to use OASIS–C1 to coincide with the original implementation of ICD–10 on October 1, 2014. However, on April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. 113–93) was enacted. This legislation prohibits CMS from adopting ICD–10 coding prior to October 1, 2015. Because OASIS–C1 is based on ICD–10 coding, it is not possible to implement OASIS–C1 prior to October 1, 2015, when ICD–10 is implemented. The passage of the PAMA Act left us with the dilemma of how to collect OASIS data in the interim, until ICD–10 is implemented.

The OASIS–C1/ICD–9 version is an interim version of the OASIS–C1 data item set that was created in response to the legislatively mandated ICD–10 delay. There are five items in OASIS–C1 that require ICD–10 codes. In the OASIS–C1/ICD–9 version, these items have been replaced with the corresponding items from OASIS–C that use ICD–9 coding. The OASIS–C1/ICD–9 version also incorporates updated clinical concepts, modified item wording and response categories and improved item clarity. In addition, the OASIS–C1/ICD–9 version includes a significant decrease in provider burden that was accomplished by the deletion of a number of non-essential data items from the OASIS–C data item set.

Form Number: CMS–R–245 (OMB control number: 0938–0760); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 12,014; *Total Annual Responses:* 17,268,890; *Total Annual Hours:* 15,305,484. (For policy questions regarding this collection contact Caroline Gallaher at 410–786–8705.)

We are requesting OMB review and approval of this collection by September 17, 2014, with a 180-day approval period. Written comments and recommendations will be considered from the public if received by the date and address noted below.

Copies of the supporting statement and any related forms can be found at: *http://www.cms.hhs.gov/ PaperworkReductionActof1995* or can be obtained by emailing your request, including your address, phone number, OMB number, and CMS document identifier, to: *Paperwork@cms.hhs.gov,* or by calling the Reports Clearance at: 410–786–1326.

Dated: August 26, 2014.

Martique Jones,

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

[FR Doc. 2014–20577 Filed 8–28–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Runaway and Homeless Youth Management Information System (RHYMIS) Version 3.0.

OMB No.: 0970–0123.

Description: The Runaway and Homeless Youth Act, as amended by Public Law 106–71 (42 U.S.C. 5701 et seq.), mandates that the Department of Health and Human Services (HHS) report regularly to Congress on the status of HHS-funded programs serving runaway and homeless youth. Such reporting is similarly mandated by the Government Performance and Results Act. Organizations funded under the Runaway and Homeless Youth program are required by statute (42 U.S.C. 5712, 42 U.S.C. 5714–2) to meet certain data collection and reporting requirements. These requirements include maintenance of client statistical records on the number and the characteristics of the runaway and homeless youth, and youth at risk of family separation, who participate in the project, and the services provided to such youth by the project.

Respondents: States localities, private entities and coordinated networks of such entities. Typical respondents are non-profit community based organizations who are reporting on the youth that they serve through their Basic Center, Transitional Living and Street Outreach programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents *	Number of responses per respondent	Average burden hours per response	Total burden hours
Youth Profile: Basic Center Program (one for each youth)	321	115	0.20	7383
Youth Profile: Transitional Living Program (one for each youth)	205	19	0.250	974
Youth Profile: Street Outreach Program (one for each youth)	138	524	0.073	5279
Brief Agency Contacts Report ** (3 data elements per youth)	664	865	0.05	28718
Data Transfer	664	2	0.50	664

*Number of respondents and response estimates are based on FY 2013 grantee award and annual youth service volumes (the number of grantees awarded and their service volumes change from year to year but not greatly).

**Brief Agency Contacts Report is a new report that combines the elements of the Street Outreach Contacts, Turnaway/Waitlist and Brief Contacts reports that were previously in place.

Estimated Total Annual Burden Hours: 43,018.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@acf.hhs.gov.*

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_ SUBMISSION@OMB.EOP.GOV.* Attn:

Desk Officer for the Administration for Children and Families.

Robert Sargis,
Reports Clearance Officer.
[FR Doc. 2014–20594 Filed 8–28–14; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Evaluation Policy; Cooperative Research or Demonstration Projects

AGENCY: Administration for Children and Families, HHS.
ACTION: Notice.

SUMMARY: Administration for Children and Families (ACF) is announcing its evaluation policy for research or demonstration projects as authorized by 42 U.S.C. 1310.

