

CHART 4. PRELIMINARY IMD DSH LIMIT FOR FY:										
A	B	C	D	E	F	G	H	I	J	K
STATE	INPATIENT HOSPITAL SERVICES FY 95 DSH TOTAL COMPUTABLE	IMD AND MENTAL HEALTH SERVICES FY 95 DSH TOTAL COMPUTABLE	TOTAL INPATIENT & IMD & MENTAL HEALTH FY 95 DSH TOTAL COMPUTABLE Col B + C	APPLICABLE PERCENT Col C/D	FY 2011 ALLOTMENT IN FS	FY 2011 FMAP	FY 2011 ALLOTMENTS IN TC Col F/G	COL E * COL H IN TC	FY 2011 TC IMD LIMIT (LESSER OF Col I or Col C)	FY 2011 IMD LIMIT IN FS Col G x J
ALABAMA	\$413,006,229	\$4,451,770	\$417,457,999	1.07%	\$307,827,500	68.54%	\$449,120,951	\$4,789,424	\$4,451,770	\$3,051,243
ARIZONA	\$93,916,100	\$28,474,900	\$122,391,000	23.27%	\$101,357,836	65.85%	\$153,922,302	\$35,810,821	\$28,474,900	\$18,750,722
CALIFORNIA	\$2,189,879,543	\$1,555,919	\$2,191,435,462	0.071%	\$1,097,417,551	50.00%	\$2,194,835,102	\$1,558,333	\$1,555,919	\$777,960
COLORADO	\$173,900,441	\$594,776	\$174,495,217	0.34%	\$92,598,516	50.00%	\$185,197,032	\$631,254	\$594,776	\$297,388
CONNECTICUT	\$303,359,275	\$105,573,725	\$408,933,000	25.82%	\$200,213,008	50.00%	\$400,426,016	\$103,377,488	\$103,377,488	\$51,688,744
DISTRICT OF COLUMBIA	\$39,532,234	\$6,545,136	\$46,077,370	14.20%	\$61,315,233	70.00%	\$87,593,190	\$12,442,319	\$6,545,136	\$4,581,595
FLORIDA	\$184,468,014	\$149,714,966	\$334,183,000	33.00%	\$200,213,008	55.45%	\$361,069,446	\$119,152,917	\$119,152,917	\$66,070,293
GEORGIA	\$407,343,557	\$0	\$407,343,557	0.00%	\$269,036,230	65.33%	\$411,811,159	\$0	\$0	\$0
HAWAII	\$0	\$0	\$0	0.00%	\$10,000,000	51.79%	\$19,308,747	\$0	\$0	\$0
ILLINOIS	\$315,868,508	\$89,408,276	\$405,276,784	22.06%	\$215,228,984	50.20%	\$428,742,996	\$94,585,167	\$89,408,276	\$44,882,955
INDIANA	\$79,960,783	\$153,566,302	\$233,527,085	33.00%	\$213,977,653	66.52%	\$321,674,163	\$106,152,474	\$106,152,474	\$70,612,625
KANSAS	\$11,587,208	\$76,663,508	\$88,250,716	33.00%	\$41,293,933	59.05%	\$69,930,454	\$23,077,050	\$23,077,050	\$13,626,998
KENTUCKY	\$158,804,908	\$37,443,073	\$196,247,981	19.08%	\$145,154,431	71.49%	\$203,041,588	\$38,739,257	\$37,443,073	\$26,768,053
LOUISIANA	\$1,078,512,169	\$132,917,149	\$1,211,429,318	10.97%	\$731,960,000	63.61%	\$1,150,699,500	\$126,253,926	\$126,253,926	\$80,310,122
MAINE	\$99,957,958	\$60,958,342	\$160,916,300	33.00%	\$105,111,829	63.80%	\$164,752,083	\$54,368,187	\$54,368,187	\$34,686,904
MARYLAND	\$22,226,467	\$120,873,531	\$143,099,998	33.00%	\$76,331,210	50.00%	\$152,662,420	\$50,378,599	\$50,378,599	\$25,189,299
MASSACHUSETTS	\$469,653,946	\$105,635,054	\$575,289,000	18.36%	\$305,324,837	50.00%	\$610,649,674	\$112,128,011	\$105,635,054	\$52,817,527
MICHIGAN	\$133,258,800	\$304,765,552	\$438,024,352	33.00%	\$265,282,236	65.79%	\$403,225,773	\$133,064,505	\$133,064,505	\$87,543,138
MISSISSIPPI	\$182,608,033	\$0	\$182,608,033	0.00%	\$152,662,418	74.73%	\$204,285,318	\$0	\$0	\$0
MISSOURI	\$521,946,524	\$207,234,618	\$729,181,142	28.42%	\$474,254,563	63.29%	\$749,335,698	\$212,962,580	\$207,234,618	\$131,158,790
NEVADA	\$73,560,000	\$0	\$73,560,000	0.00%	\$46,299,258	51.61%	\$89,709,859	\$0	\$0	\$0
NEW HAMPSHIRE	\$92,675,916	\$94,753,948	\$187,429,864	33.00%	\$160,269,034	50.00%	\$320,538,068	\$105,777,562	\$94,753,948	\$47,376,974
NEW JERSEY	\$736,742,539	\$357,370,461	\$1,094,113,000	32.66%	\$644,435,620	50.00%	\$1,288,871,240	\$420,984,404	\$357,370,461	\$178,685,231
NEW YORK	\$2,418,869,368	\$605,000,000	\$3,023,869,368	20.01%	\$1,607,960,722	50.00%	\$3,215,921,444	\$643,424,777	\$605,000,000	\$302,500,000
NORTH CAROLINA	\$193,201,966	\$236,072,627	\$429,274,593	33.00%	\$295,314,187	64.71%	\$456,385,611	\$150,600,652	\$150,600,652	\$97,453,682
