

**FOR FURTHER INFORMATION CONTACT:**

Sandra M. Peay, Contact Representative; or Renee Chapman, Contact Representative, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room H-303, Washington, DC 20580, (202) 326-3100.

By direction of the Commission.

**Donald S. Clark,**

*Secretary.*

[FR Doc. 2011-11303 Filed 5-10-11; 8:45 am]

**BILLING CODE 6750-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Presidential Advisory Council on HIV/AIDS

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Service (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will be held Thursday, May 26, 2011 and Friday, May 27, 2011. The meeting will be held from 10 a.m. to approximately 5 p.m. on May 26, 2011 and 9 a.m. to approximately 3 p.m. on May 27, 2011.

**ADDRESSES:** Department of Health and Human Services, Room 705A, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Mr. Melvin Joppy, Committee Manager, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue, Room 443H, Hubert H. Humphrey Building, Washington, DC 20201; (202) 690-5560. More detailed information about PACHA can be obtained by accessing the Council's Web site at <http://www.pacha.gov>.

**SUPPLEMENTARY INFORMATION:** PACHA was established by Executive Order 12963, dated June 14, 1995 as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies to promote effective prevention of HIV disease and AIDS. The functions of the Council are solely advisory in nature.

The Council consists of not more than 25 members. Council members are selected from prominent community leaders with particular expertise in, or knowledge of, matters concerning HIV and AIDS, public health, global health, philanthropy, marketing or business, as well as other national leaders held in high esteem from other sectors of society. Council members are appointed by the Secretary or designee, in consultation with the White House Office on National AIDS Policy. The agenda for the upcoming meeting will be posted on the Council's Web site <http://www.pacha.gov>.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the building. Individuals who plan to attend and need special assistance, such as language interpretation or reasonable accommodations, should notify the designated contact person. Pre-registration for public attendance is advisable and can be accomplished by contacting the PACHA Committee Manager.

Members of the public will have the opportunity to provide comments on during the public comment period(s) of the meeting. Pre-registration is required for public comment. Any individual who wishes to participate in the public comment session must *contact:* Melvin Joppy, Office of HIV/AIDS Policy, [melvin.joppy@hhs.gov](mailto:melvin.joppy@hhs.gov), by close of business Monday, May 23, 2011. Public comment will be limited to three minutes per speaker. Members of the public who wish to have printed materials distributed to PACHA members for discussion at the meeting are asked to provide, at a minimum, 2 copies of the materials to the PACHA Committee Manager no later than close of business Tuesday, May 24, 2011. Contact information for the PACHA Committee Manager is provided above.

Dated: May 5, 2011.

**Christopher H. Bates,**

*Executive Director, Presidential Advisory on HIV/AIDS.*

[FR Doc. 2011-11542 Filed 5-10-11; 8:45 am]

**BILLING CODE 4150-43-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities; Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Pre-test of an Assisted Living Consensus Instrument." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by July 11, 2011.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

##### *Pre-Test of an Assisted Living Consensus Instrument*

Using a consensus-based process and in partnership with the Center for Excellence in Assisted Living (CEAL), AHRQ has developed a data collection tool that will collect uniform information about individual assisted living facilities (ALFs) in the United States to increase the value of healthcare for consumers by helping them make informed choices when selecting an ALF. Included in the development process were a voluntary committee of national representatives of Assisted Living Facilities, consumers, and researchers.

Assisted living (AL) is a relatively new long-term care option that currently serves approximately one million older and dependent Americans. Unlike skilled nursing facilities which are Federally regulated and relatively uniform from state to state, ALFs vary from state to state, as well as within each state, reflecting various core values that embrace consumer choice and provider diversity.

Most states mandate a set of basic services that an ALF must offer, such as meals and housekeeping. The upper limits of allowable services are also often prescribed. However, within the range of services required and allowed, ALFs in most states are given some

latitude as to who they choose to serve and what services they choose to provide. Further, the choice of services is not always confined by geography; that is, given the widespread dispersion of families, potential AL residents may be looking to choose among assisted living properties in different states, thereby widening the choices available.

While some ALFs are equipped to serve a wide range of resident needs, it is more common that an assisted living property will address a particular “market niche.” There are many ways in which ALFs offer diversity—in the religious or cultural affiliations of its target market; in the house rules that influence expectations about dress and behavior in the dining room; in the admission and discharge criteria in place; as well as in the range of services provided. Major variation is found in the extent to which a particular ALF is able and willing to serve those with dementia. While most ALFs admit and retain residents with mild cognitive impairment, those without a specialized dementia program may have difficulty serving residents with common symptoms such as a lack of safety awareness, wandering, sleep disturbances and agitation.

To some extent, admission and discharge criteria are dictated by the laws and regulations of the state in which a particular ALF operates. Beyond this, ALFs have considerable latitude in assessing individuals whom they will admit and retain in their facilities.

