Parts Closed to the Public

1. Procurement

2. Security

CONTACT PERSON FOR MORE INFORMATION: Kimberly Weaver, Director, Office of External Affairs, (202) 942–1640.

Dated: June 13, 2013.

James B. Petri,

Secretary, Federal Retirement Thrift Investment Board.

[FR Doc. 2013–14524 Filed 6–14–13; 11:15 am]

BILLING CODE 6760–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Determination Concerning a Petition To Add a Class of Employees to the Special Exposure Cohort

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HHS gives notice of a determination concerning a petition to add a class of employees from the Brookhaven National Laboratory in Upton, New York, to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA). On June 7, 2013, the Secretary of HHS determined that the following class of employees does not meet the statutory criteria for addition to the SEC as authorized under EEOICPA:

All employees of the Department of Energy, its predecessor agencies, and its contractors and subcontractors who worked at Brookhaven National Laboratory in Upton, New York, from January 1, 1994, to December 31, 2007.

FOR FURTHER INFORMATION CONTACT: Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C–46, Cincinnati, OH 45226, Telephone 1–877–222–7570. Information requests can also be submitted by email to *DCAS@CDC.GOV.*

Dated: June 11, 2013.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2013–14389 Filed 6–17–13; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–13XA]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Ron Otten, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited 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) ways to enhance 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. Written comments should be received within 60 days of this notice.

Proposed Project

Improving HIV Prevention and Treatment Outcomes Among HIV-Infected Persons by Integrating Community Pharmacists and Clinical Sites into a Model of Patient-Centered HIV Care—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Medication Therapy Management (MTM) is a group of pharmacist provided services that is independent of, but can occur in conjunction with, provision of medication. Medication Therapy Management encompasses a broad range of professional activities and cognitive services within the licensed pharmacists' scope of practice and can include monitoring prescription filling patterns and timing of refills, checking for medication interactions, patient education, and monitoring of patient response to drug therapy.

HIV specific MTM programs have demonstrated success in improving HIV medication therapy adherence and persistence. While MTM programs have be shown to be effective in increasing medication adherence for HIV-infected persons, no MTM programs have been expanded to incorporate primary medical providers in an effort to establish patient-centered HIV care. To address this problem CDC has entered into a public-private partnership with Walgreen Company (a.k.a Walgreens pharmacies, a national retail pharmacy chain) to develop and implement a model of HIV care that integrates community pharmacists with primary medical providers for patient-centered HIV care. The model program will be implemented in ten sites and will provide patient-centered HIV care for approximately 1,000 persons.

The patient-centered HIV care model will include the core elements of MTM as well as additional services such as individualized medication adherence counseling, active monitoring of prescription refills and active collaboration between pharmacists and medical clinic providers to identify and resolve medication related treatment problems such as treatment effectiveness, adverse events and poor adherence. The expected outcomes of the model program are increased retention in HIV care, adherence to HIV medication therapy and viral load suppression.

CDC requests OMB approval to collect standardized information, from ten project sites over the three year project period. CDC also requests approval to conduct one cycle of retrospective data collection during the first year of the three year project period. The retrospective data collection will provide information about clients' baseline characteristics prior to participation in the model program which is needed to compare outcomes before and after program implementation.

Pharmacy, laboratory and medical data will be collected through abstraction of all participant clients' pharmacy and medical records. Pharmacy, laboratory and medical data are needed to monitor retention in care, adherence to therapy, viral load suppression and other health outcomes. Program specific data, such as the number of MTM elements completed per project site will be collected by program. Qualitative data will be gathered from program staff through in-person or telephone interviews.

The data collection will allow CDC to conduct continuous program performance monitoring which includes identification of barriers to program implementation, solutions to those barriers, and documentation of client health outcomes. Performance monitoring will allow the model program to be adjusted, as needed, in order to develop a final implementation model that is self-sustaining and which can be used to establish similar collaborations in a variety of clinical settings. There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Clinic Data Manager	Project clinic characteristics form	10	1	30/60	5
Pharmacist	Project pharmacy characteristics form.	10	1	30/60	5
Clinic Data Manager	Initial medical abstraction form	10	1	50	500
Clinic Data Manager	Follow-up medical abstraction form	10	4	25	1,000
Pharmacist	Pharmacy abstraction form	10	4	25	1,000
Clinic and pharmacy staff	Interview form	60	4	45/60	180
Total					2,690

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–14435 Filed 6–17–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Form CB–496. ''Title IV–E Programs Quarterly Financial Report''.

OMB No.: 0970–0205.

Description: This report is required to be submitted at the end of each fiscal quarter by each State or Tribe with an approved plan under title IV–E of the Social Security Act to administer the Foster Care, Adoption Assistance and Guardianship Assistance programs. In submitting this form, each State or Tribal grantee meets its statutory and regulatory requirement to report actual program expenditures made in the preceding fiscal quarter and to provide an estimate of program expenditures anticipated in the upcoming fiscal quarter. This reporting form also provides for the quarterly reporting of the average number of children assisted through each of the three programs.

The Administration for Children and Families provides Federal funding at the rate of 50 percent for all allowable administrative expenditures, with funding at higher rates for some training costs and maintenance assistance payments. The information collected on this report is used to calculate quarterly Federal grant awards issued to States and Tribes and to assist in the oversight of the financial management of these programs.

With the enactment of Public Law 110–351, the ''Fostering Connections to Success and Increasing Adoptions Act of 2008'' (October 7, 2008), the Guardianship Assistance program started operation in FY 2009 and Tribes, tribal organizations and consortia became eligible to submit individual title IV–E plans in FY 2010. At the time of this request for OMB review, 33 States have had their State plan amendments submitted and approved to include the Guardianship program; additional States are anticipated in the future. To date, although only a single Tribal title IV–E plan has been approved, several additional Tribal plans are in the final stages of the review process, with approval anticipated shortly.

Under Public Law 112–34, the ''Child and Family Services Improvement and Innovation Act'' (September 30, 2011), Section 1130 of the Social Security Act was amended to allow ACF to approve up to ten child welfare waiver demonstration projects in each of FYs 2012–2014. These projects are to continue no longer than five years and be completed no later than September 30, 2019, the end of FY 2019.

The anticipated inclusion of thirty additional State demonstration projects requires several additional data entry requirements for the reporting of demonstration project expenditures on Part 3 of Form CB–496.

The final draft version of this form was the result of comments in response to several teleconference calls with Federal and grantee staffs and a 'webinar'' presentation that provided detailed discussions concerning the reporting of demonstration project expenditures on Part 3. Comments were also received in response to the first **Federal Register** Notice (77 FR 70165 et. seq., November 23, 2012).

Respondents: State (including the District of Columbia and Puerto Rico) and Tribal title IV–E agencies administering the Foster Care, Adoption Assistance and Guardianship Assistance Programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Form CB–496, ''Title IV–E Programs Quarterly Financial Report'' (with Part 3: ''Demonstration Projects'')	30	4	23	2,760
Form CB–496, ''Title IV–E Programs Quarterly Financial Report'' (without Part 3: ''Demonstration Projects'')	32	4	17	2,176