

Dated: June 3, 2015.  
**David A. Shive,**  
*Acting Chief Information Officer.*  
 [FR Doc. 2015-13995 Filed 6-8-15; 8:45 am]  
**BILLING CODE 6820-23-P**

**GOVERNMENT ACCOUNTABILITY OFFICE**

**Physician-focused Payment Model Technical Advisory Committee Nomination Letters**

**AGENCY:** Government Accountability Office (GAO).

**ACTION:** Notice on letters of nomination of candidates.

**SUMMARY:** The Medicare Access and CHIP Reauthorization Act of 2015 established the Physician-Focused Payment Model Technical Advisory Committee to provide comments and recommendations to the Secretary of Health and Human Services on physician payment models, and gave the Comptroller General responsibility for appointing the committee's 11 members. The Advisory Committee members shall include individuals with national recognition for their expertise in physician-focused payment models and related delivery of care. No more than 5 members of the Committee shall be providers of services or suppliers, or representatives of providers of services or suppliers. A member of the committee shall not be an employee of the federal government.

GAO is accepting nominations of individuals for this committee. For appointments to be made in October 2015, I am announcing the following: Letters of nomination and resumes should be submitted by July 22, 2015 to ensure adequate opportunity for review and consideration of nominees. Acknowledgement of submissions will be provided within two weeks of submission. Please contact Mary Giffin at (202) 512-3710 if you do not receive an acknowledgement.

**ADDRESSES:** *Email:* [PTACcommittee@gao.gov](mailto:PTACcommittee@gao.gov).

*Mail:* ATTN: PTAC Appointments, U.S. GAO, 441 G Street NW., Washington, DC 20548.

**FOR MORE INFORMATION CONTACT:** GAO Office of Public Affairs, (202) 512-4800.

**Authority:** Pub. L. 114-10, § 101(e), 129 Stat. 87, 115 (2015).

**Gene L. Dodaro,**  
*Comptroller General of the United States.*  
 [FR Doc. 2015-13983 Filed 6-8-15; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[60-Day 15-15ANC; Docket No. CDC-2015-0044]**

**Proposed Data Collection Submitted for Public Comment and Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a newly proposed information collection entitled "Formative and Summative Evaluation of the National Diabetes Prevention Program". Mixed methods will be used to describe program performance.

**DATES:** Written comments must be received on or before August 10, 2015.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2015-0044 by any of the following methods: Federal eRulemaking Portal: [Regulation.gov](http://Regulation.gov). Follow the instructions for submitting comments.

*Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to [Regulations.gov](http://Regulations.gov), including any personal information provided. For access to the docket to read background documents or comments received, go to [Regulations.gov](http://Regulations.gov).

**Please note:** All public comment should be submitted through the Federal eRulemaking portal ([Regulations.gov](http://Regulations.gov)) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta,

Georgia 30329; phone: 404-639-7570; Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (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. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

Formative and Summative Evaluation of the National Diabetes Prevention Program—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Diabetes takes a significant toll on the public's health and, subsequently, our nation's health care system. In addition to 29.1 million people in the U.S. population diagnosed with diabetes, CDC estimates that 86 million adults aged 20 or older have prediabetes. Evidence-based lifestyle change programs have proven effective for preventing or delaying the onset of type 2 diabetes. However, several challenges must be addressed to achieve large-scale adoption and implementation of evidence-based lifestyle change programs. Implementation barriers include creating a shared vision among inherently different organizations, managing costs, managing variations in the quality of interventions, and training and appropriate referral of those at risk to lifestyle change programs.

In response to these challenges, CDC led the development of the National Diabetes Prevention Program (National DPP), a lifestyle change program aimed to increase knowledge and awareness of healthy eating and activities among people at-risk for diabetes. The National DPP funded six grantees to establish and expand "a network of structured, evidence-based lifestyle change programs designed to prevent type 2 diabetes among people at high risk." Grantees are responsible for sustaining and scaling up the National DPP, which involves establishing evidence-based lifestyle change programs in multiple states and building a system to strategically recruit participants at high risk for diabetes.

As a central component of the National DPP, grantees promote sites' participation in the CDC's Diabetes Prevention Recognition Program (DPRP). The DPRP recognizes organizations that demonstrate effective delivery of proven type 2 diabetes prevention lifestyle interventions. To sustain the programs beyond the funding period, grantees are responsible for

- gaining concrete support for delivery sites from insurance companies in the form of reimbursement, and
- developing delivery sites' capacity to obtain and maintain DPRP recognition, and
- actively educating employers and insurance companies on the cost savings of including the lifestyle change program as a covered health benefit and reimbursing delivery sites on a pay-for-performance basis.

The National DPP has the potential for increasing the availability and reach of lifestyle change programs for those at risk for type 2 diabetes, improving the quality of programs and resources offered, and creating sustainable changes in how third-party payers offer and reimburse for programs to ensure that they are available to individuals regardless of their ability to pay.

CDC plans to collect information needed to evaluate the role of program-level factors on the effectiveness of National DPP efforts and to identify best practices. The best practices will draw from many different implementation strategies and take into account the barriers that arise in a variety of different delivery settings. Specifically, this assessment will reveal the impact of recruitment strategies and delivery models on factors such as reaching targeted demographics and participant completion rates. As a result of the assessment, the successes and challenges experienced by all programs can be used by other organizations to sustain and increase the effectiveness of their own lifestyle change programs. This information is necessary for translating the National DPP into various settings nationwide.