OHIO	\$535,731,956	\$93,432,758	\$629,164,714	14.85%	\$406,682,673	63.69%	\$638,534,578	\$94,824,210	\$93,432,758	\$59,507,324
PENNSYLVANIA	\$388,207,319	\$579,199,682	\$967,407,001	33.00%	\$561,847,754	55.64%	\$1,009,791,075	\$333,231,055	\$333,231,055	\$185,409,759
RHODE ISLAND	\$108,503,167	\$2,397,833	\$110,901,000	2.16%	\$65,069,227	52.97%	\$122,841,659	\$2,656,007	\$2,397,833	\$1,270,132
SOUTH CAROLINA	\$366,681,364	\$72,076,341	\$438,757,705	16.43%	\$327,848,801	70.04%	\$468,087,951	\$76,894,528	\$72,076,341	\$50,482,269
TENNESSEE	\$0	\$0	\$0	0.00%	\$305,451,928	65.85%	\$463,860,179	\$0	\$0	\$0
TEXAS	\$1,220,515,401	\$292,513,292	\$1,513,028,693	19.33%	\$957,268,445	60.56%	\$1,580,694,262	\$305,595,305	\$292,513,292	\$177,146,231
VERMONT	\$19,979,252	\$9,071,297	\$29,050,549	31.23%	\$22,523,964	58.71%	\$38,364,783	\$11,979,751	\$9,071,297	\$5,325,758
VIRGINIA	\$129,313,480	\$7,770,268	\$137,083,748	5.67%	\$87,700,880	50.00%	\$175,401,760	\$9,942,234	\$7,770,268	\$3,885,134
WASHINGTON	\$171,725,815	\$163,836,435	\$335,562,250	33.00%	\$185,197,033	50.00%	\$370,394,066	\$122,230,042	\$122,230,042	\$61,115,021
WEST VIRGINIA	\$66,962,606	\$18,887,045	\$85,849,651	22.00%	\$67,571,890	73.24%	\$92,260,909	\$20,297,531	\$18,887,045	\$13,832,872
<b>TOTAL</b>	<b>\$13,402,460,846</b>	<b>\$4,118,758,904</b>	<b>\$17,521,219,750</b>		<b>\$10,808,002,392</b>		<b>\$19,053,921,131</b>	<b>\$3,527,910,366</b>	<b>\$3,356,503,958</b>	<b>\$1,896,804,743</b>
<b>LOW DSH STATES</b>										
ALASKA	\$2,506,827	\$17,611,765	\$20,118,592	33.00%	\$20,391,388	50.00%	\$40,782,776	\$13,458,316	\$13,458,316	\$6,729,158
ARKANSAS	\$2,422,449	\$819,351	\$3,241,800	25.27%	\$43,183,726	71.37%	\$60,506,832	\$15,291,898	\$819,351	\$584,771
DELAWARE	\$0	\$7,069,000	\$7,069,000	33.00%	\$9,062,839	53.15%	\$17,051,437	\$5,626,974	\$5,626,974	\$2,990,737
IDAHO	\$2,081,429	\$0	\$2,081,429	0.00%	\$16,455,008	68.85%	\$23,899,794	\$0	\$0	\$0
IOWA	\$12,011,250	\$0	\$12,011,250	0.00%	\$39,423,082	62.63%	\$62,946,004	\$0	\$0	\$0
MINNESOTA	\$24,240,000	\$5,257,214	\$29,497,214	17.82%	\$74,768,422	50.00%	\$149,536,844	\$26,651,574	\$5,257,214	\$2,628,607
MONTANA	\$237,048	\$0	\$237,048	0.00%	\$11,362,865	66.81%	\$17,007,731	\$0	\$0	\$0
NEBRASKA	\$6,449,102	\$1,811,337	\$8,260,439	21.93%	\$28,328,360	58.44%	\$48,474,264	\$10,629,366	\$1,811,337	\$1,058,545
NEW MEXICO	\$6,490,015	\$254,786	\$6,744,801	3.78%	\$20,391,388	69.78%	\$29,222,396	\$1,103,881	\$254,786	\$177,790
NORTH DAKOTA	\$214,523	\$988,478	\$1,203,001	33.00%	\$9,562,154	60.35%	\$15,844,497	\$5,228,684	\$988,478	\$596,546
OKLAHOMA	\$20,019,969	\$3,273,248	\$23,293,217	14.05%	\$36,251,355	64.94%	\$55,822,844	\$7,844,430	\$3,273,248	\$2,125,647
OREGON	\$11,437,908	\$19,975,092	\$31,413,000	33.00%	\$45,314,194	62.85%	\$72,098,956	\$23,792,656	\$19,975,092	\$12,554,345
SOUTH DAKOTA	\$321,120	\$751,299	\$1,072,419	33.00%	\$11,056,409	61.25%	\$18,051,280	\$5,956,922	\$751,299	\$460,171
UTAH	\$3,621,116	\$934,586	\$4,555,702	20.51%	\$19,638,877	71.13%	\$27,609,837	\$5,664,059	\$934,586	\$664,771
WISCONSIN	\$6,609,524	\$4,492,011	\$11,101,535	33.00%	\$94,633,503	60.16%	\$157,303,030	\$51,910,000	\$4,492,011	\$2,702,394
WYOMING	\$0	\$0	\$0	0.00%	\$226,570	50.00%	\$453,140	\$0	\$0	\$0
<b>TOTAL LOW DSH STATES</b>	<b>\$98,662,480</b>	<b>\$63,238,167</b>	<b>\$161,900,647</b>		<b>\$480,050,140</b>		<b>\$796,611,663</b>	<b>\$173,158,761</b>	<b>\$57,642,692</b>	<b>\$33,273,482</b>
<b>TOTAL</b>	<b>\$13,501,123,326</b>	<b>\$4,181,997,071</b>	<b>\$17,683,120,397</b>		<b>\$11,288,052,532</b>		<b>\$19,850,532,794</b>	<b>\$3,701,069,127</b>	<b>\$3,414,146,650</b>	<b>\$1,930,078,225</b>

