

scientific products including manuscripts, Web sites, reports, and other documents; (7) assures compliance with all federal rules and regulations regarding research with human subjects; (8) provides division-level management, administration, support services, and coordinates with appropriate offices on program and administrative matters; and (9) develops curriculum, training, and consultation services for CDC and other federal and non-federal partners to foster the development of skills in epidemiologic and analytic methodologies, and systematic reviews.

Office of the Director (CPKE1). (1) Provides leadership and guidance on strategic planning and implementation, program priority setting, and policy development, to advance the mission of the division, EAPO and CDC; (2) develops goals, objectives, and budget; monitors progress and allocation of resources, and reports accomplishments, future directions, and resource requirements; (3) develops, implements and evaluates long term research and programmatic agendas for analytical and epidemiologic activities and the Community Guide; (4) facilitates scientific, policy and program collaboration among divisions and centers, and between CDC and other federal/non-federal partners; (5) promotes advancement of science throughout the division, supports program evaluation, and ensures that research meets the highest standards in the field; (6) provides epidemiologic and analytic expertise and consultation to planning, projects, policies and program activities; (7) advises the Office of the Director of EAPO on matters relating to epidemiologic and analytic methods and the Community Guide, and coordinates division responses to requests for technical assistance or information on activities supported by the division; (8) develops and produces communication tools and public affairs strategies to meet the needs of division programs and mission; and (9) represents the division at official professional and scientific meetings, both within and outside of CDC.

Analytic Tools and Methods Branch (CPKEB). (1) Supports the development and dissemination of cross-cutting analytical methodology, including but not limited to advanced statistical methods, forecasting, geospatial methods, meta-analysis, and economic analysis; (2) supports and conducts applied research that expands the scope of analytic methods capabilities and public health science; (3) provides assistance and consultation on analytical methodology to other units

within CDC; (4) identifies complex system models and logistics simulation models and evaluates and assesses their validity and utility for public health practice; (5) maintains an inventory of up-to-date information on models relevant to public health and facilitates access to the models by other units within CDC; (6) develops and applies new and existing quantitative methodologies and simulation and decision support tools to assist CDC programs including emergency preparedness and response activities; (7) develops, maintains, and improves epidemiologic tools for data collection, data management, and data analysis, including Epi Info; (8) provides training, technical assistance, and support to public health partners and entities using Epi Info for outbreak investigations and other public health monitoring activities; (9) collaborates with national and global partners to conceive and develop open-source public health tools for outbreak management, surveillance, and research applications; (10) participates with CDC and other federal and non-federal partners in developing indicators, methods, and statistical procedures for assessing and monitoring the health of communities and measuring the effectiveness of community interventions; and (11) participates with CDC and other federal and non-federal partners in developing indicators, methods, and statistical procedures for measuring and reporting social determinants of health.

Community Guide Branch (CPKEC). (1) Convenes and supports the independent Community Preventive Services Task Force (CPSTF); (2) oversees production of the systematic reviews that serve as the foundation for CPSTF findings and recommendations; (3) coordinates and manages large and diverse teams of internal and external partners in the systematic review process; (4) participates with other CDC programs, HHS, and non-governmental partners in developing and/or refining methods for conducting systematic reviews; (5) assists CDC and other federal and non-federal partners in understanding, using, and communicating methods for conducting systematic reviews; (6) produces and promotes the use of the Guide to Community Preventive Services (aka Community Guide); (7) communicates the Community Guide reviews, recommendations, and research needs in the American Journal of Preventive Medicine and the Morbidity and Mortality Weekly Report (MMWR) publications as well as via other journals, books, documents, the world

wide Web, and other media; (8) participates with other CDC programs, HHS and non-governmental partners in disseminating Community Guide reviews, recommendations, and research needs to appropriate audiences throughout the U.S. health care and public health systems, and their multisectoral partners; (9) participates with other CDC programs, HHS, and other federal and non-governmental partners in developing policies, and processes for referencing Community Guide findings in research and programmatic funding announcements, with the aim of increasing use of Community Guide findings and filling evidence gaps; (10) participates with other CDC programs, HHS, and non-governmental partners in developing and/or refining methods for implementing Community Guide recommendations; (11) provides consultations for implementing Community Guide recommended strategies; (12) participates in the development of national and regional public/private partnerships to enhance prevention research and the translation of evidence into policy and action; (13) assists CDC and other federal and non-federal partners in linking reviews of evidence to guidelines development and/or program implementation; and (14) designs and conducts programmatic, process and outcome evaluation strategies for all stages of development and diffusion of the Community Guide.

