DATES: Comments on the ICR must be received on or before December 24, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690–6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS–OS–20694–60D for reference.

Information Collection Request Title: State Medicaid Fraud Control Units' Reports.

OMB No.: 0990–0162.

Abstract: Office of Inspector General (OIG) is requesting an extension by Office of Management and Budget (OMB) of approval for the collection of information to comply with the requirements in Title 19 of the Social Security Act at 1903(q), 42 CFR 1007.15, and 42 CFR 1007.17, in accordance with the Paperwork Reduction Act. The information collected consists of fifty separate annual reports and fifty separate application requests for certification/recertification of State Medicaid Fraud Control Units (MFCU). The collection is required by the statute and submitted yearly to OIG by the fifty MFCUs. OIG uses the information collected to determine the MFCUs' compliance with Federal requirements and eligibility for continued Federal financial participation (FFP) under the Federal MFCU grant program.

Need and Proposed Use of the Information: Public Law 95–142, the Medicare-Medicaid Anti-Fraud and Abuse Amendments, was enacted in 1977 to strengthen the capabilities of Federal and State governments to combat and eliminate fraud and abuse in Medicaid, through the establishment of the MFCUs. This law amended section 1903 of the Social Security Act to establish operating requirements for MFCUs and provide FFP to State governments for the cost of establishing MFCUs, training State personnel, and keeping the MFCUs operational.

Under section 1903(q)(7), each MFCU must annually submit to the Secretary of Health and Human Services (Secretary) an application and annual report containing information that the Secretary determines is necessary to certify the MFCU as meeting the requirements for FFP. FFP is available only for activities directly related to the investigation and prosecution of health care providers suspected of committing Medicaid fraud. The MFCUs also review complaints of alleged abuse or neglect of patients and the misuse of patients' personal funds in health care facilities. OIG reviews the information collected to ensure that Federal matching funds are expended by MFCUs only for allowable costs. In addition, OIG analyzes each MFCU's submission to determine whether there is a need for OIG technical assistance and to establish priorities for onsite reviews to further monitor program activities.

Likely Respondents: State Medicaid Fraud Control Units.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
MFCU	Annual Report	50	1	88	4,400
MFCU	Annual Report, data mining reporting only	13	1	1	13
MFCU	Recertification Application	50	1	5	250
Total		50	2	94	4,663

OS specifically requests comments on (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.

Keith A. Tucker,

Information Collection Clearance Officer.

[FR Doc. 2013–25187 Filed 10–24–13; 8:45 am]

BILLING CODE 4151–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[Docket ATSDR–2012–0002 ATSDR–274]

Availability of Interaction Profile for Chlorinated Dibenzo-p-Dioxins, Polybrominated Diphenol Ethers, and Phthalates

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (DHHS).

ACTION: Notice of availability for public comments.

SUMMARY: The Agency for Toxic Substances and Disease Registry (ATSDR) within the Department of Health and Human Services announces the availability of the interaction profile for Chlorinated Dibenzo-*p*-Dioxins, Polybrominated Diphenol Ethers, and Phthalates. This interaction profile evaluates a mixture of chemicals often found in human blood, adipose tissue, and breast milk. The purpose of this interaction profile is to investigate the possible joint actions of these chemicals on endocrine, developmental, and neurobehavioral endpoints in humans. This interaction profile has undergone external peer-review and review by ATSDR's Interagency Workgroup on Mixtures.

DATES: The interaction profile was made available to the public on September 2, 2013. The comment period will end on December 2, 2013.

ADDRESSES: You may submit comments, identified by Docket No. ATSDR–2012–0002, by any of the following methods:

- *Internet: Access the Federal eRulemaking portal at http://www.regulations.gov. Follow the instructions for submitting comments.*
- *Mail:* Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop F–57, Atlanta, Georgia 30333.

Instructions: All submissions received must include the agency name and docket number for this notice. All relevant comments will be posted without change.

FOR FURTHER INFORMATION CONTACT: Dr. Hana Pohl, Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, Mailstop F–57, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (888) 422–8737.

