(RFI) is to gather information from providers of primary care and occupational medicine, vendors and creators of EHR software, and the public to inform NIOSH's response to this and other IOM recommendations. Gathering information through this RFI will enable NIOSH to understand opportunities and challenges in collecting occupational information and how and why health care providers collect and use this information. The IOM report with the 10 recommendations can be downloaded at: *http://iom.edu/Reports/2011/Incorporating-Occupational-Information-in-Electronic-Health-Records-Letter-Report.aspx.*

NIOSH has released this RFI to learn about how the following types of patient work information are collected and used:

Employment status (e.g., employed, unemployed, disabled, retired, part time/full time, shift)
Patient's current occupation(s)
Patient's current industry(s)
Patient's usual (longest held) occupation(s)
Patient's usual (longest held) industry(s)
Employer(s) name
Employer Address(es)
Work-relatedness of patient's health condition(s)
Other information about patient's work, such as information about exposures at work.

II. Questions of Interest

Input from primary care providers, occupational and public health specialists, EHR vendors and others with interest in the topic is sought on the questions listed below pertaining to the collection and use of work information in the clinical setting. NIOSH is interested in input both from those who are currently using EHRs as well as those who are not.

(1) *For providers of primary health care:* When do the clinicians in your practice setting currently ask patients about their work?

Specifically, what information on patients' work is collected?

If you currently use an EHR:

Where in the health record (either paper or electronic) is patient work information stored and/or viewed? For example, is the work information entered in the 'social history' section of an EMR? Where would you prefer patient work information to be stored and/or viewed in the EHR?

Does your EHR maintain a history of the information so that you can identify how long and when a patient was in a given occupation?

If you currently do not use an EHR, where do you record this information in the paper record? Is it available to the care provider during the patient encounter? Is there a history of the patient's work information available to the care provider?

In your clinical practice, who (which personnel) besides the clinicians collect patients' work information (e.g., registration personnel or nursing assistants)?

Have those personnel been trained specifically in how to collect information about patient's work i.e., how to gain an accurate job title etc.?

Do you collect work information from teenagers?

Do you collect work information from retirees?

Are questions about work routine question or triggered based on specific complaints?

How is work information used to inform patient care?

Please provide an example/description of the usefulness of patient work information in providing care to a patient.

Please provide any additional comments you have about collection or use of patient work information in the clinical setting.

(2) *For providers of occupational (specialty) health care:* At your clinical facility, how is the patient's work information collected?

Specifically, what information on patients' work is collected?

Is the work information entered in the administrative record used for billing purposes?

Is patient work information collected on paper or in an EHR? Is it available to the care provider during the patient encounter?

Is there a history of the patient's work information available to the care provider?

If you use a standardized form to collection information about patients' work, please briefly describe its main elements.

In your clinical practice, who (which personnel) besides the clinicians collect (e.g., registration personnel or nursing assistants)?

Have those personnel been trained specifically in how to collect information about patient's work i.e., how to gain an accurate job title, etc.?

Where in the health record (either paper or electronic) is the information stored? For example, is the work information entered in the 'social history' section?

What are the most important ways that clinicians can use to inform clinical care of patients?

Please provide an example of the usefulness of work information in providing care to a patient.

Do you have any other comments about collection or use of patient work information in the clinical setting?

(3) *For developers and vendors of EHR/software:* Does your base/basic EHR product contain pre-ordained fields for Industry, Occupation, Employer or other information about patients' work? If not, have you been asked to provide these fields?

Regardless of whether they are in the base system or added on request, how are the values in the fields for Industry, Occupation, or other work information formatted (e.g., narrative text, drop-down menus, other)?

Are these values coded and if so, what coding schema are used (e.g., NAICS, SOC, Census codes, user defined)?

To the best of your knowledge, how are the data captured in these fields used by end users of your EHR/product?

Please share challenges you anticipate in managing a history of employer, industry and occupation (current and usual) for multiple employment situations as both text and coded fields in your system, if your system does not already perform these functions?

Could your system access and retrieve information from another web-based system via web services (such as an automated coding system for coding industry and occupation)?

Your comments are appreciated. They will be used to improve NIOSH's electronic health records efforts.

FOR FURTHER INFORMATION CONTACT: Kerry Souza, NIOSH, 395 E Street SW., Suite 9257, Washington, DC 20002, telephone (202) 245–0639, Email *hkv4@cdc.gov.*

Dated: June 20, 2012.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2012–15896 Filed 6–27–12; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Supplemental Submission for OMB Review; Comment Request

Title: Mother and Infant Home Visiting Program Evaluation: Baseline collection of saliva for measuring cotinine.

OMB No.: 0970–0402.

Description: In 2011, the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA)

within the U.S. Department of Health and Human Services (HHS) launched a national evaluation called the Mother and Infant Home Visiting Program Evaluation (MIHOPE). This evaluation, mandated by the Affordable Care Act, will inform the federal government about the effectiveness of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program in its first few years of operation, and provide information to help states develop and strengthen home visiting programs in the future. OMB is currently reviewing a data collection package for Phase 1 of the study that includes a survey of parents at baseline (study entry) and various surveys of home visiting program staff and other service providers in the community.

