

estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to

Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Evaluation of Adolescent Pregnancy Prevention Approaches (PPA) and the Impact Evaluation of the Teen Pregnancy

Prevention Program Grantees: First Follow-up Data Collection—OMB No. OS-0990—NEW—Office of Adolescent Pregnancy Programs.

Abstract: The Office of Adolescent Health (OAH), Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS), is overseeing and coordinating adolescent pregnancy prevention evaluation efforts as part of the Teen Pregnancy Prevention Initiative. OAH is working collaboratively with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Centers for Disease Control and Prevention (CDC), and the Administration for Children and Families (ACF) on adolescent pregnancy prevention evaluation activities.

PPA is a random assignment evaluation which will expand available evidence on effective ways to reduce teen pregnancy. The evaluation will document and test a range of pregnancy prevention approaches in up to eight

program sites. OAH, ACF, and ASPE are proposing first follow-up data collection activity as part of the PPA and TPP Impact evaluations. Respondents will be asked to answer carefully selected questions about risk and protective factors related to teen pregnancy, intermediate outcomes, and behavioral outcomes.

OAH will jointly oversee with ASPE the Impact Evaluation of the Teen Pregnancy Prevention Program Grantees (TPP Impact Evaluation). The TPP Impact Evaluation will be a random assignment evaluation which will determine whether program models funded as part of the OAH evidence-based Teen Pregnancy Prevention Initiative are effective at preventing teen pregnancy, reducing sexually transmitted infections, and/or impacting sexual risk behaviors.

The findings from both evaluations will be of interest to the general public, to policy-makers, and to organizations interested in teen pregnancy prevention.

ESTIMATED ANNUALIZED BURDEN TABLE

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)				
Baseline Instrument	3,060	1	30/60	1,530
Impact Evaluation of the Teen Pregnancy Prevention Program Grantees (TPP Evaluation)				
Baseline Instrument	6,868	1	30/60	3,434
Total for both evaluations				4,964

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990—New; 60-Day Notice]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons

are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

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recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives—OMB No. 0990—NEW—Office of Adolescent Pregnancy Programs.

The Office of Adolescent Health and the Centers for Disease Control and Prevention (CDC) are working collaboratively to address the high pregnancy rate of women between the ages of 15–19 by demonstrating the effectiveness of innovative, multi-component, community-wide initiatives in preventing teen pregnancy and reducing rates of teen births in communities with the highest rates, with a focus on reaching African American and Latino youth aged 15–19.

Components of these efforts include (1) implementing evidence-based or evidence-informed prevention programs; (2) linking teens to quality health services; (3) educating stakeholders (community leaders, parents and other constituents) about relevant evidence-based or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities; and (4) supporting the sustainability of the community-wide teen pregnancy prevention effort.

The main objective for the proposed Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies

through Community-wide Initiatives is to measure risk behaviors, pregnancies, and use of contraceptives and family planning services among youth. The data collection instrument for the proposed study is a modified version of a recently approved survey (OMB No. 0970-0360 Expiration date 7/31/2013). Clearance is being requested to expand the utilization of a modified version of the previously-approved instrument.

The Outcome Evaluation of Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives will focus on the combined change of two proportions: (1) The proportion of youth who have not engaged in sexual

intercourse during the past 12 months and (2) the proportion of youth who have engaged in sexual intercourse but have used contraception consistently during the past 12 months. To determine if the change in this proportion of interest in the intervention community is significantly different from the control community is one of the most important parameters to be estimated. Power analysis determined that 1,200 surveys per community will be sufficient to detect this difference. The precise number of youth surveyed will depend on the response rates, and will be between 1,200 and 1,500 per community.

TABLE: ESTIMATED ANNUALIZED BURDEN

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Evaluation of Adolescent Pregnancy Prevention Approaches Household Survey	Youth aged 15–19	9,000	1	45/60	6,750

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0322; 60-Day Notice]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the

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Proposed Project: Safe Harbor for Federally Qualified Health Centers Arrangements-Extension OMB No. 0990-0322—Office of Inspector General.

Abstract: The Office of the Inspector General (OIG), Office of the Secretary (OS), Department of Health and Human Services (HHS) is requesting a 3-year extension of clearance for the data collection under the anti-kickback statute, as described below. In order for an arrangement between a health center and a donor individual or entity to enjoy safe harbor protection, the arrangement (1) Must be set out in writing (§ 1001.952(w)(1)(i)(A)); (2) the written agreement must be signed by the parties (§ 1001.952(w)(1)(i)(B)); (3) the

written agreement must cover, and specify the amount of, all good, items, services, donations, or loans provided by the individual or entity to the health center (§ 1001.952(w)(1)(i)(C)); (4) the health center must document its basis for its reasonable expectation that the arrangement will benefit a medically underserved population (§ 1001.952(w)(3)); and (5) the health center, at reasonable intervals, must reevaluate the arrangement to ensure that it is expected to continue to benefit a medically underserved population, and must document the re-evaluation contemporaneously (§ 1001.952(w)(4)).

OIG may request to see documentation kept pursuant to the safe harbor in order to determine compliance with the terms of the safe harbor and the fraud and abuse laws. Compliance with the safe harbor is voluntary, and no party is ever required to comply with the safe harbor.

The safe harbor does not entail a routine and continuous affirmative collection of data from the regulated community. However, health centers that choose to avail themselves of the safe harbor must have initial documentation and a re-evaluation of the arrangement at least annually. The respondents are businesses and/or other private sector for-profit and not-for-profit institutions.