assessment will be administered to a total 50 study participants. Information collection during the extension period will make it possible to measure intervention and comparison participants' socio-demographic characteristics, health seeking actions, HIV/STD and substance use-related risk behaviors, and psychosocial factors 6 months after they receive the HOLA en Grupos and comparison interventions, respectively, and to test the efficacy of the HOLA en Grupos intervention. Collection of the six-month follow-up assessment information will require about one hour per study participant.

There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per respondent (in hours)	Total annual burden in hours
Enrolled Study Participant	6-month follow-up assessment (att 3).	50	1	1	50
Total					50

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

Centers for Disease Control and Prevention

[60Day–14–14AUI]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, 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. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 60 days of this notice.

Proposed Project

WISEWOMAN National Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC has supported the WISEWOMAN program (Well-Integrated Screening and Evaluation for Women Across the Nation) since 1995. The WISEWOMAN program is designed to serve low-income women ages 40–64 who have elevated risk factors for cardiovascular disease (CVD) and have no health insurance, or are underinsured for medical and preventive care services. Through the WISEWOMAN program, women have access to screening services for selected CVD risk factors such as elevated blood cholesterol, hypertension, and abnormal blood glucose levels; referrals to lifestyle programs; and referrals to medical care. WISEWOMAN participants must be co-enrolled in the CDC-sponsored National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The WISEWOMAN program is administered through cooperative agreements with state, territorial, or tribal health departments. At present, approximately two-thirds of program funding is provided by CDC with the other one-third supplied by the state, territory, or tribal organization. Each WISEWOMAN awardee submits to CDC an annual progress report that describes program objectives and activities, and semi-annual data reports (known as minimum data elements, or MDE) on the screening, assessment, and lifestyle program services offered to women who participate in the program (see WISEWOMAN Reporting System, OMB No. 0920–0612, exp. 12/31/2016). Participant-level MDE are de-identified prior to transmission to CDC.

In 2013, CDC released the fourth funding opportunity announcement (FOA) for the WISEWOMAN program (DP13–1302), which resulted in four-year cooperative agreements with 22 state, territorial, and tribal health departments, including 5 new and 17 continuing awardees from the previous FOA. Key program elements were retained (e.g., provision of screening services, promotion of healthy lifestyle behaviors, and linkage to community resources), but a number of changes were incorporated into the program at that time due to shifts in populations, systems, and community needs. The current FOA reflects increased emphasis on improving access to clinical systems of care and increased emphasis on

leveraging existing resources in the community. Lifestyle interventions have also been reframed to include lifestyle programs (LSPs) and health coaching (HC) sessions, and MDE have been updated to capture information about risk reduction counseling and participants' readiness to change. The current cooperative agreement also stresses monitoring and performance evaluation as key program dimensions. Additionally, more information is needed to augment that from previous evaluation efforts.

CDC seeks to conduct a one-time, multi-component evaluation to assess the effectiveness of the program on individual-, organizational-, and community-level outcomes. The in-depth assessment is designed to complement the routine progress and MDE information already being collected from WISEWOMAN program awardees. The new data collection will focus on obtaining qualitative and quantitative information at the organizational and community levels about process and procedures implemented, and barriers, facilitators, and other contextual factors that affect program implementation and participant outcomes. Data collection activities will include a Program Survey with all WISEWOMAN awardee programs, administered in the second and fourth program years; a Network Survey of WISEWOMAN awardees and partner organizations, also conducted in the second and fourth program years; and a one-time Site Visit to a subset of awardees across the second to fourth program years. During site visits, semi-structured interviews will be conducted with WISEWOMAN staff members who serve in diverse roles and are positioned to provide a variety of perspectives on program implementation.

OMB approval is requested for three years. 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 hours)	Total burden (in hours)
WISEWOMAN Awardee Administrators.	Program Survey	15	1	70/60	18
	Network Survey	15	1	50/60	13
	Site Visit Interview Guide	6	1	75/60	8
Awardee Partners	Network Survey	147	1	50/60	123
	Site Visit Interview Guide	12	1	45/60	9
Healthy Behavior Support staff	Site Visit Interview Guide	12	1	45/60	9
Clinical Providers	Site Visit Interview Guide	12	1	45/60	9
Total					189

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

Centers for Disease Control and Prevention

ICD–10 Coordination and Maintenance (C&M) Committee

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

ACTION: Notice of public meeting. National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, announces the following meeting.

Name: ICD–10 Coordination and Maintenance (C&M) Committee meeting.

DATES: *Time and Date:* 9:00 a.m.–5:00 p.m., EDT, September 23–24, 2014.

Place: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 240 people. We will be broadcasting the meeting live via Webcast at *http://www.cms.gov/live/.*

Security Considerations: Due to increased security requirements CMS has instituted stringent procedures for entrance into the building by non-government employees. Attendees will need to present valid government-issued picture identification, and sign-in at the security desk upon entering the building.

Attendees who wish to attend the September 23–24, 2014, ICD–10 C&M meeting must submit their name and organization by September 12, 2014, for inclusion on the visitor list. This visitor list will be maintained at the front desk of the CMS building and used by the guards to admit visitors to the meeting.

Participants who attended previous Coordination and Maintenance meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you wish attend.

Please register to attend the meeting on-line at: *http://www.cms.hhs.gov/apps/events/.*

Please contact Mady Hue (410–786–4510 or *Marilu.hue@cms.hhs.gov*), for questions about the registration process.

Purpose: The ICD–10 Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Tenth Revision, Clinical Modification and ICD–10 Procedure Coding System.

Matters for Discussion: Tentative agenda items include:

September 23–24, 2014

ICD–10–PCS Topics:

Hip and Knee Replacements
Face Transplants
Hand Transplants
Laparoscopic-assisted Pull-Through (Swenson)
Administration of Ceftazidime-Avibactam
Drug Coated Balloon Angioplasty
Minimally Invasive Cardiac Valve Surgery
Addenda and Key Updates

ICD–10–CM Diagnosis Topics:

Observation and evaluation of newborns for suspected condition not found
Sarcopenia