Older Adults—Extension (OMB no. 0920–0818, exp. 7/31/10)—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC received OMB approval (0920–0818) to collect data for the Cost and Follow-up Assessment of Fall Prevention Programs. This approval expires on 7/31/10. In June 2009, all Matter of Balance programs implemented a new consent form. This form asked participants for permission for CDC to contact them six months after they finished the program to complete a survey. For this reason, we will not begin administering the follow-up survey to Matter of Balance participants until January 2010. At this time we are requesting a three-year extension to collect data.

NCIPC seeks to examine cost of implementing each of the three AoA funded fall prevention programs for older adults (Stepping On, Moving for Better Balance and Matter of Balance) and to assess the maintenance of fall prevention behaviors among participants six months after completing the Matter of Balance program. To assess the maintenance of fall prevention behaviors, CDC will conduct telephone interviews of 425 Matter of Balance program participants six months after they have completed the program. The interview will assess their knowledge and self-efficacy related to falls as taught in the course, their activity and exercise levels, and their reported falls both before and after the program. The results of the follow-up assessment will determine the extent to which preventive behaviors learned during the Matter of Balance program are maintained and can continue to reduce fall risk. The cost assessment will calculate the lifecycle cost of the Stepping On, Moving for Better Balance, and Matter of Balance programs. It will also include calculating the investment costs required to implement each program, as well as the ongoing operational costs associated with each program. These costs will be allocated over a defined period of time, depending on the average or standard amount of time these programs continue to operate (standard lifecycle analysis ranges from five to 10 years). As part of the lifecycle cost calculation, these data will allow us to compare program costs and to identify specific cost drivers, cost risks, and unique financial attributes of each program. Local program coordinators for the 200 sites in each of the AoA-funded states will collect the cost data using lifecycle cost spreadsheets that will be returned to CDC for analysis. The results of these studies will support the replication and dissemination of these fall prevention programs and enable them to reach more older adults. The Survey Screen takes 3 minutes, the survey instrument takes forty-five minutes, and the cost tool takes two hours to complete.

There are no costs to respondents other than their time. The total estimated annual burden is 248 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Follow-up Survey Screen for Matter of Balance—Introduction Script	167	1	3/60
Follow-up Survey for Matter of Balance	142	1	45/60
Cost assessment of AoA-funded fall prevention programs	66	1	2

Dated: February 4, 2010.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–2908 Filed 2–9–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau; Policy Notice 99–02 Amendment #1

AGENCY: Health Resources and Services Administration (HRSA).

ACTION: Notice of rescinded Policy Notice 99–02, Amendment #1.

SUMMARY: The HRSA HIV/AIDS Bureau (HAB) Policy Notice 99–02 established general policies regarding the use of Title XXVI of the Public Health Service (PHS) Act, Ryan White HIV/AIDS Program funds for housing referral services and short-term or emergency housing needs. Amendment #1 to Policy Notice 99–02, effective March 27, 2008, modified Policy Notice 99–02 by imposing a 24-month cumulative cap on short-term and emergency housing assistance. HRSA's Administrator is undertaking a comprehensive review of the Housing Policy, and is therefore directing that Amendment #1 to Policy Notice 99–02 be rescinded, effective immediately.

SUPPLEMENTARY INFORMATION: Following the rescission of Amendment #1 to Policy Notice 99–02, Ryan White HIV/AIDS Program, grantees will not be required to enforce the amendment for beneficiaries that might be at or near the 24-month cumulative cap on short-term and emergency housing assistance. At the same time, grantees will benefit from general policy guidance with regard to the use of Ryan White HIV/AIDS Program funds for housing referral services and short-term or emergency housing needs. A comprehensive review of the Housing Policy will permit HRSA's Administrator time to evaluate completely all aspects of it. The Policy Notice is amended to address updated nomenclature, and is reprinted below for ease of reference.

DATES: Amendment #1 to Policy Notice 99–02 is rescinded effective February 10, 2010.

HRSA and HIV/AIDS Bureau (HAB) Policy Notice 99–02

Document Title: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs

The following Policy establishes guidelines for allowable housing-related expenditures under the Ryan White HIV/AIDS Program. The purpose of all Ryan White HIV/AIDS Program funds is to ensure that eligible HIV-infected persons and families gain or maintain access to medical care.