SUPPLEMENTARY INFORMATION: ATSDR develops interaction profiles for hazardous substances found at the National Priority List (NPL) sites under Section 104(i)(3) and (5) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA). This law requires that ATSDR assess whether or not adequate information on health effects is available for priority hazardous substances. Where such information is not available or under development, ATSDR shall, in cooperation with the National Toxicology Program, initiate a research program to determine these health effects. The Act further directs that, where feasible, ATSDR shall develop methods to determine the health effects of these priority hazardous substances in combination with other substances commonly found with them.

To carry out these legislative mandates, ATSDR has developed a chemical mixtures program and guidance manual that outlines the latest methods for mixtures health assessment. In addition, a series of documents called ''interaction profiles'' is developed for certain priority mixtures that are of special concern to ATSDR. To recommend approaches for the exposure-based assessment of the potential hazard to public health, an interaction profile evaluates data on the toxicology of the whole priority mixture, if available, and on the joint toxic action of the chemicals in the mixture.

The entire interaction profile development process is as follows:

- ATSDR selects substances/chemicals for development of interaction profiles through inter/intra agency communications collaboration and literature reviews.
- After the selection, a letter is sent to individuals and agencies on ATSDR's mailing list providing notice of ATSDR's intent to create an interaction profile.
- A notice is posted in the **Federal Register** to inform the public of ATSDR's intent to develop a particular interaction profile.
- The draft interaction profile undergoes both internal and external peer review.
- A **Federal Register** notice announces the release of the official draft for public comment.
- ATSDR posts a link to the draft interaction profile on its Web site, giving the public an opportunity to provide comments.
- ATSDR reviews all public comments and revises the draft, as appropriate, before issuing the final version.

Dated: October 18, 2013.

Sascha Chaney,

Acting Director, Office of Policy, Planning and Evaluation, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

[FR Doc. 2013–25145 Filed 10–24–13; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 58309, dated September 23, 2013) is amended to reorganize the Office of Public Health Preparedness and Response.

Section C–B, Organization and Functions, is hereby amended as follows:

Revise the functional statement for the Office of the Director (CGC1), Division of State and Local Readiness (CGC), as follows:

Office of the Director (CGC1). (1) Provides national leadership and guidance that supports and advances the work of state, local, tribal and territorial public health emergency preparedness programs; (2) coordinates the development of scientific guidelines and standards for programmatic materials within the division to provide technical assistance and program planning at the state, local, tribal, and territorial level; (3) works with awardees to advance state and local preparedness efforts through placement of CDC field staff within state and local public health agencies; (4) represents the interests and needs of the state, local, tribal, and territorial interests on state and local preparedness; (5) develops and ensures effective partnerships with national stakeholders and preparedness partners; and (6) provides oversight and management of division contracts, technical assistance plan development, training needs, response activities, grantee awards and fiscal accountability, and research agenda development and compliance.

After the title and function statement for the Applied Science and Evaluation Branch (CGCC), Division of State and Local Readiness (CGC), insert the following:

Field Services Branch (CGCD). (1) Provides scientific participation in development and implementation of field-based science initiatives and strategies; (2) provides situational awareness to CDC leadership when activated for public health responses; (3) provides consultation and technical assistance to state, territorial, tribal and local health departments in developing, implementing and evaluating Public Health Preparedness and Response activities and performance in support of CDC recommendations and those of their host site; (4) provides support for public health preparedness and epidemiologic capacity at the state, territorial, tribal, and local levels; (5) contributes as leaders in preparedness and epidemiology for issues including clinical surge capacity, hospital preparedness, and influenza response planning; (6) participates in development of national preparedness and response policies and guidelines for public health emergencies and encourages and facilitates the transfer of guidelines into clinical and public health practice; (7) analyzes data to assess progress toward achieving program objectives and provides input for program management and evaluation reports for publications; (8) participates in the development of comprehensive evaluation methods for OPHPR programs; (9) serves as liaison or focal point to assist state, territorial, tribal and local partners in linking with