In addition to the assessment of needed services in relation to the services that are available, the ability to pay for AL services is a critical factor for both the consumer and ALF decision-

making about whether and when an individual moves into and out of a particular ALF. Approximately ten percent of AL residents receive ten subsidies through State Medicaid Waiver or State Plan programs, and fewer than three percent are covered by long-term care insurance. Thus, a substantial percentage of AL consumers use savings and other assets, including proceeds from the sale of their homes, to pay for their stay in an ALF. In choosing an ALF, consumers need to consider whether a particular facility is able to accept Medicaid or other third party payments, both now and in the future, should their assets become depleted.

This research has the following goals:

- (1) Refine the data collection tool through pre-testing with a sample of ALFs; and
- (2) Make the data collection tool publically available through the AHRQ Web site.

This study is being conducted by AHRQ through its contractor, Abt Associates Inc., pursuant to AHRQ’s statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services. 42 U.S.C. 299a(a)(1).

**Method of Collection**

To achieve the goals of this project the following data collection will be undertaken:

- (1) Telephone verification. The purpose of the telephone verification is to ensure that the most current mailing address of each ALF is utilized for the survey pre-test, and to obtain the name

of the Administrator or Executive Director of the ALF so the mailed pre-test survey can be addressed directly to that person; and

(2) Pre-test of the Assisted Living Provider Information Tool for Consumer Education. The data collection will include information on several topics of interest to consumers including services available in ALFs and costs of those services, criteria for moving into and out of an ALF, resident’s rights, house rules, life safety features, staffing within the ALF, and the availability of dementia care services within the ALF. The purpose of the pre-test is to assess the utility of the data collection tool as well as the feasibility for its implementation.

The data that will be collected through this effort will be used to make final refinements to the Assisted Living Provider Information Tool for Consumer Education and to make adjustments to the recommended processes for implementing a similar data collection effort on a broader basis.

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden for the respondents’ time to participate in this project. The telephone verification will be completed by 285 AL providers and will take approximately one minute to complete. The pre-test of the Assisted Living Provider Information Tool for Consumer Education will be completed by 191 ALFs and will require approximately 25 minutes to complete. The total annual burden is estimated to be 85 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents’ time to participate in this project. The total annualized cost burden is estimated to be \$3,576.

**EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Telephone verification .....	285	1	1/60	5
Pre-test .....	191	1	25/60	80
Total .....	476	na	na	85

**EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN**

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Telephone verification .....	285	5	\$15.37	\$77
Pre-Test .....	191	80	43.74	3,499
Total .....	476	85	na	3,576

\*Based upon the mean of the average wages reflected in the National Compensation Survey (May 2009) U.S. Department of Labor, Bureau of Labor Statistics. Wage categories used: phone verification—office and administrative support workers; pre-test—medical and health services managers in the United States.

**Estimated Annual Costs to the Federal Government**

The total cost of this contract to the government is \$424,000. The project

extends over four years, but this request is for a one year OMB clearance. Exhibit 3 shows a breakdown of the total cost as well as the annualized cost.

**EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST**

Cost component	Total cost	Annualized
Project Development .....	\$125,000	\$31,250
Data Collection Activities .....	90,000	22,500
Data Processing and Analysis .....	30,000	7,500
Reporting of results .....	30,000	7,500
Project Management .....	164,552	41,138
<b>Total Costs .....</b>	<b>439,552</b>	<b>109,888</b>

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: April 22, 2011.

**Carolyn M. Clancy,**  
*Director.*

[FR Doc. 2011–11302 Filed 5–10–11; 8:45 am]

**BILLING CODE 4160–90–M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day–11–11EX]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for

opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Daniel L. Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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; and (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. Written comments should be received within 60 days of this notice.

**Proposed Project**

Evaluation of Enhanced Implementation of the “Learn the Signs. Act Early.” Campaign in 4 Target Sites,—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC’s “Learn the Signs Act Early” campaign is a health education campaign that aims to improve parent awareness of early child development and improve early identification of children with autism spectrum disorders and other developmental

disabilities. The proposed information collection activity will allow necessary evaluation of the supplemental program to determine if the program has achieved its intended goals; to identify efficient implementation strategies that reach the greatest numbers of parents of young children within defined population groups; and determine the effectiveness of those strategies in changing parents’ awareness of the campaign and behavior related to monitoring early development.

This information collection activity will consist of two surveys of parents of young children in the demographic groups and geographic areas targeted by this enhanced implementation of the “Learn the Signs Act Early” campaign; one at baseline (before campaign implementation) and one at follow-up (near implementation end). The surveys will capture information from the program’s target audience to determine campaign reach and exposure among this group, as well as identify change in knowledge, awareness, and behavior related to the campaign and monitoring early child development. The project aims to attain 250 completed parent surveys from each of the 4 sites at baseline and again at follow-up (for a total of 2,000 completed surveys). It is estimated that 2400 respondents will have to be screened in order to recruit 2000 total survey participants.

Participants will be recruited to participate in one of two surveys that will be conducted in the following four target areas: Washington: Yakima, Benton, Franklin, and Walla Walla counties; Missouri: St. Louis City; Utah: Salt Lake County; and Alaska: Anchorage, Palmer, Wasilla, Homer, Kenai.

This request is to obtain OMB clearance for two years. There are no costs to the respondents other than their time.