

Substance Abuse and Mental Health Services Administration (SAMHSA), and authorizes the CMHS to conduct surveys with respect to mental health. To monitor the prevalence of children and youth with mental health problems, CMHS and the National Institute of Mental Health (NIMH), through a reimbursable agreement with the NCHS have funded questions on children's mental health on the National Health Interview Study (NHIS).

One component of the NHIS is the short Strengths and Difficulties Questionnaire (short SDQ), a module that has obtained data on the mental health of children aged 4–17 years since 2001. As part of its mission, CMHS has

undertaken the task of improving its methods for providing national estimates related to child mental health, specifically by conducting studies that determine validity and appropriate cut-points for measuring serious emotional disturbance in children. To ensure that the short SDQ is a valid measure of child mental health, the proposed study calibrates the short SDQ on the NHIS to a standard psychiatric measure. Highly trained clinical interviewers will administer, via telephone, the Child and Adolescent Psychiatric Assessment (CAPA) or the Pre-School Age Psychiatric Assessment (PAPA) to the parents of a sample of children aged 4–17 years identified in the NHIS as

having mental health problems. Children aged 12–17 years will also be interviewed using the Child and Adolescent Psychiatric Assessment (CAPA). Clinical interviewers will also administer these assessments to a suitable control group of parents and children. Approximately 460 adults and 300 children will take part in the study. A 24-month clearance is being sought to conduct this study.

Data collected in the follow-up interviews will then be used to calibrate the short SDQ as it is used in the NHIS. Data will not be used to produce national estimates. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of survey	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response in hours	Total burden in hours
Calibration and Control .....	Parents of children aged 4–8 years	50	1	1	50
	Parents of children aged 9–17 years	180	1	1	180
	Children, aged 12–17 .....	150	1	45/60	113
Total .....	.....	380	.....	.....	343

Dated: May 20, 2010.

**Maryam I. Daneshvar,**

*Reports Clearance Officer, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed project or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–1243.

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.

**Proposed Project: Assessment of the Underage Drinking Prevention Education Initiatives State Videos Project—New**

*The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) is requesting Office of Management and Budget (OMB) approval of three new data collection instruments—*

- State Video Contacts Form;
- Video Viewers Form; and
- Dissemination Update Online Form.

This new information collection is for the assessment of the 2010–2013 Underage Drinking Prevention Education Initiatives State Videos project. In 2007, four States participated in a pilot study to produce videos on the topic of underage drinking prevention. Based upon the success of those videos, 10 additional States and 1 Territory were provided videos in 2009. From 2010 to 2013, CSAP will invite

approximately 10 States/Territories per year to produce their own videos.

Over the next 4 years, CSAP will conduct a process and outcome assessment of this project. The process assessment will focus on the experiences associated with planning and producing the State video. The outcome assessment will examine the effectiveness of the State Videos project in meeting the core project objectives and will capture the State's dissemination efforts. The process and outcome assessments will encompass State videos that will be produced in 2010–2013 and those that were produced in 2007 and 2009. State contacts will be asked to update their dissemination information online if there have been changes in these figures during the previous 6 months, up through 2013. Additionally, data will be collected from viewers of the State videos using an online survey.

The information will be collected from the primary contact employee designated by the State that is agreeing to participate in the production of a video for the State Videos project. The viewers' information will be collected from those who voluntarily decide to complete a short survey after seeing the video.

SAMHSA/CSAP intends to support annual State underage drinking prevention videos. The information collected will be used by SAMHSA/

CSAP to help plan for these annual video productions and provide technical assistance to the participating States. The collected information will also provide a descriptive picture of the initiative and indicate how the videos have been received, as well as some factors that may be associated with successful dissemination outcomes.

The information needs to be collected using a combination of initial telephone interviews to collect process data, followed by online forms to collect outcome and dissemination data. A survey of viewers, collected online, will also be used to assess the effectiveness of the State videos in increasing awareness of the underage prevention activities in these States. This information collection is being implemented under authority of Section 501(d)(4) of the Public Health Service Act (42 USC 290aa).

State staff members will be contacted once the video has been finalized. These State staff members will be asked to complete a short telephone interview that asks questions about the process of producing the State video. The State Video Contacts Form includes nine items about the State video, among which are included the following:

- State’s objectives for the video on underage drinking prevention.
- Targeted audiences.
- Satisfaction with technical assistance (TA) received.
- Usefulness of preplanning materials.
- Helpfulness of TA during different phases of production.
- Recommendations for improving the process.
- Recommendations for improving the content of the video.
- Advice to other States interested in producing a video.

If the State has disseminated the video at the time of the initial telephone interview, then they will also be asked to complete the second part of the State Video Contacts Form, which collects information on dissemination outcomes. The State Video Contacts Form includes

19 items about the dissemination activities of the State’s video, among which are included the following:

- When they disseminated the video.
- Methods of dissemination.
- Number of people who viewed the video.
- Number of DVDs and videotapes requested.
- Effectiveness of the dissemination methods.
- Factors that contributed to the effectiveness of dissemination.
- Effect of TA received.
- Effect of the video in raising awareness about underage drinking prevention successes in the State.
- Effect of the video in raising awareness about underage drinking prevention challenges in the State.
- Effectiveness of the video in presenting State’s/Territory’s prevention activities.
- Feedback received.
- Unintended positive outcomes.
- Effect of TA in improving the capacity to provide effective prevention services.

