

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

Proposed Project: Application Packets for Real Property for Public Health Purposes—OMB No. 0937–0191—Extension—Office of Assistant Secretary

for Administration— Program Support Center/Federal Property Assistance Program.

Abstract: These applications are completed and submitted to HHS by State and local governments and nonprofit institutions when applying for acquisition of excess/surplus,

underutilized/unutilized, and/or off-site Federal real property. Submitted applications are used to determine if institutions/organizations are eligible to purchase, lease or use property under the provisions of the surplus real property program.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State, local, or tribal governments, nonprofits	20	1	200	4,000

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–7168 Filed 3–25–11; 8:45 am]

BILLING CODE 4151–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office at (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: The Children's Health Insurance Program Reauthorization Act (CHIPRA) 10-State Evaluation—OMB No. 0990–NEW—Assistant Secretary Planning and Evaluation (ASPE).

Abstract: The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting the Office of Management and Budget (OMB) approval on a new collection to provide the Federal government with new and detailed insights into how the Children's Health Insurance Program (CHIP) has evolved since its early years, what impacts on children's coverage and access to care have occurred, and

what new issues have arisen as a result of policy changes related to CHIPRA and the Patient Protection and Affordable Care Act (The Affordable Care Act) of 2010 (Pub. L. 111–148). The evaluation will address numerous key questions regarding the structure and impact of CHIP and Medicaid programs for children. To answer these questions, ASPE will draw on three new primary data collection efforts, including a survey of selected CHIP enrollees and disenrollees in 10 states (and Medicaid enrollees and disenrollees in 3 of these states), qualitative case studies in the 10 states, and a survey of State Program Administrators in all 50 States and the District of Columbia. This current request seeks clearance for the first two information collections; ASPE will seek clearance for the third information collection at a later date. All data collection will take place one time only over a three year period. The survey component includes a sample of children in 10 selected states, recently enrolled or disenrolled in CHIP or Medicaid. Survey data will be collected using computer-assisted telephone interviewing with an in-person follow-up. The qualitative case studies will include site visit interviews with CHIP and Medicaid administrators and public and child health stakeholders, plus focus groups with parents or family members of CHIP enrollees.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Survey of CHIP Enrollees and Disenrollees.	CHIP enrollees and disenrollees.	15,000	1	30/60	7,500
Survey of Medicaid Enrollees and Disenrollees.	Medicaid enrollees and disenrollees.	4,500	1	30/60	2,250
Site Visits	CHIP and Medicaid personnel—1.	300	1	1	300
Focus Groups	Parents and other family members of children—2.	80	1	2	160

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Total Burden	10,210

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Clearance Officer.
 [FR Doc. 2011-7169 Filed 3-25-11; 8:45 am]
BILLING CODE 4150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0371]

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.

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 email address within 7 days.

Proposed Project: Evaluation of SAMHSA Primary and Behavioral Health Care Integration Grant Program. OMB No. 0990-0371—Revision—Assistant Secretary for Planning and Evaluation (ASPE).

Abstract: The Assistant Secretary for Planning and Evaluation (ASPE) and the Substance Abuse and Mental Health Services Administration (SAMHSA) are funding an independent evaluation of the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services' (SAMHSA/CMHS) Primary and Behavioral Health Care Integration (PBHCI) grant program.

Four-year PBHCI grants for up to \$500,000 per year were awarded to thirteen grantees on September 30, 2009. A second group of nine grants and a third group of 34 grants were awarded September 30, 2010, for a total of 56 grants. The purpose of the PBHCI program is to improve the overall wellness and physical health status of people with serious mental illnesses (SMI), including individuals with co-occurring substance use disorders, by supporting communities to coordinate and integrate primary care services into publicly-funded community mental health and other community-based behavioral health settings. The information collected through the 3 year evaluation will assist SAMHSA in assessing whether integrated primary care services produce improvements in the physical and mental health of the SMI population receiving services from community-based behavioral health agencies. Data will be collected from grantee staff at all sites and from clients at up to 10 sites (client exam/survey). An Emergency Clearance Request covering the first six months of data collection starting February 15, 2011 and ending August 14, 2011 was approved February 15, 2011. This submission will cover data collection for the period starting August 15, 2011 and ending October 1, 2013.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Instrument name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Grantee Data Staff	Individual Service Utilization Data ...	56	4	8	1,792
Grantee Data Staff	TRAC Indicators	56	1,000	5/60	4,667
Grantee Project Directors	Quarterly Reports	56	4	2	448
SMI Clients	Client Exam and Survey-Baseline ...	1,000	1	45/60	750
SMI Clients	Client Exam and Survey-Follow-up	1667	1	45/60	1,250
Grantee Leadership	Site Visit Interview	40	1	2	80
Grantee MH Providers	Site Visit Interview	40	1	1	40
Grantee PH Providers	Site Visit Interview	40	1	1.5	60
Grantee Care Coordinators	Site Visit Interview	20	1	1.5	30
Control Site Leadership	Site Visit Interview	50	1	2	100
Grantee Key Staff	Web Survey	560	1	1.5	840
Total	10,057