A. Funds received under the Ryan White HIV/AIDS Program (Title XXVI of the PHS Act) may be used for the following housing expenditures:

i. Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professionals who possess a comprehensive

knowledge of local, State, and Federal housing programs and how they can be accessed; or

ii. Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:

a. Housing services that include some type of medical or supportive service: including, but not limited to, residential substance abuse or mental health services (not including facilities classified as an Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or

b. Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Necessity of housing services for purposes of medical care must be certified or documented.

B. Short-term or emergency assistance is understood as transitional in nature and for purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

C. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments.

D. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement, but not supplant funds currently being used from local, State, and Federal Agency programs. Grantees must be capable of providing HAB with documentation related to the use of funds as the payer of last resort and the coordination of such funds with other local, State, and Federal funds.

E. Housing-related expenses are limited to Parts A, B, and D of the Ryan White HIV/AIDS Program, and are not allowable expenses under Part C.

Dated: February 5, 2010.

Mary K. Wakefield,

Administrator.

[FR Doc. 2010–2926 Filed 2–9–10; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Expert Meeting on Measurement Criteria for Children's Health Insurance Program; Reauthorization Act Pediatric Quality Measures

AGENCY: Agency for Healthcare Research and Quality (AHRQ).

ACTION: Notice of public meeting.

SUMMARY: This notice announces a meeting to identify measurement criteria for use in carrying out the Pediatric Quality Measures Program (PQMP) under Section 1139A(b) of the Social Security Act as enacted in the Children's Health Insurance Program Reauthorization Act (CHIPRA).

DATES: The meeting will be held on Wednesday, February 24, 2010, from 10 a.m. to 5 p.m. and Thursday, February 25, 2010, from 8 a.m. to 4 p.m.

ADDRESSES: Agency for Healthcare Research and Quality Eisenberg Building, 540 Gaither Rd., Rockville, MD 20850 and by public webcast.

FOR FURTHER INFORMATION CONTACT: Maushami DeSoto, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850, (301) 427–1546. For press-related information, please contact Karen Migdail at (301) 427–1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Michael Chew, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443–1144, no later than February 20, 2010.

SUPPLEMENTARY INFORMATION:

I. Purpose

In early 2009, CHIPRA (Pub. L. 111–3) reauthorized the Child Health Insurance Program (CHIP) originally established in 1997, and in Title IV of the law, added a number of new provisions designed to improve health care quality and outcomes for children. AHRQ is working closely with the Centers for Medicare and Medicaid Services (CMS) and the CHIPRA Federal Quality Workgroup in implementing these provisions. For more information about AHRQ's role in carrying out the quality provisions of CHIPRA, and for a list of an initial core set of children's healthcare quality measures voluntary use by Medicaid programs and Children's Health Insurance Programs and the health plans and providers of care that the programs engage with, mandated by the Act, that has been identified and posted for public comment, *see http://www.ahrg.gov/chip/chipraact.htm*.

CHIPRA further directed the Secretary to establish a Pediatric Quality Measures Program (PQMP) to strengthen and expand the initial core measure set required under its section 401(a). The statutory goal of the PQMP is to produce an improved core set of children's healthcare quality measures for use by public and private programs, health insurers, providers and patients, by January 1, 2013. In order to achieve this goal, measurement criteria to develop and enhance pediatric health care measures need to be identified and framed for use by those who will be developing and enhancing the measures under the PQMP. The PQMP objectives are to: Expand, improve and strengthen the initial core measure set and existing pediatric measures used by public and private health care purchasers and advance the development of new and emerging quality measures; and thereby, increase the portfolio of evidence-based and consensus-based, pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers as well as for use by policymakers at all political levels, including use in mandated reports to Congress on voluntary State reporting and on any need for further legislation.

In accordance with statutory requirements, the measures to be developed or enhanced under this program will cover a range of pediatric preventive services, treatments and services for both acute and chronic conditions, including health services to correct or ameliorate the effects of physical and mental conditions; and health services to aid in the growth and development of children with special health care needs; and measure and duration of health care coverage. Said measures are to be designed to ensure that data collected are comparable at the State, health plan and provider levels, risk-adjusted if appropriate, and periodically updated. In addition, pursuant to section 401(s) of CHIPRA, measures are to be able to identify disparities by race and ethnicity, socioeconomic status, and special healthcare needs.

II. Agenda

On Wednesday, February 24, 2010, the meeting will convene at 10 a.m. The meeting will focus on engaging invited experts and public participants in identifying criteria for pediatric quality measures to be used by PQMP grant and contract program awardees beginning in September 2010. The agenda will cover