meeting of the Advisory Panel on Outreach and Education (APOE) (the Panel). Section 9(a)(2) of the Federal Advisory Committee Act authorizes the Secretary of Health and Human Services (the Secretary) to establish an advisory panel if the Secretary determines that the panel is ''in the public interest in connection with the performance of duties imposed * * * by law.'' Such duties are imposed by section 1804 of the Social Security Act (the Act), requiring the Secretary to provide informational materials to Medicare beneficiaries about the Medicare program, and section 1851(d) of the Act, requiring the Secretary to provide for ''activities * * * to broadly disseminate information to [M]edicare beneficiaries * * * on the coverage options provided under [Medicare Advantage] in order to promote an active, informed selection among such options.''

The Panel is also authorized by section 1114(f) of the Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a). The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7899, February 17, 1999) and approved the renewal of the charter on January 21, 2011 (76 FR 11782, March 3, 2011).

Pursuant to the amended charter, the Panel advises and makes recommendations to the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning optimal strategies for the following:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for, Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
- Enhancing the Federal government's effectiveness in informing Medicare, Medicaid, and CHIP consumers, providers, and stakeholders pursuant to education and outreach programs of issues regarding these and other health coverage programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers and stakeholders.
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid, and CHIP education programs.
- Assembling and sharing an information base of ''best practices'' for helping consumers evaluate health plan options.
- Building and leveraging existing community infrastructures for information, counseling and assistance.
- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under health care reform.

The current members of the Panel are: Samantha Artiga, Principal Policy Analyst, Kaiser Family Foundation; Joseph Baker, President, Medicare Rights Center; Philip Bergquist, Manager, Health Center Operations, CHIPRA Outreach & Enrollment Project and Director, Michigan Primary Care Association; Marjorie Cadogan, Executive Deputy Commissioner, Department of Social Services; Jonathan Dauphine, Senior Vice President, AARP; Barbara Ferrer, Executive Director, Boston Public Health Commission; Shelby Gonzales, Senior Health Outreach Associate, Center on Budget & Policy Priorities; Jan Henning, Benefits Counseling & Special Projects Coordinator, North Central Texas Council of Governments' Area Agency on Aging; Warren Jones, Executive Director, Mississippi Institute for Improvement of Geographic Minority Health; Cathy Kaufmann, Administrator, Oregon Health Authority; Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging; Miriam Mobley-Smith, Dean, Chicago State University, College of Pharmacy; Ana Natale-Pereira, Associate Professor of Medicine, University of Medicine & Dentistry of New Jersey; Megan Padden, Vice President, Sentara Health Plans; David W. Roberts, Vice-President, Healthcare Information and Management System Society; Julie Bodën Schmidt, Associate Vice President, National Association of Community Health Centers; Alan Spielman, President & Chief Executive Officer, URAC; Winston Wong, Medical Director, Community Benefit Director, Kaiser Permanente and Darlene Yee-Melichar, Professor & Coordinator, San Francisco State University.

The agenda for the May 2, 2012 meeting will include the following:

- Welcome and Listening Session with CMS Leadership
- Recap of the Previous (February 7, 2012) Meeting
- Affordable Care Act Initiatives
- An opportunity for Public Comment
- Meeting Summary, Review of Recommendations and Next Steps

Individuals or organizations that wish to make a 5-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available. Individuals not wishing to make a presentation may submit written comments to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Authority: Sec. 222 of the Public Health Service Act (42 U.S.C. 217a) and sec. 10(a) of Pub. L. 92–463 (5 U.S.C. App. 2, sec. 10(a) and 41 CFR 102–3).

(Catalog of Federal Domestic Assistance Program No. 93.733, Medicare—Hospital Insurance Program; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: March 13, 2012.

Marilyn Tavenner,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2012–6609 Filed 3–22–12; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Mother and Infant Home Visiting Program Evaluation: Baseline survey data collection.

OMB No.: 0970–0402.

