

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

[Document Identifier: OS-4040-0005] [30-Day Notice]

### Agency Information Collection Activities: Proposed Collection; 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 collection 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.

*Type of Information Collection Request:* Revision.

*Title of Information Collection:* SF-424 Individual.

*Form/OMB No.:* OS-4040-0005.

*Use:* The SF-424 (individual) is a simplified, alternative government-wide data set and application cover page for use by Federal grant-making agencies that award grants to individuals. The form will include one change to one field—the Social Security Number (SSN). The SSN field will remain optional. The SSN field will be changed to pre-populate the first five digits with "000-00-". The applicant will only enter the last four digits of the SSN. This change ensures the entire SSN will not be collected or stored. This change will not increase the collection burden to the applicant.

*Frequency:* Recordkeeping on Occasion.

*Affected Public:* Individuals or Households.

*Annual Number of Respondents:* 5827.

*Total Annual Responses:* 6949.

*Average Burden per Response:* 25 minutes.

*Total Annual Hours:* 2895.

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 [Sherrette.funncoleman@hhs.gov](mailto:Sherrette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the Desk Officer at the address below:

*OMB Desk Officer:* John Kraemer, OMB Human Resources and Housing Branch, *Attention:* (OMB #4040-0005), New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 5, 2007.

**Mary Oliver-Anderson,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10227, CMS-1561 and 1561A, CMS-2728, CMS-10221, CMS-R-290, and CMS-R-26]

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

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections 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.

1. *Type of Information Collection Request:* Existing collection in use without an OMB Control Number; *Title of Information Collection:* PACE State Plan Amendment Pre-print; *Form Number:* CMS-10227 (OMB#: 0938-

New); *Use:* The Balanced Budget Act of 1997 created section 1934 of the Social Security Act that established the Program for the All-Inclusive Care for the Elderly (PACE). The legislation established the PACE program as a Medicaid State plan option serving the frail and elderly in the home and community. In accordance with the rule published in the November 24, 1999 **Federal Register** (64 FR 66271), if a State elects to offer PACE as an optional Medicaid benefit, it must complete a State Plan Amendment described as Enclosures #3, 4, 5, 6 and 7. In State Medicaid Director letters dated March 23, 1998 and November 9, 2000, CMS advised States that it had provided a suggested pre-print and supplemental pages for a State to express its intention to elect PACE as an option to its State plans. As pre-print packet Enclosures #3-7 were suggested and not required, CMS did not believe at the time that a suggested form required clearance from OMB. The PACE regulation 42 CFR part 460 was first published in the **Federal Register** as an interim final rule on November 24, 1999. The final PACE rule was published on December 8, 2006. CMS is seeking OMB approval to use Enclosures #3, 4, 5, 6 and 7. The information is used by CMS to affirm that the State elects to offer PACE an optional State plan service and the specifications of eligibility, payment and enrollment for the program; *Frequency:* Reporting—Once; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56 possible responses but we have only received 20 thus far; *Total Annual Hours:* 1,120.

2. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Health Insurance Benefit Agreement and Supporting Regulations at 42 CFR 489; *Form Numbers:* CMS-1561 and 1561A (OMB#: 0938-0832); *Use:* Applicants to the Medicare program are required to agree to provide services in accordance with Federal requirements. The CMS-1561 and 1561A are essential for CMS to ensure that applicants are in compliance with the requirements. Applicants will be required to sign the completed form and provide operational information to CMS to assure that they continue to meet the requirements after approval; *Frequency:* Reporting—Other: all new applicants must complete; *Affected Public:* State, Local or Tribal Governments, Business or Other for profit and Not-for-profit institutions; *Number of Respondents:* 3300; *Total*