Medicare provider's satisfaction with their Medicare contractors, who are charged with all Medicare claims processing and related activities on behalf of the Agency. Respondents will be staff representatives of hospitals, skilled nursing facilities, rural health clinics, home health agencies, end-stage renal disease clinics, physicians, non-physicians, durable medical equipment suppliers, laboratories and ambulance providers. The Survey will be used as a mechanism for evaluating and improving Medicare providers' satisfaction with their Medicare contractors. The results will provide CMS with a comprehensive review of contractor-provider business relations from the perspective of the 'customer' or Provider. The information will help the Agency appropriately address provider concerns about Medicare Contractors' performance, aid in business/contracting decisions, evaluate contractor performance and assist or guide contractors in identifying/implementing 'best practices' or quality improvement initiatives.; *Frequency:* On Occasion; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 6,052; *Total Annual Responses:* 6,052; *Total Annual Hours:* 4,204.

3. *Type of Information Request:* Extension of a currently approved collection; *Type of Information Collection:* CMS/AoA Aging and Disability Resource Center Grant Program; *CMS Form Number:* CMS–10093 (OMB# 0938–0903); *Use:* Information sought by CMSO/DEHPG is needed to award competitive grants to States to develop Aging and Disability Resource Centers; *Frequency:* On occasion; *Affected Public:* State, local, or tribal government, Not-for-profit institutions, Business or other for-profit; *Number of Respondents:* 50; *Total Annual Responses:* 50; *Total Annual Burden Hours:* 160.

4. *Type of Information Request:* Extension of a currently approved collection; *Type of Information Collection:* Medicaid Program: Real Choice Systems Change Grants for Community Living; *CMS Form Number:* CMS–10086 (OMB# 0938–0901); *Use:* Executive Order 13217, ''Community-Based Alternatives for Individuals with Disabilities'' called upon the federal government to assist states and localities to swiftly implement the decision of the United States Supreme Court in *Olmstead* v. *L.C.*, stating: ''The United States is committed to community-based alternatives for individuals with disabilities and recognizes that such services advance the best interests of the United States.'' State agencies and community groups will be applying for these grants; *Frequency:* On occasion;