Dated: August 16, 2012.

**Sherri A. Berger,**

*Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2012-21521 Filed 8-31-12; 8:45 am]

**BILLING CODE 4160-18-M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-906]

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

**AGENCY:** Centers for Medicare & 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 & Medicaid Services (CMS) 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:* Revision of a currently approved collection;

*Title of Information Collection:* The Fiscal Soundness Reporting Requirements; Use: The Centers for Medicare and Medicaid Services (CMS) is assigned responsibility for overseeing the on-going financial performance for all Medicare Advantage Organizations (MAO), Prescription Drug Plan (PDP) sponsors and Program of All-Inclusive Care for the Elderly (PACE) organizations. Specifically, CMS needs the requested collection of information to establish that contracting entities within those programs maintain fiscally sound organizations. The revised fiscal soundness reporting form combines MAO, PDP, 1876 Cost Plans, Demonstration Plans and PACE organizations. Entities contracting in these programs currently submit all documentation being requested. Specifically, all contracting organizations must submit annual independently audited financial statements one time per year. The MAOs with a net loss, a negative net worth or both must file three quarterly statements. Currently there are approximately 44 MAOs filing quarterly financial statements. The PDPs must also file three unaudited quarterly financial statements. The PACE organizations are required to file 3 quarterly financial statements for the first three years in the program. Additionally, PACE organizations with a net loss, a negative net worth or both must file statements as well.

The information collection request is being revised to include one additional data element for PACE organizations only, Total Subordinated Liabilities. The addition of the new data element will actually reduce the time to analyze the financial standing of PACE organizations because we will no longer have to contact the PACE organizations to establish whether or not the organization's total liabilities calculation includes subordinated debt. *Form Number:* CMS-906 (OCN: 0938-0469); *Frequency:* Annually, Quarterly; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 648; *Total Annual Responses:* 1,281; *Total Annual Hours:* 428. (For policy questions regarding this collection contact Joe Esposito at 410-786-1129. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *November 5, 2012*:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: CMS-R-284 (OCN 0938-0345), Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 29, 2012.

**Martique Jones,**

*Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2012-21671 Filed 8-31-12; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Child Care and Development Fund Plan for States/Territories for FFY 2014-2015 (ACF-118).

*OMB No.:* 0970-0114.

*Description:* The Child Care and Development Fund (CCDF) Plan (the Plan) for States and Territories is required from each CCDF Lead agency in accordance with Section 658E of the Child Care and Development Block Grant Act of 1990, as amended (Pub. L. 101-508, Pub. L. 104-193, and 42 U.S.C. 9858). The implementing regulations for the statutorily required Plan are set forth at 45 CFR 98.10 through 98.18. The Plan, submitted on the ACF-118, is required biennially, and remains in effect for two years. The Plan provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. The ACF-118 is currently approved through April 30, 2014, making it available to States and Territories needing to submit Plan Amendments through the end of the FY 2013 Plan Period. However, on July 1, 2013, States and Territories will be required to submit their FY 2014-2015 Plans for approval by September 30, 2013. Consistent with the statute and regulations, ACF requests revision of the ACF-118 with minor corrections and modifications. The Tribal Plan (ACF-118a) will be addressed under a separate notice.

*Respondents:* State and Territory CCDF Lead Agencies (56).

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-118 .....	56	0.50	162.5	4,550

Estimated Total Annual Burden Hours: 4,550.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork

Reduction Act of 1995, the Administration for Children and