

HWC change package and quality improvement indicators; and stakeholders' perceptions of the quality and effectiveness of the HWC in accelerating community efforts to address childhood obesity. Community team interviews will be conducted with the team coordinator, the quality improvement data manager, and other team members, including primary care

providers, public health officials, school administrators, and other community volunteers. Separate interview protocols will be developed for the Phase 1 and Phase 2 community teams. Phase 1 protocols will examine community team strategies, activities, and approaches that have been sustained and spread after the end of Phase 1. Phase 2 protocols will examine: (1) Team goals,

objectives, and program elements; (2) team implementation of the HWC change package; (3) team engagement in HWC activities; and (4) team linkages and organizational and policy changes resulting from the team's participation in the HWC.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
NICHQ Leaders Interview .....	4	1	4	1.0	4.0
NICHQ Staff Interview .....	5	1	5	1.0	5.0
NICHQ Faculty Group Interview .....	*6	1	6	1.0	6.0
Phase 1 Team Group Interview .....	**24	1	24	1.5	36.0
Phase 1 Team Coordinator Interview .....	4	1	4	1.5	6.0
Phase 1 Team Data Manager Interview .....	4	1	4	.5	2.0
Phase 2 Team Group Interview .....	***42	1	42	1.5	63.0
Phase 2 Team Coordinator Interview .....	7	1	7	1.5	10.5
Phase 2 Team Data Manager Interview .....	7	1	7	.5	3.5
<b>Total .....</b>	<b>103</b>	<b>.....</b>	<b>103</b>	<b>.....</b>	<b>136.0</b>

\* One group interview: 6 people per group.  
 \*\* Four group interviews: 6 people per group.  
 \*\*\* Seven group interviews: 6 people per group.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to *OIRA\_submission@omb.eop.gov* or by fax to 202-395-5806. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: September 26, 2012.

**Bahar Niakan,**  
 Director, Division of Policy and Information Coordination.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Noncompetitive Supplements to Nursing Assistant and Home Health Aide Program Grantees**

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of Noncompetitive Program Expansion Supplements to Develop, Implement, and Evaluate Educational Curricula in Medication Administration and Management; Care Coordination and Follow Up; and Behavioral Health and Social Support for Home Health Aides.

**SUMMARY:** The Health Resources and Services Administration (HRSA) will

offer noncompetitive program expansion supplements of \$100,000 to 10 Nursing Assistant and Home Health Aide (NAHHA) Program grantees to develop, implement, and evaluate enhanced training programs to build competency in medication administration and management, care coordination and follow up, and behavioral health and social support for home health aides. Approximately \$1,000,000 is available in fiscal year (FY) 2012. The NAHHA grantees have the capability, expertise, experience and infrastructure to expeditiously and effectively implement this enhanced training program. Their existing curricular efforts have built-in opportunities to offer continuing/expanded training, and these skills represent ones that have been identified by program participants and employers as highly desirable areas for training.

**SUPPLEMENTARY INFORMATION:**

Grantees of record are:

- American Red Cross, Greater Cleveland Chapter, 3747 Euclid Avenue, Cleveland, OH 44115-2501, T51HP20694
- American Red Cross of Sonoma, Mendocino & Lake Counties, 5297 Aero Drive, Santa Rosa, CA 95403, T51HP20693
- College of Menominee Nation, PO Box 1179, Keshena, WI 54135, T51HP20696
- Erie 1 BOCES (Board of Cooperative Educational Services), 355 Harlem Road, West Seneca, NY 14224, T51HP20701
- Hazard Community and Technical College, One Community Drive, Hazard, KY 41701, T51HP20697

- Jewish Vocational Service and Employment Center, 216 W. Jackson Boulevard, Suite 700, Chicago, IL 60606-6921, T51HP20695
- Penn Asian Senior Services, 420 York Road, Jenkintown, PA 19046, T51HP20699
- Sears Methodist Retirement System, Inc., Texas Tech University Health Sciences Center (TTUHSC) School of Nursing, 302 Pine Street, Abilene, TX 79601, T51HP20702
- Southwestern Oregon Community College, 1988 Newmark Avenue, Coos Bay, OR 97420, T51HP20698
- St. Joseph Medical Center, P.O. Box 316, Reading, PA 19603-0316, T51HP20700

*Intended Recipients of the Award:* 10 Existing NAHHA awardees.

*Intended Amount of Each Award:* \$100,000.

CFDA Number: 93.503

*Project Period:* September 30, 2012, through September 29, 2013.

**Authority:** Public Health Service Act, Title VIII, Section 831, 42 U.S.C. 296p, as amended by the Affordable Care Act (Pub. L. 111-148).