The purpose of the current document is to request approval of collection of saliva at baseline from women participating in the study. Saliva will be used to measure cotinine, a metabolite of nicotine that indicates the extent to which the individual smokes or is subject to second-hand smoke. Smoking is a strong predictor of adverse outcomes for both parents and children and baseline data on smoking will play a key role in the MIHOPE analysis. Prior studies of home visiting have found larger program effects for smokers. Saliva offers a more accurate means to measure smoking compared with self reports.

Saliva for measuring cotinine is being proposed for baseline data collection in response to public comment on the Phase 1 data collection package. To provide the opportunity for public comment, the addition of cotinine is being reviewed separately from the main Phase 1 data collection package.

Respondents: Saliva will be collected from enrolled parents, which will include pregnant women and mothers of children under six months old.

Annual Burden Estimates

The following burden table provides information on the burden of data collection efforts during Phase 1. It is divided into three sections: (1) Data collection related to site recruitment that was previously approved by OMB, (2) data collection currently being reviewed by OMB, and (3) saliva collection. Data collection will take place over a three-year period.

ANNUAL BURDEN ESTIMATES

	Number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Approved (Site Recruitment)				
Telephone contact with state administrators	49	1	1.00	49
First round visits with state administrators	18	1	1.50	27
Second round visits with state administrators	15	1	1.50	23
Visits and calls with local program directors	120	1	3.00	360
Site Recruitment Total	.....	.....	.....	459
Under Review (Data Collection)				
Family baseline survey	1,700	1	1.00	1,700
State administrator interview:				
Baseline	8	1	2.00	16
12 Month	8	1	2.00	16
Program manager survey:				
Part 1, Baseline	29	1	0.50	15
Part 2, Baseline	29	1	1.00	29
Part 3, Baseline	29	1	1.00	29
12 month	29	1	2.00	58
Supervisor survey:				
Baseline	33	1	1.25	41
12 month	33	1	1.25	41
Home visitor survey:				
Baseline	170	1	1.25	213
12 month	170	1	1.25	213
Community service providers survey	510	1	0.10	51
Other home visiting programs survey	142	1	0.10	14
Supervisor logs	33	60	0.20	396
Home visitor logs	170	60	0.20	2,040
Group interview:				
Program manager	29	1	1.50	44
Supervisor	33	1	1.50	50
Home visitor	85	1	1.50	128
Home visitor individual interview	85	1	1.50	128
Interview participant questionnaire	232	1	0.05	12
Data Collection Total	.....	.....	.....	5,234
New (Saliva Collection)				
Baseline saliva collection	1,700	1	0.10	170
Saliva Collection Total	1,700	1	0.10	170
Estimated Total Annual Burden Hours	.....	.....	.....	5,863

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. This information collection is a supplement to the Maternal, Infant and Early Childhood Home Visiting Evaluation collection described in a 60 day **Federal Register** Notice, published on December 12, 2011 (Volume 76, No. 238, Page 77236). Per OMB guidance, ACF requests comments on this supplemental information collection within 30 days of this publication. Comments on and requests for copies of the proposed information collection may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, Email address: *OPREinfocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 30 days of this publication.

Steven M. Hanmer,

Reports Clearance Officer.

[FR Doc. 2012–15796 Filed 6–27–12; 8:45 am]

BILLING CODE 4184–22–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Plan for Foster Care and Adoption Assistance—Title IV–E.

OMB No.: 0980–0141.

Description: A title IV–E plan is required by section 471, part IV–E of the Social Security Act (the Act) for each public child welfare agency requesting Federal funding for foster care, adoption assistance and guardianship assistance under the Act. Section 479B of the Act provides for an Indian tribe, tribal organization or tribal consortium (Tribe) to operate a title IV–E program in the same manner as a State with minimal exceptions. The Tribe must have an approved title IV–E Plan. The title IV–E plan provides assurances the programs will be administered in conformity with the specific requirements stipulated in title IV–E. The plan must include all applicable State or Tribal statutory, regulatory, or policy references and citations for each requirement as well as supporting documentation. A title IV–E agency may use the pre-print format prepared by the Children's Bureau of the Administration for Children and Families or a different format, on the condition that the format used includes all of the title IV–E plan requirements of the law.

Respondents: Title IV–E agencies administering or supervising the administration of the title IV–E programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Title IV–E Plan	17	1	16	272

Estimated Total Annual Burden Hours: 272.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. Email address: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2012–15770 Filed 6–27–12; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Announcement of the Award of Single-Source Cooperative Agreement to Rubicon Programs, Inc., in Richmond, CA

AGENCY: Office of Family Assistance, ACF, HHS.

ACTION: Announcement of the award of a single-source cooperative agreement to Rubicon Programs, Inc, in Richmond, CA, to support Community-Centered Responsible Fatherhood Ex-Prisoner Reentry activities to promote responsible fatherhood, family reunification, and economic stability designed to move individuals and families to self-sufficiency.

CFDA Number: 93.086.

Statutory Authority: The award is made under the authority of Claims