

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Regulation	Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
42 CFR 70.5 Application for a permit to move from State to State while in the communicable period.	Traveler	3,750	1	15/60
	Attending physician	3,750	1	15/60

Dated: February 4, 2010.

Maryam I. Daneshvar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–0128]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written

comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Congenital Syphilis (CS) Case Investigation and Report Form (CDC73.126), OMB No. 0920–0128, (exp. 02/28/2010)—revision—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the proposed revision is to continue data collection for congenital syphilis case investigations with a revised “Congenital Syphilis (CS) Case Investigation and Report Form” (CDC73.126). The CS Form is currently approved under OMB No. 0920–0128. This request is to extend clearance for 0920–0128 for an additional three years with revisions to the instrument, and decrease in the burden hours. The

instrument is revised to exclude “reporting city” and “resident city” information blocks from the CS Form.

Reducing congenital syphilis is a national objective in the Department of Health and Human Services (DHHS) Report entitled *Healthy People 2010 (Vol. I and II)*. Objective 25–9 of the DHHS document states the goal to “reduce congenital syphilis to 1 new case per 100,000 live births.” In order to meet this national objective, an effective surveillance system for congenital syphilis must be continued to monitor current levels of disease and progress towards the year 2010 objective. These data will also be used to develop intervention strategies and to evaluate ongoing control efforts. There is no cost to respondents other than their time. In addition to modifications to the form, seven reporting areas have stopped using the paper collection form and are now reporting CS data electronically. As a result, the total estimated annualized burden hours have been reduced from 130 to 63.

ESTIMATED ANNUALIZED BURDEN HOURS

Types of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	Congenital Syphilis (CS) Case Investigation and Report.	10	11	20/60
Territorial Health Agencies	Congenital Syphilis (CS) Case Investigation and Report.	3	11	20/60
City and county health departments	Congenital Syphilis (CS) Case Investigation and Report.	4	11	20/60

Dated: February 3, 2010.

Maryam I. Daneshvar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–0818]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the

Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Cost and Follow-up Assessment of Administration on Aging (AoA)—Funded Fall Prevention Programs for

Older Adults—Extension (OMB no. 0920–0818, exp. 7/31/10)—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC received OMB approval (0920–0818) to collect data for the Cost and Follow-up Assessment of Fall Prevention Programs. This approval expires on 7/31/10. In June 2009, all Matter of Balance programs implemented a new consent form. This form asked participants for permission for CDC to contact them six months after they finished the program to complete a survey. For this reason, we will not begin administering the follow-up survey to Matter of Balance participants until January 2010. At this time we are requesting a three-year extension to collect data.

NCIPC seeks to examine cost of implementing each of the three AoA funded fall prevention programs for older adults (Stepping On, Moving for

Better Balance and Matter of Balance) and to assess the maintenance of fall prevention behaviors among participants six months after completing the Matter of Balance program. To assess the maintenance of fall prevention behaviors, CDC will conduct telephone interviews of 425 Matter of Balance program participants six months after they have completed the program. The interview will assess their knowledge and self-efficacy related to falls as taught in the course, their activity and exercise levels, and their reported falls both before and after the program. The results of the follow-up assessment will determine the extent to which preventive behaviors learned during the Matter of Balance program are maintained and can continue to reduce fall risk. The cost assessment will calculate the lifecycle cost of the Stepping On, Moving for Better Balance, and Matter of Balance programs. It will also include calculating the investment costs required to implement each program, as well as the ongoing

operational costs associated with each program. These costs will be allocated over a defined period of time, depending on the average or standard amount of time these programs continue to operate (standard lifecycle analysis ranges from five to 10 years). As part of the lifecycle cost calculation, these data will allow us to compare program costs and to identify specific cost drivers, cost risks, and unique financial attributes of each program. Local program coordinators for the 200 sites in each of the AoA-funded states will collect the cost data using lifecycle cost spreadsheets that will be returned to CDC for analysis. The results of these studies will support the replication and dissemination of these fall prevention programs and enable them to reach more older adults. The Survey Screen takes 3 minutes, the survey instrument takes forty-five minutes, and the cost tool takes two hours to complete.

There are no costs to respondents other than their time. The total estimated annual burden is 248 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Follow-up Survey Screen for Matter of Balance—Introduction Script	167	1	3/60
Follow-up Survey for Matter of Balance	142	1	45/60
Cost assessment of AoA-funded fall prevention programs	66	1	2

Dated: February 4, 2010.

Maryam I. Daneshvar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau; Policy Notice 99–02 Amendment #1

AGENCY: Health Resources and Services Administration (HRSA).

ACTION: Notice of rescinded Policy Notice 99–02, Amendment #1.

SUMMARY: The HRSA HIV/AIDS Bureau (HAB) Policy Notice 99–02 established general policies regarding the use of Title XXVI of the Public Health Service (PHS) Act, Ryan White HIV/AIDS Program funds for housing referral services and short-term or emergency housing needs. Amendment #1 to Policy

Notice 99–02, effective March 27, 2008, modified Policy Notice 99–02 by imposing a 24-month cumulative cap on short-term and emergency housing assistance. HRSA's Administrator is undertaking a comprehensive review of the Housing Policy, and is therefore directing that Amendment #1 to Policy Notice 99–02 be rescinded, effective immediately.

SUPPLEMENTARY INFORMATION: Following the rescission of Amendment #1 to Policy Notice 99–02, Ryan White HIV/AIDS Program, grantees will not be required to enforce the amendment for beneficiaries that might be at or near the 24-month cumulative cap on short-term and emergency housing assistance. At the same time, grantees will benefit from general policy guidance with regard to the use of Ryan White HIV/AIDS Program funds for housing referral services and short-term or emergency housing needs. A comprehensive review of the Housing Policy will permit HRSA's Administrator time to evaluate completely all aspects of it. The Policy Notice is amended to address updated

nomenclature, and is reprinted below for ease of reference.

DATES: Amendment #1 to Policy Notice 99–02 is rescinded effective February 10, 2010.

HRSA and HIV/AIDS Bureau (HAB) Policy Notice 99–02

Document Title: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs

The following Policy establishes guidelines for allowable housing-related expenditures under the Ryan White HIV/AIDS Program. The purpose of all Ryan White HIV/AIDS Program funds is to ensure that eligible HIV-infected persons and families gain or maintain access to medical care.

A. Funds received under the Ryan White HIV/AIDS Program (Title XXVI of the PHS Act) may be used for the following housing expenditures:

i. Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professionals who possess a comprehensive