SUPPLEMENTARY INFORMATION: This evaluation policy builds on ACF's strong history of evaluation by outlining key principles to govern our planning, conduct, and use of evaluation. The evaluation policy reconfirms our commitment to conducting rigorous, relevant evaluations and to using evidence from evaluations to inform policy and practice. ACF seeks to promote rigor, relevance, transparency, independence, and ethics in the conduct of evaluations. This policy addresses each of these principles.

The mission of ACF is to foster health and well-being by providing Federal leadership, partnership, and resources for the compassionate and effective delivery of human services. Our vision is children, youth, families, individuals, and communities who are resilient, safe, healthy, and economically secure. The importance of these goals demands that we continually innovate and improve, and that we evaluate our activities and those of our partners. Through evaluation, ACF and our partners can learn systematically so that we can make our services as effective as possible.

Evaluation produces one type of evidence. A learning organization with a culture of continual improvement requires many types of evidence, including not only evaluation but also descriptive research studies, performance measures, financial and cost data, survey statistics, and program administrative data. Further, continual improvement requires systematic approaches to using information, such as regular data-driven reviews of performance and progress. Although

this policy focuses on evaluation, the principles and many of the specifics apply to the development and use of other types of information as well.

This policy applies to all ACF-sponsored evaluations. While much of ACF's evaluation activity is overseen by OPRE, ACF program offices also sponsor evaluations through dedicated contracts or as part of their grant-making. In order to promote quality, coordination, and usefulness in ACF's evaluation activities, ACF program offices will consult with OPRE in developing evaluation activities. Program offices will discuss evaluation projects with OPRE in early stages to clarify evaluation questions and methodological options for addressing them, and as activities progress, OPRE will review designs, plans, and reports. Program offices may also ask OPRE to design and oversee evaluation projects on their behalf or in collaboration with program office staff.

Rigor: ACF is committed to using the most rigorous methods that are appropriate to the evaluation questions and feasible within budget and other constraints. Rigor is not restricted to impact evaluations, but is also necessary in implementation or process evaluations, descriptive studies, outcome evaluations, and formative evaluations; and in both qualitative and quantitative approaches. Rigor requires ensuring that inferences about cause and effect are well founded (internal validity); requires clarity about the populations, settings, or circumstances to which results can be generalized (external validity); and requires the use of measures that accurately capture the intended information (measurement reliability and validity).

In assessing the effects of programs or services, ACF evaluations will use methods that isolate to the greatest extent possible the impacts of the programs or services from other influences such as trends over time, geographic variation, or pre-existing differences between participants and non-participants. For such causal questions, experimental approaches are preferred. When experimental approaches are not feasible, high-quality quasi-experiments offer an alternative.

ACF will recruit and maintain an evaluation workforce with training and experience appropriate for planning and overseeing a rigorous evaluation portfolio. To accomplish this, ACF will recruit staff with advanced degrees and experience in a range of relevant disciplines such as program evaluation, policy analysis, economics, sociology, child development, etc. ACF will provide professional development

opportunities so that staff can keep their skills current.

ACF will ensure that contractors and grantees conducting evaluations have appropriate expertise through emphasizing the capacity for rigor in requests for proposal and funding opportunity announcements. This emphasis entails specifying expectations in criteria for the selection of grantees and contractors, and engaging reviewers with evaluation expertise. It also requires allocating sufficient resources for evaluation activities. ACF will generally require evaluation contractors to consult with external advisors who are leaders in relevant fields through the formation of technical work groups or other means.

Relevance: Evaluation priorities should take into account legislative requirements and Congressional interests and should reflect the interests and needs of ACF, HHS, and Administration leadership; program office staff and leadership; ACF partners such as states, territories, tribes, and local grantees; the populations served; researchers; and other stakeholders. Evaluations should be designed to represent the diverse populations that ACF programs serve, and ACF should encourage diversity among those carrying out the work, through building awareness of opportunities and building evaluation capacity among under-represented groups.

There must be strong partnerships among evaluation staff, program staff, policy-makers, and service providers. Policy-makers and practitioners should have the opportunity to influence evaluation priorities to meet their interests and needs. Further, for new initiatives and demonstrations in particular, evaluations will be more feasible and useful when planned in concert with the planning of the initiative or demonstration, rather than as an afterthought. Given Federal requirements related to procurement and information collection, it can take many months to award a grant or contract and begin collecting data. Thus, it is critical that planning for research and evaluation be integrated with planning for new initiatives.

It is important for evaluators to disseminate findings in ways that are accessible and useful to policy-makers and practitioners. OPRE and program offices will work in partnership to inform potential applicants, program providers, administrators, policy-makers, and funders through disseminating evidence from ACF-sponsored and other good quality evaluations.