After the State staff member has completed the State Video Contacts Form online, he or she will be requested to update dissemination activities online if there have been any changes during the past 6 months. This form includes seven items, among which are included the following:

- Whether there have been changes in dissemination during the past 6 months.
- Most recent dissemination numbers, by method.
- Facilitation factors.
- Additional feedback.
- Additional unintended positive outcomes.

Data will also be collected from viewers of the State videos. Each State video will include instructions on how to access the Video Viewers Form. The instructions may be a unique URL, or they may consist of instructions on each State’s Web site on underage drinking prevention. This information will allow the CSAP to provide feedback to the States on their video and to measure the

effectiveness of their video. The Video Viewers Form includes 24 items about the video, among which are included the following:

- When and where they viewed the video.
- Whom they recommended to view the video.
- What they learned from watching the video.
- What actions they may take because of the video.
- Whether they plan to change behaviors and knowledge about their State’s activities.

The process assessment of the State videos will be conducted using telephone interviews with the State points of contact. This interview should take 10 minutes (0.167 hours). The outcome assessment of the State videos will be collected using an online form that will be completed by no more than 26 respondents and will require only 1 response per respondent. It will take an average of 10 minutes (0.167 hours) to review the instructions, complete the form, and submit it electronically.

Dissemination updates will be requested from each State point of contact every 6 months if there have been changes during that time period. These updates will be submitted electronically, and it should take approximately 5 minutes (0.083 hours) to review the instructions, complete the short form, and submit it electronically. The burden estimate is based on comments from several potential respondents who completed the online form, submitted it, and provided feedback on how long it would take them to complete it. The respondents will be employees of the State.

A short survey will also be used to collect data from viewers of the State videos. An estimated 1,000 viewers will voluntarily choose to complete this online survey, which will take 10 minutes (0.167 hours) to review, complete, and submit. The viewers are expected to be pulled from the general public.

Form name	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Process Interview .....	26	1	0.167	4.34
Dissemination Outcome .....	26	1	0.167	4.34
Dissemination Updates .....	26	1	0.083	2.16
Viewers Survey .....	1,000	1	0.167	167
<b>Total .....</b>	<b>1,078</b>	<b>.....</b>	<b>.....</b>	<b>177.84</b>

Send comments to Summer King, SAMHSA Reports Clearance Officer,

Room 7–1044, One Choke Cherry Road, Rockville, MD 20857 AND e-mail a copy

to: [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov).

Written comments should be received within 60 days of this notice.

Dated: May 17, 2010.

**Elaine Parry,**

*Director, Office of Program Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-4151-NC]

RIN 0938-AQ04

#### Medicare Program; Medicare Coverage Gap Discount Program Model Manufacturer Agreement and Announcement of the June 1, 2010 Public Meeting

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

**ACTION:** Notice with comment period.

**SUMMARY:** This notice with comment period contains a draft model agreement for use by the Secretary and manufacturers under the Medicare Coverage Gap Discount Program established by section 3301 of the Patient Protection and Affordable Care Act, as amended by section 1101 of the Health Care and Education Reconciliation Act of 2010. Under the agreement, manufacturers of applicable covered Part D drugs must provide applicable discounts to applicable Medicare beneficiaries for applicable covered Part D drugs while in the coverage gap beginning in 2011. It also announces the June 1, 2010 public meeting regarding the draft model agreement.

**DATES:** *Meeting Date:* Tuesday, June 1, 2010, 9 a.m. to 5:30 p.m., eastern daylight time (e.d.t.).

*Meeting Registration and Request for Special Accommodations Deadline:* Register between May 21, 2010 and June 1, 2010.

*Comment Date:* To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. e.d.t on June 21, 2010.

**ADDRESSES:** *Meeting Location:* The meeting will be held in the Sheraton Baltimore City Center Hotel, 101 West Fayette Street, Baltimore, MD 21201.

*Registration and Special Accommodations:* Register and request special accommodations at <http://cmsconference.hcmsllc.com>.

*Submitting Comments:* In commenting, please refer to file code

CMS-4151-NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this notice to <http://www.regulations.gov>. Follow the instructions "For submitting a comment."

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-4151-NC, P.O. Box 8013, Baltimore, MD 21244-8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-4151-NC, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786-9994 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:** Craig Miner, for questions regarding the model agreement, (410) 786-7937. Sonia Eaddy, for questions regarding the meeting registration, 410-786-5459.

**SUPPLEMENTARY INFORMATION: Inspection of Public Comments:** All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following Web site as soon as possible after they have been received: <http://www.regulations.gov>. Follow the search instructions on that Web site to view public comments.

Comments received timely will also be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1-800-743-3951.

### I. Background

Section 101 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) which was enacted on December 8, 2003 established the Voluntary Prescription Drug Benefit Program (hereinafter referred to as "Part D"). The Part D program is available for individuals who are entitled to Medicare Part A or enrolled in Medicare Part B. The Centers for Medicare & Medicaid Services (CMS) contracts with private companies, referred to as Part D sponsors, to administer the Part D program via stand alone prescription drug plans (PDPs) and prescription drug plans offered by Medicare Advantage Organizations (MA-PDs). The Part D program became effective January 1, 2006.

Standard Part D prescription drug coverage consists of coverage subject to an annual deductible, 25 percent coinsurance (or an actuarially equivalent cost-sharing design) up to the initial coverage limit (ICL), and catastrophic coverage for individuals that exceed the annual maximum true out-of-pocket (TrOOP) threshold with cost-sharing equal to the greater of a \$2/\$5 copayment or coinsurance of 5