EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

<table>
<thead>
<tr>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>384</td>
<td>na</td>
<td>na</td>
<td>640</td>
</tr>
</tbody>
</table>

**EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN**

<table>
<thead>
<tr>
<th>Form name</th>
<th>Number of respondents</th>
<th>Total burden hours</th>
<th>Average hourly wage rate*</th>
<th>Total cost burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical records review</td>
<td>120</td>
<td>160</td>
<td>$32.56</td>
<td>$5,210</td>
</tr>
<tr>
<td>Patient/family/caregiver interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient interview</td>
<td>120</td>
<td>80</td>
<td>21.35</td>
<td>1,708</td>
</tr>
<tr>
<td>Family/caregiver interview</td>
<td>120</td>
<td>80</td>
<td>21.35</td>
<td>1,708</td>
</tr>
<tr>
<td>QI Nurse to conduct interviews</td>
<td>6</td>
<td>160</td>
<td>32.56</td>
<td>5,210</td>
</tr>
<tr>
<td>Provider interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider interviews</td>
<td>12</td>
<td>80</td>
<td>86.96</td>
<td>6,957</td>
</tr>
<tr>
<td>QI Nurse to conduct interviews</td>
<td>6</td>
<td>80</td>
<td>32.56</td>
<td>2,605</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>640</td>
<td>na</td>
<td>23,398</td>
</tr>
</tbody>
</table>

* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States May 2010, “U.S. Department of Labor, Bureau of Labor Statistics;” 29–1111 (Registered Nurse, $32.56/hr); 00–0000 (All Occupations, $21.35/hr); 29–1069 (Physicians and Surgeons, All Other, $86.96/hr).

Estimated Annual Costs to the Federal Government

The total cost to the government is estimated to be $253,033, which includes costs for project development, data collection, data analysis, publication, project management, and overhead as shown in Exhibit 3. The data collection occurs throughout the 2.5 year project term (30 month); thus, it has an estimated annual cost of $101,212.

**EXHIBIT 3—ESTIMATED ANNUAL AND TOTAL COSTS TO THE FEDERAL GOVERNMENT**

<table>
<thead>
<tr>
<th>Task/activity</th>
<th>Estimated annual cost</th>
<th>Estimated total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Development</td>
<td>$7,438</td>
<td>$18,596</td>
</tr>
<tr>
<td>Data collection</td>
<td>30,866</td>
<td>77,165</td>
</tr>
<tr>
<td>Data analysis</td>
<td>9,470</td>
<td>23,676</td>
</tr>
<tr>
<td>Publication</td>
<td>5,606</td>
<td>14,016</td>
</tr>
<tr>
<td>Project Management</td>
<td>15,086</td>
<td>37,716</td>
</tr>
<tr>
<td>Overhead</td>
<td>32,746</td>
<td>81,864</td>
</tr>
<tr>
<td>Total</td>
<td>101,212</td>
<td>253,033</td>
</tr>
</tbody>
</table>

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: March 14, 2012.

Carolyn M. Clancy,
Director.

[FR Doc. 2012–7270 Filed 3–27–12; 8:45 am]
BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Solicitation for Nominations for Members of the U.S. Preventive Services Task Force (USPSTF)

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Solicits nominations for new members of USPSTF.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) invites nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (USPSTF).

Qualification Requirements: Qualified applicants and nominees must at a minimum demonstrate knowledge,
expertise and national leadership in the following areas:
1. The critical evaluation of research published in peer reviewed literature and in the methods of evidence review;
2. Clinical prevention, health promotion and primary health care; and
3. Implementation of evidence-based recommendations in clinical practice including at the clinician-patient level, practice level, and health system level.

Some USPSTF members without primary health care clinical experience may be selected based on their expertise in methodological issues such as meta-analysis, analytic modeling or clinical epidemiology. For individuals with clinical expertise in primary health care, additional qualifications in methodology would enhance their candidacy.

Additionally, the Task Force benefits from members with expertise in the following areas:
- Behavioral medicine
- Public health
- Health equity and the reduction of health disparities
- Application of science to health policy
- Communication of scientific findings to multiple audiences including health care professionals, policy makers and the general public.

Candidates with experience and skills in any of these areas should highlight them in their nomination materials.

Applicants must have no substantial conflicts of interest, whether financial, professional, or intellectual, that would impair the scientific integrity of the work of the USPSTF and must be willing to complete regular conflict of interest disclosures.

