

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
 [FR Doc. 2010-8715 Filed 4-15-10; 8:45 am]
BILLING CODE 4150-24-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0308; 30-day notice]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
 In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: The Effect of Reducing Falls on Acute and Long-Term Care Expenses OMB No. 0990-0308—Extension—Assistant Secretary Planning Evaluation (ASPE).

Abstract: ASPE is conducting a demonstration and evaluation of a multi-factorial fall prevention program to measure its impact on health outcomes for the elderly as well as acute and long-term care use and cost. The study is being conducted among a sample of individuals with private long-term care insurance who are age 75 and over using a multi-tiered random experimental research design to evaluate the effectiveness of the proposed fall prevention intervention program. The project will provide information to advance Departmental goals of reducing injury and improving the use of preventive services to positively impact Medicare use and spending. The project began in spring 2008 and is expected to be completed in spring 2013.

ESTIMATED ANNUALIZED BURDEN TABLE

Form name	Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Initial Telephone Screen	Experimental Group	240	1	20/60	80
In-person interview	240	1	80/60	320
Jump start phone call	240	1	30/60	120
Quarterly phone calls	240	4	10/60	160
Final Telephone Screen	177	1	20/60	59
Final In-person interview	177	1	80/60	236
Initial Telephone Screen	Active Control Group	240	1	20/60	80
Quarterly phone calls	240	4	10/60	160
Final Telephone Screen	177	1	20/60	59
Total Burden Hours	1,274

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.
 [FR Doc. 2010-8716 Filed 4-15-10; 8:45 am]
BILLING CODE 4150-39-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Centers for Medicare & Medicaid Services; Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Centers for Medicare & Medicaid Services (CMS), or his or her successor, the authorities currently vested in the Secretary under section 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of Title XI of the Social Security Act (the Act), as

amended, to conduct and support supplementation and redesign of existing CMS data sets and databases, including the collection of new information, to enhance databases for research purposes, and the design and development of new databases that would be used in outcomes and effectiveness research as set out in section 1142(a) [42 U.S.C. 1320b-12(a)] of Title XI of the Act.

Limitations

The delegation of authority granted herein under section 1142(c)(6) [42 U.S.C. 1320b-12] of the Act does not supersede previous delegations of this authority to the Director, Agency for Healthcare Research and Quality.

The delegation of authority granted herein under section 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of the Act, as

amended, is limited to the collection and maintenance of data related to CMS' programs.

The authority under section 1142(c)(6) [42 U.S.C. 1320b-12] of the Act shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations.

This delegation of authority may be re-delegated.

This delegation of authority is effective immediately.

I hereby affirm and ratify any actions taken by the Administrator, CMS, or his or her subordinates, which involved the exercise of the authority under section 1142(c)(6) [42 U.S.C. 1320b-12(c)(6)] of Title XI of the Act, as amended, delegated herein prior to the effective date of this delegation of authority.

Authority: 44 U.S.C. 3101.

Dated: April 8, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010-8679 Filed 4-15-10; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Planning and Evaluation; Statement of Organization, Functions and Delegations of Authority

Part A (Office of the Secretary), Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), is being amended at Chapter AE, Office of the Assistant Secretary for Planning and Evaluation (ASPE) as last amended at 67 FR 61341 on September 30, 2002. This reorganization is to realign the functions of ASPE's Office of Science and Data Policy to reflect the current structure. The changes are as follows:

I. Under Section AE.20 Functions, delete "E. The Office of Science and Data Policy (AEJ)," in its entirety and replace with the following:

E. The Office of Science and Data Policy (AEJ)

The Office of Science and Data Policy (SDP) is responsible for policy development, analysis and coordination and for the conduct and coordination of research, evaluation, analyses and data development on matters relating to science policy and data and statistical policy within HHS. Functions include policy, strategic and long-range planning; policy research, analysis and evaluation, economic, statistical, program and budget analysis; review of regulations; and development of legislative proposals in science policy and data policy. SDP provides advice and analysis on science policy and data policy issues, coordinates science policy and data policy issues of inter-agency scope within HHS, and manages inter-agency initiatives in science policy and data policy. SDP also conducts a program of policy research, analysis and evaluation in science policy and data policy, provides leadership and staff to several White House, departmental and external advisory committees, and maintains liaison with other federal offices and HHS partners in the science policy and data policy communities.

1. The *Division of Data Policy* (AEJ1) is responsible for data policy development and coordination within

the Department and serves as the focal point for Department-wide data and statistical policy. It provides leadership and staff support to the Department's Data Council, the principal internal forum and advisory body to the Secretary on data policy issues, and provides oversight for and serves as the Executive Director for the National Committee on Vital and Health Statistics, the statutory public advisory body to the Secretary on health data, statistics, privacy and health information policy. The Division also provides analytical support to the ASPE on a variety of Department-wide data policy issues and initiatives, including statistical policy, privacy, data planning, HHS data quality and peer review initiatives, HIPAA and HHS data collection strategy. It also carries out a program of policy research, evaluation and analysis in these areas and provides several cross-cutting data policy services across ASPE.

2. The *Division of Science Policy* (AEJ2) is responsible for functions of the office related to science policy, programs and issues and initiatives that are heavily science-oriented, including public health issues that involve complex or rapidly evolving science and technology issues. Areas include public health emergency preparedness, biomedical research policy, drug safety, food safety, pandemic preparedness, emerging infectious diseases, prescription drug issues, personalized health care advances and related topics. It works closely with and is responsible for analytical responsibilities relating to the HHS science agencies (National Institutes of Health (NIH), Food and Drug Administration (FDA), and Centers for Disease Control and Prevention (CDC)) and for cross-cutting issue areas. The Division fosters efforts across HHS toward ensuring that the science components of proposed regulations, legislation, plans, budgets and other policy initiatives are coordinated and meet high standards of science quality and integrity. It also conducts policy research, evaluation and analysis in these areas and maintains liaison with the White House Office of Science and Technology Policy and with other inter-agency science policy activities.

II. *Delegations of Authority.* All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Dated: April 9, 2010.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2010-8678 Filed 4-15-10; 8:45 am]

BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Case Plan Requirement, Title IV-E of the Social Security Act.

OMB No.: 0980-0140.

Description: Under section 471(a)(16) of title IV-E of the Social Security Act (the Act), to be eligible for payments, states must have an approved title IV-E plan that provides for the development of a case plan for each child for whom the State receives foster care maintenance payments and that provides a case review system that meets the requirements in section 475(5) and 475(6) of the Act. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. 110-351) added a new section 479B to the Act providing authority at 479B(b) for an Indian Tribe, tribal organization or tribal consortia (hereafter "Tribe") to elect to operate a title IV-E program with an approved title IV-E plan. Tribes are to operate a program in the same manner as states and must provide for a case plan for each child and for a case review system.

The case review system assures that each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family-like) setting available and in close proximity to the child's parental home, consistent with the best interest and special needs of the child. Through these requirements, States and Tribes also comply, in part, with title IV-B section 422(b) of the Act, which assures certain protections for children in foster care.

The case plan is a written document that provides a narrative description of the child-specific program of care. Federal regulations at 45 CFR 1356.21(g) and section 475(1) of the Act delineate the specific information that should be addressed in the case plan. The Administration for Children and Families (ACF) does not specify a recordkeeping format for the case plan nor does ACF require submission of the document to the Federal government. Case plan information is recorded in a