Description: The Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS) have launched a national evaluation called the Mother and Infant Home Visiting Program Evaluation (MIHOPE, formerly called the Maternal, Infant, and Early Childhood Home Visiting Evaluation). This evaluation, mandated by the Affordable Care Act, will inform the federal government about the effectiveness of the newly established MIECHV program in its first few years of operation, and provide information to help states develop and strengthen home visiting programs in the future. By systematically estimating the effects of home visiting programs across a wide range of outcomes and studying the variation in how programs are implemented, MIHOPE will provide valuable information on the effects of these programs on parents and children. This includes investigating the effects of home visiting on maternal and child well-being, how those effects vary for different home visiting approaches, and how variations in program design and implementation influence program fidelity and impacts.

MIHOPE includes two phases: Phase 1 includes site recruitment, baseline data collection for families, and collection of data on program implementation; Phase 2 includes follow up data collection for families. The purpose of the current document is to request approval of data collection efforts needed for Phase 1 of MIHOPE and to request a waiver for subsequent 60 day notices for Phase 2. Phase I will include data collected on state plans for MIECHV funds, data on families when they enter the study, and data on program implementation. For site recruitment, information will come from discussions with MIECHV state administrators, and program managers of local MIECHV programs. Activities related to site recruitment have begun under emergency clearance authorization (0970–0402). For baseline data on families and program implementation, those data collection efforts include the following: (1) Surveys of parents when they enter the study, (2) annual semi-structured interviews with state MIECHV administrators, (3) annual surveys of home visiting program site managers, (4) annual surveys of home visiting program site supervisors, (5) annual surveys of program site home visitors, (6) annual surveys of administrators of community resources that provide services relevant to home visited families; (7) logs maintained by supervisors on supervisory activities, (8) logs maintained by home visitors on service delivery, and (9) qualitative interviews and focus groups with staff at participating program sites in each state. These data will be used to measure characteristics of participating families at the time of enrollment into the study; characteristics of program staff; factors for service delivery; and program implementation, fidelity, and costs. Phase 2 will collect information on family outcomes around the time of the child's first birthday. This notice does not seek comment on these follow-up data collection activities. The baseline family survey will be used to collect information on background and experiences when families enter the study. The remaining data collection will be used to collect information on organizational and individual-level factors that influence how home visiting services are delivered.

Respondents: Enrolled parents; state MIECHV administrators; home visiting program managers, supervisors, and home visitors; and administrators of community resources.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of resopnses per respondent	Average burden hours per respondent	Total annual burden hours
Telephone contact with state administrators	49	1	1	49
First round visits with state administrators	18	1	1.5	27
Second round visits with state administrators	15	1	1.5	23
Visits and calls with local program directors	120	1	3	360
Family baseline survey	1700	1	1	1700
Baseline state administrator interview	8	1	2	16
12-month state administrator interview	8	1	2	16
Baseline survey of program managers, part 1	29	1	0.5	15
Baseline survey of program managers, part 2	29	1	1	29
Baseline survey of program managers, part 3	29	1	1	29
12-month survey of program managers	29	1	2	58
Baseline supervisor survey	33	1	1.25	42
12-month supervisor survey	33	1	1.25	42
Baseline home visitor survey	170	1	1.25	213
12-month home visitor survey	170	1	1.25	213
Community service providers survey	510	1	0.1	51
Other home visiting programs survey	142	1	0.1	15
Supervisor logs	33	60	0.2	396
Home visitor logs	170	16	0.2	2040
Program manager group interview	29	1	1.5	44
Supervisor group interview	33	1	1.5	50
Home visitor group interview	85	1	1.5	128
Home visitor individual interview	85	1	1.5	128
Interview participant questionnaire	232	1	0.05	12

Estimated Total Annual Burden Hours: 5,696.

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *OPREinfocollection@acf.hhs.gov.*

OMB Comment:

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.E0P.GOV,* Attn: Desk Officer for the Administration for Children and Families.

Dated: March 19, 2012.

Steven M. Hanmer,

Reports Clearance Officer.

[FR Doc. 2012–6977 Filed 3–22–12; 8:45 am]

BILLING CODE 4184–22–M