Applicants must have the ability to work collaboratively with a team of diverse professionals who support the mission of the USPSTF. Applicants must have adequate time to contribute substantively to the work products of the USPSTF.

DATES: All nominations submitted in writing or electronically will be considered for appointment to the USPSTF. Nominations must be received by May 15th of a given year to be considered for appointment to begin in January of the following year.

Nominated individuals will be selected for the USPSTF on the basis of their qualifications (in particular, those that address the required qualifications, outlined above) and the current expertise needs of the USPSTF. It is anticipated that two or three individuals will be invited to serve on the USPSTF beginning in January, 2013. All individuals will be considered; however, strongest consideration will be given in 2012 to individuals with demonstrated training and expertise in the areas of behavioral medicine, family medicine, general internal medicine, and obstetrics/gynecology. AHRQ will retain and may consider nominations received this year and not selected during this cycle for future vacancies.

Nominations and applications are kept on file at the Center for Primary Care, Prevention, and Clinical Partnerships, AHRQ, and are available for review during business hours. AHRQ does not reply to individual nominations, but considers all nominations in selecting members. Information regarded as private and personal, such as a nominee’s social security number, home and email addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public. See 5 U.S.C. 552(b)(6); 45 CFR 5.67.

FOR FURTHER INFORMATION CONTACT: Gloria Washington at USPSTFmember nominationsa_AHRQ.hhs.gov.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Notice of Intent To Provide Expansion and Capacity Building Funding to the Incumbent Senior Medicare Patrol (SMP) Grantees Under Limited Competition

SUMMARY: The Administration on Aging is announcing the availability of expansion funds for the support of the Senior Medicare Patrol (SMP) Program. This additional funding opportunity will be used to expand the reach of the SMP program with the explicit purpose of expanding current program capacity to recruit, train, and support the SMP volunteer network. In addition, this funding opportunity will increase targeted collaborative efforts with the Centers for Medicare and Medicaid Services, Office of Inspector General and other law enforcement entities in identified high fraud states.

Funding Opportunity Title/Program Name: Health Care Fraud Prevention Program Expansion and SMP Capacity Building Grants.

Announcement Type: Health Care Fraud Prevention Program Expansion Capacity.


Carolyn M. Clancy,
Director.

[FR Doc. 2012–7269 Filed 3–27–12; 8:45 am]
BILLING CODE 4160–90–M

I. Funding Opportunity Description

During the past several years, the Department of Health and Human Services has increased efforts to fight Medicare and Medicaid fraud. The Administration on Aging (AoA), through the SMP program, has worked in partnership with the Centers for Medicare and Medicaid Services (CMS), the Office of Inspector General (OIG), and the Department of Justice to expand strategies to eliminate waste, fraud, and abuse in these Federal programs. This additional funding opportunity will be used to expand the reach of the SMP program with the explicit purpose of expanding efforts to target collaborative efforts with CMS, OIG and other law enforcement entities in high fraud states and to expand current capacity to recruit, train, and support the SMP volunteer network.

II. Award Information

A. Purpose of the Program: Health Care Fraud Prevention Program Expansion.

B. Amount of the Awards: $20,000 to $300,000.


III. Eligible Applicants

Incumbent Senior Medicare Patrol (SMP) grantees.

IV. Evaluation Criteria

A. Project Relevance & Current Need. Weight: 5 points.

B. Approach. Weight: 30 points.

C. Budget. Weight: 10 points.

D. Project Impact. Weight: 30 points.

E. Organizational Capacity. Weight: 25 points.

V. Application and Submission Requirements

A. SF 424—Application for Federal Assistance.

B. SF 424A—Budget Information.

C. Separate Budget Narrative/Justification.

D. SF 424B—Assurances. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d of the SF 424).

E. Lobbying Certification.

F. Program narrative no more than five pages.

G. Work Plan.

H. The application should be submitted through grants.gov using the funding opportunity # HHS–2012–AoA–SM–1208.

VI. Application Review Information

Three independent reviewers external to the Office of Elder Rights will score the applications.

VII. Agency Contact

For further information or comments regarding this program expansion supplement, contact Rebecca Kinney, U.S. Department of Health and Human Services, Administration on Aging, Office of Elder Rights, One Massachusetts Avenue NW., Washington, DC 20001; telephone (202) 357–3520; fax (202) 357–3560; email Rebecca.Kinney@aoa.hhs.gov.


Kathy Greenlee,
Assistant Secretary for Aging.

[FR Doc. 2012–7469 Filed 3–27–12; 8:45 am]
BILLING CODE 4154–01–P