CDC plans to distribute an assessment tool (spreadsheet) to all six grantees, who will, in turn, disseminate the tool to their partner organizations across 23 states and 2 tribes and tribal organizations. The spreadsheets are a means for grantees and intervention sites to report on program components and progress. Grantees are responsible for completing their specific data

collection spreadsheet and for distributing the spreadsheets to their intervention sites. Each grantee will collect information from its intervention sites, collate the site-specific spreadsheet reports into an aggregate grantee report, and submit the aggregate spreadsheet report to the CDC.

Program coordinators at each intervention site will be asked to describe their intervention, identify barriers and facilitators to implementation, and identify resources used to hold the lifestyle change classes. The estimated burden per response is 30 minutes. Project directors at the grantee level will be asked similar questions about resource use and implementation strategies, but will also be asked to discuss elements related to the reach of their National DPP programs. The estimated burden per response for a grantee is 8 hours.

CDC will use the information to investigate how to (1) expand the reach and sustainability of the National DPP program, (2) ensure the quality of the program as it is offered within communities, (3) increase referrals, and (4) secure sustained commitment among insurance providers to reimburse organizations providing the program so it is accessible to individuals most in need of this intervention. Finally, CDC will use the information to inform the development of data-driven technical assistance for National DPP grantees and their intervention sites.

OMB approval is requested for three years, in which there will be two waves of information collection. Wave one will include 110 NDPP Intervention Sites and 6 NDPP Grantees, and wave two will include 120 NDPP Intervention Sites and 6 NDPP Grantees. Over the three-year clearance period, the total burden estimate is based on 73 annualized responses from NDPP Intervention Sites (110 + 120/3) and 4 annualized responses from NDPP Grantees (6 + 6/3).

Participation is voluntary and there are no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

| Type of respondents           | Form name                                | Number of respondents | Number of responses per respondent | Average burden per response (in hrs.) | Total burden (in hrs.) |
|-------------------------------|--|-----------------------|------------------------------------|---------------------------------------|------------------------|
| NDPP Intervention Sites ..... | Spreadsheet for NDPP Intervention Sites. | 73                    | 1                                  | 30/60                                 | 37                     |
| NDPP FOA Grantees .....       | Spreadsheet for NDPP Grantees ....       | 4                     | 1                                  | 8                                     | 32                     |
| Total .....                   | .....                                    | .....                 | .....                              | .....                                 | 69                     |

**Leroy A. Richardson,**  
 Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
 Prevention.

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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Administration for Children and  
 Families**

**Submission for OMB Review;  
 Comment Request**

*Title:* National Child Abuse and  
 Neglect Data System  
*OMB No.:* 0970-0424.

*Description:* The Administration on  
 Children, Youth and Families in the  
 U.S. Department of Health and Human  
 Services (HHS) established the National  
 Child Abuse and Neglect Data System  
 (NCANDS) to respond to the 1988 and  
 1992 amendments (P.L. 100-294 and  
 P.L. 102-295) to the Child Abuse  
 Prevention and Treatment Act (42  
 U.S.C. 5101 *et seq.*), which called for the  
 creation of a coordinated national data  
 collection and analysis program, both  
 universal and case specific in scope, to  
 examine standardized data on false,  
 unfounded, or unsubstantiated reports.

In 1996, the Child Abuse Prevention  
 and Treatment Act was amended by  
 Public Law 104-235 to require that any  
 state receiving the Basic State Grant  
 work with the Secretary of the  
 Department of Health and Human  
 Services (HHS) to provide specific data  
 on child maltreatment, to the extent  
 practicable. These provisions were  
 retained and expanded upon in the 2010  
 reauthorization of CAPTA (Pub. L. 111-  
 320).

Each state to which a grant is made  
 under this section shall annually work  
 with the Secretary to provide, to the  
 maximum extent practicable, a report  
 that includes the following:

1. The number of children who were reported to the state during the year as victims of child abuse or neglect.
2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

- A. substantiated;
- B. unsubstantiated; or
- C. determined to be false.
3. Of the number of children described in paragraph (2)—
  - A. the number that did not receive services during the year under the state program funded under this section or an equivalent state program;
  - B. the number that received services during the year under the state program funded under this section or an equivalent state program; and
  - C. the number that were removed from their families during the year by disposition of the case.
4. The number of families that received preventive services, including use of differential response, from the state during the year.
5. The number of deaths in the state during the year resulting from child abuse or neglect.
6. Of the number of children described in paragraph (5), the number of such children who were in foster care.
  7. A. The number of child protective service personnel responsible for the—
    - i. intake of reports filed in the previous year;
    - ii. screening of such reports;
    - iii. assessment of such reports; and
    - iv. investigation of such reports.
  - B. The average caseload for the workers described in subparagraph (A).
8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.
9. The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.
10. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state—
  - A. information on the education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
  - B. data of the education, qualifications, and training of such personnel;
  - C. demographic information of the child protective service personnel; and

D. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

13. The annual report containing the summary of activities of the citizen review panels of the state required by subsection (c)(6).

14. The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.

15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 *et seq.*).

The Children's Bureau proposes to continue collecting the NCANDS data through the two files of the Detailed Case Data Component, the Child File (the case-level component of NCANDS) and the Agency File (additional aggregate data, which cannot be collected at the case level). Technical assistance will be provided so that all states may provide the Child File and Agency File data to NCANDS. There are no proposed changes to the NCANDS data collection instruments. New fields were implemented during the previous OMB clearance cycle in support of the CAPTA Reauthorization Act of 2010 and to improve reporting on federal performance measures.

Respondents: State governments, the District of Columbia, and the Commonwealth of Puerto Rico.

**ANNUAL BURDEN ESTIMATES**

| Instrument   | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|--|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Detailed Case Data Component: Child File and Agency File ..... | 52                    | 1                                  | 82                                | 4,264              |