Hi Livinia,

Thank you for taking the time to supply comments on the Evidence-Based Falls Prevention Program Information Collection. We are collating and analyzing all input to determine changes for the data collection forms.

I will let you know if I have any follow-up questions.

Sincerely,

|  |  |
| --- | --- |
| ACL Logo | ***Donna S. Bethge*** Aging Program Specialist Administration on Aging O: 202-795-7659 [Donna.Bethge@acl.hhs.gov](mailto:Donna.Bethge@acl.hhs.gov) [ACL.gov](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotect-us.mimecast.com%2Fs%2F9jpNCjR9lnFZA9cWObkA%3Fdomain%3Dacl.gov%2F&data=04%7C01%7Cnlindner%40betah.com%7C4ba5866831c642bbb3c308d9fe208056%7C45b91c92cbd0485499f906f7ba89644e%7C0%7C0%7C637820237821806989%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=dygw7w6k0SL2LUUwQcDHzDdEbKpl%2BKEwp8Sc6%2BxZ7C0%3D&reserved=0) | [Facebook](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotect-us.mimecast.com%2Fs%2FFKwBClY9npS6k7hyX28r%3Fdomain%3Dfacebook.com&data=04%7C01%7Cnlindner%40betah.com%7C4ba5866831c642bbb3c308d9fe208056%7C45b91c92cbd0485499f906f7ba89644e%7C0%7C0%7C637820237821806989%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=7V5T%2FmRzcxy7Jrcm1LVdd0WayoUVDtv8OjLfgG1VuqQ%3D&reserved=0) | [Twitter](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotect-us.mimecast.com%2Fs%2FGJrVCmZ9oEsk62S94w4Z%3Fdomain%3Dtwitter.com&data=04%7C01%7Cnlindner%40betah.com%7C4ba5866831c642bbb3c308d9fe208056%7C45b91c92cbd0485499f906f7ba89644e%7C0%7C0%7C637820237821806989%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=WmQgqw6mTnjLt841k9eVdvAwgwX2TIB5Jbu2mlQMvB0%3D&reserved=0) [Subscribe to ACL Updates](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprotect-us.mimecast.com%2Fs%2F-cMxCkR0moFo4NCVbkHZ%3Fdomain%3Dcloud.connect.hhs.gov&data=04%7C01%7Cnlindner%40betah.com%7C4ba5866831c642bbb3c308d9fe208056%7C45b91c92cbd0485499f906f7ba89644e%7C0%7C0%7C637820237821806989%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=vMMD2S5SEoM%2FJDcgvTai8NjXBaXQwUgy8MlD61q2gNw%3D&reserved=0) |

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**From:** Lavinia Goto <[lavinia.goto@nwsds.org](mailto:lavinia.goto@nwsds.org)>   
**Sent:** Thursday, January 4, 2024 11:29 AM  
**To:** Bethge, Donna (ACL) <[Donna.Bethge@acl.hhs.gov](mailto:Donna.Bethge@acl.hhs.gov)>  
**Subject:** Comments on Proposed Info collection for Falls Prevention

Here are my suggestions for revising the forms:

1. Program Info Cover Sheet:  I would add: i) Mode of Delivery:  virtual   vs  in-person; ii) setting: in the community vs at a clinic/hospital
2. Attendance Log:   Add space for date to go with each session number and add names of leaders/coaches (reason: billable in some States)
3. Participant Info:  Add: i) diagnosis/reason for taking the class:  (reason: billable in some States) ; ii) add Name,  DOB, Insurance info (reason: billable in some States)   Note; if you want to keep data that is submitted redactable of PHI, keep identifying info on a separate sheet. iii) consider some disability questions?

Sincerely,

Lavinia Goto, RN, CDE, MPH, MBA, DHA

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