*Justification:* These program expansion supplements allow the Bureau of Health Professions to consolidate resources and provide enhanced curricular offerings and technical assistance, grant monitoring and oversight to the NAHHA initiative within currently existing grants. Moreover, providing additional funding to existing grantees offers the opportunity to expand upon the program evaluation imbedded in the existing NAHHA program, increasing the knowledge yield for HRSA and the

grantees. This program supplement aligns with the current NAHHA budget period cycle, resulting in administrative savings over a competitive grant making process.

**FOR FURTHER INFORMATION CONTACT:** Kirk Koyama, Health Resources and Services Administration, Division of Nursing, 5600 Fishers Lane, Room 9-61, Rockville, Maryland 20857, or email [kkoyama@hrsa.gov](mailto:kkoyama@hrsa.gov).

Dated: September 26, 2012.

**Mary K. Wakefield,**  
Administrator.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**60-Day Proposed Information Collection: Indian Health Service Forms To Implement the Privacy Rule; Request for Public Comment**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

*Proposed Collection: Title:* 0917-0030, "IHS Forms to Implement the Privacy Rule (45 CFR Parts 160 & 164)". *Type of Information Collection Request:* Extension, without revisions, of currently approved information collection, 0917-0030, "IHS Forms to Implement the Privacy Rule (45 CFR Parts 160 & 164)". *Form Number(s):* IHS-810, IHS-912-1, IHS-912-2, IHS-913 and IHS-917. *Need and Use of Information Collection:* This collection

of information is made necessary by the Department of Health and Human Services Rule entitled "Standards for Privacy of Individually Identifiable Health Information" (Privacy Rule) (45 CFR parts 160 and 164). The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996, creates national standards to protect individual's personal health information, and gives patients increased access to their medical records. 45 CFR 164.508, 164.522, 164.526 and 164.528 of the Rule require the collection of information to implement these protection standards and access requirements. The IHS will continue to use the following data collection instruments to meet the information collection requirements contained in the Rule.

*45 CFR 164.508:* This provision requires covered entities to obtain or receive a valid authorization for its use or disclosure of protected health information for other than for treatment, payment and healthcare operations. Under the provision individuals may initiate a written authorization permitting covered entities to release their protected health information to entities of their choosing. The form IHS-810 "Authorization for Use or Disclosure of Protected Health Information" is used to document an individual's authorization to use or disclose their protected health information.

*45 CFR 164.522:* Section 164.522(a)(1) requires a covered entity to permit individuals to request that the covered entity restrict the use and disclosure of their protected health information. The covered entity may or may not agree to the restriction. The form IHS-912-1 "Request for Restrictions(s)" is used to document an individual's request for restriction of their protected health information, and whether IHS agreed or

disagreed with the restriction. Section 164.522(a)(2) permits a covered entity to terminate its agreement to a restriction if the individual agrees to or requests the termination in writing. The form IHS-912-2 "Request for Revocation of Restriction(s)" is used to document the agency or individual request to terminate a formerly agreed to restriction regarding the use and disclosure of protected health information.

*45 CFR 164.528 and 45 CFR 5b.9(c):* This provision requires covered entities to permit individuals to request that the covered entity provide an accounting of disclosures of protected health information made by the covered entity. The form IHS-913 "Request for an Accounting of Disclosures" is used to document an individual's request for an accounting of disclosures of their protected health information and the agency's handling of the request.

*45 CFR 164.526:* This provision requires covered entities to permit an individual to request that the covered entity amend protected health information. If the covered entity accepts the requested amendment, in whole or in part, the covered entity must inform the individual that the amendment is accepted. If the covered entity denies the requested amendment, in whole or in part, the covered entity must provide the individual with a written denial. The form IHS-917 "Request for Correction/Amendment of Protected Health Information" will be used to document an individual's request to amend their protected health information and the agency's decision to accept or deny the request. Completed forms used in this collection of information are filed in the IHS medical, health and billing record, a Privacy Act System of Records Notice. *Affected Public:* Individuals and households. *Type of Respondents:* Individuals. *Burden Hours:* The table below provides the estimated burden hours for this information collection:

Data collection instrument	Number of respondents	Responses per respondent	Average burden hour per response*	Total annual burden hours
Authorization for Use or Disclosure of Protected Health Information (OMB Form No. 0917-0030, IHS-810)	500,000	1	20/60	166,667
Request for Restriction(s) (OMB Form No. 0917-0030, IHS-912-1)	15,000	1	10/60	2,500
Request for Revocation of Restriction(s) (OMB Form No. 0917-0030, IHS-912-2)	5,000	1	10/60	833
Request for Accounting of Disclosures (OMB Form No. 0917-0030, IHS-913)	15,000	1	10/60	2,500
Request for Correction/Amendment of Protected Health Information (OMB Form No. 0917-0030, IHS-917)	7,500	1	15/60	1,875
<b>Total Annual Burden</b>		<b>5</b>		<b>174,375</b>

\*For ease of understanding, burden hours are provided in actual minutes.