leads inactive polio virus introduction to immunization systems in oral polio virus using countries as mandated through the Immunization Management Group of the Global Polio Eradication Initiative; improves routine immunization systems globally (or improves access to and utilization of vaccines globally through strengthening of routine immunization systems); (12) develops, evaluates, and scales-up evidence-based strategies to tackle inequities in access to and delivery of vaccines; (13) develops evaluates, and scales-up comprehensive and coordinated approaches to integrate immunization services; (14) promotes innovation to improve routine immunization program efficiencies and increase coverage and impact; (15) conducts advocacy to national programs on the need to strengthen immunization system abilities to monitor, assess and respond to issues related to vaccine safety; and (16) conducts operational research to identify and test interventions to improve the access and utilization of immunization services and provide guidance on what areas are in need of workforce capacity building activities.

Strategic Information and Workforce Development Branch (CWKE). (1) Builds workforce, systems, and information capacity to effectively deliver immunization services in selected countries; (2) provides technical assistance and support, guidance, and advice on statistical analysis and study design, data management, and data integrity to the GID; (3) provides statistical expertise to support internal data management needs of the division and field staff (standard setting for record keeping, archiving, ensuring reproducibility of analyses); (4) collaborates with branch and team level leadership and GID management to ensure that statistical and methodological standards continue to remain an integral part of planning, conduct, and review of science and program within GID including with the context of the official clearance process; (5) provides GID statistical representation on internal and external committees and work groups and at relevant meetings, workshops, and fora; (6) promotes capacity building for polio, other VPDs and immunization functions in partnership with WHO and UNICEF through recruiting, coordinating training of, and deploying STOP teams; (7) promotes capacity building for polio, other VPDs and immunization functions in partnership with WHO and UNICEF; (8) leads the development of strong national immunization programs and systems through workforce capacity development; (9) ensures recruitment for training and WHO deployment for each STOP team; (10) creates and maintains strategic partnerships and collaborations and provides technical assistance to develop and evaluate sustainable programs aimed at increasing capacity and effectiveness of workforce responsible for implementing immunization programs; (11) conducts operational research to identify, implement and evaluate interventions aimed at improving immunization (or integrated public health) workforce effectiveness and contributes to the scientific knowledge base regarding interventions aimed at improving immunization workforce effectiveness; (12) leads strengthening routine immunization systems as mandated through the Immunization Management Group of the Global Polio Eradication Initiative; and (13) leads the development of strong immunization systems through improving quality, management, and use of immunization data and providing specific technical skills for program evaluation to include strategic information, informatics and information systems, program evaluation, polio eradication and endgame strategy, and operational research.

James D. Seligman,

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

[FR Doc. 2015–00145 Filed 1–8–15; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10249 and CMS–10545]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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.

DATES: Comments must be received by March 10, 2015.

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send 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) that are 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: Document Identifier/OMB Control Number ____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement

and associated materials (see **ADDRESSES**).

CMS–10249 Administrative Requirements for Section 6071 of the Deficit Reduction Act

CMS–10545 Outcome and Assessment Information Set (OASIS) OASIS–C1/ICD–10

Under the PRA (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collection

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Administrative Requirements for Section 6071 of the Deficit Reduction Act; *Use:* State Operational Protocols should provide enough information such that: The CMS Project Officer and other federal officials may use it to understand the operation of the demonstration and/or prepare for potential site visits without needing additional information; the State Project Director can use it as the manual for program implementation; and external stakeholders may use it to understand the operation of the demonstration. The financial information collection is used in our financial statements and shared with the auditors who validate CMS' financial position. The Money Follows the Person Rebalancing Demonstration (MFP) Finders File, MFP Program Participation Data file, and MFP Services File are used by the national evaluation contractor to assess program outcomes while we use the information to monitor program implementation. The MFP Quality of Life data is used by the national evaluation contractor to assess program outcomes. The evaluation is used to determine how participants' quality of life changes after transitioning to the community. The semi-annual progress report is used by the national evaluation contractor and CMS to monitor program implementation at the grantee level. *Form Number:* CMS–10249 (OMB control number: 0938–1053); *Frequency:* Yearly, quarterly, and semi-annually; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 45; *Total Annual Responses:* 28,590; *Total Annual Hours:* 14,225. (For policy questions regarding this collection contact Michael Smith at 410–786–2267.)

2. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Outcome and Assessment Information Set (OASIS) OASIS–C1/ICD–10; *Use:* Home health agencies (HHAs) are required to collect the outcome and assessment information data set (OASIS) to participate in the Medicare program. We are requesting a new OMB control number for the proposed revised OASIS item set, referred to hereafter as OASIS–C1/ICD–10. The current version of the OASIS–C1/ICD–9 data set was approved by OMB on October 7, 2014 (0938–0760), and will be in use until the implementation of the ICD–10 coding system which is currently scheduled for October 1, 2015. *Form Number:* CMS–10545 (OMB control number: 0938—NEW); *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:* 15,320,253. (For policy questions regarding this collection contact Cheryl Wiseman at 410–786–1175.)

Dated: January 6, 2015.

Martique Jones,

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

[FR Doc. 2015–00175 Filed 1–8–15; 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: Formative Data Collections for Policy Research.

OMB No.: 0970–0356.

Description: The Office of Planning, Research and Evaluation (OPRE), in the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) intends to request approval from the Office of Management and Budget (OMB) for renewal of a generic clearance to allow OPRE to conduct a variety of formative data collections with more than nine respondents. The data collections will inform future research and evaluation but will not be highly systematic nor intended to be statistically representative.

OPRE conducts research on a wide variety of policy and programmatic areas. OPRE's research serves to provide further understanding of current programs and service populations, explore options for program improvement, and assess alternative policy and program designs. OPRE uses this formative data collection generic clearance to employ a variety of information collection techniques, including semi-structured discussions, focus groups and interviews. These activities inform the development of OPRE research and evaluation (including technical assistance), help OPRE maintain a research agenda that is rigorous and relevant, and ensure that research products and are as current as possible.

Following standard OMB requirements, OPRE will submit a change request for each individual data collection activity under this generic clearance. Each request will include the individual instrument(s), a justification specific to the individual information collection, and any supplementary documents. OPRE requests OMB review within 10 days of receiving each change request.

Respondents: Researchers, practitioners, TA providers, service providers and potential participants throughout the fields pertaining to ACF research.