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: October 20, 2010.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

Dated: November 17, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010-32979 Filed 12-30-10; 8:45 am]

BILLING CODE 4120-01-C

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Discretionary Grant Program

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of noncompetitive program supplemental award.

**SUMMARY:** HRSA will be issuing non-competitive supplemental grant funding to the University of Wisconsin, Laboratory of Hygiene, Madison, Wisconsin, under the Maternal Child and Health Bureau's Blood Lead Proficiency Testing Program. The University of Wisconsin will use these funds to initiate an orderly closeout of

HRSA-funded activities which clearly fall within the purview of the Centers for Disease Control and Prevention's "Preventing Lead Poisoning in Young Children" initiative at their National Center for Environmental Health. This action will also accord the University of Wisconsin and the Center additional time to solicit recommendations from the CDC's Advisory Committee on Childhood Lead Poisoning Prevention with respect to future funding for this activity.

The Maternal and Child Health Bureau (MCHB) has continuously supported the National Blood Lead and Erythrocyte Protoporphyrin (EP) Proficiency Testing Program through the University of Wisconsin since 1988. Childhood lead poisoning is a well-characterized public health problem in

the U.S., and is unfortunately over-represented in minority, immigrant, and low socio-economic populations. The proper detection and treatment of lead poisoning relies entirely on the accurate and precise measurement of blood lead concentration. EP is utilized as an adjunct test to indicate the extent and duration of lead exposure, as well as the detection of iron deficiency, another pediatric health issue. Proficiency testing (PT) is a proven method for assuring and improving laboratory test accuracy. This program has cost-effectively provided monthly PT and other lab quality improvement tools to nearly 600 laboratories across the U.S. and beyond. Of note, the primary focus of the program over the last few years has been the integration of new and usually inexperienced participants into the program. An enrollment boom has been fueled by proliferation of the CLIA-waived LeadCare II point of care testing instrument. In the three years since its introduction, LeadCare II enrollment has grown from zero to 300 laboratories, comprising approximately 40 percent of all participants. Continued participation increases, and the fact that those increases are nearly totally comprised of LeadCare II users, represent both a public health success and a challenge for this program. Since its introduction in early 2007, over 300 of these laboratories have enrolled for PT, swelling program participation to 800 laboratories.

#### **SUPPLEMENTARY INFORMATION:**

*Intended Recipients of the Award:* University of Wisconsin, Laboratory of Hygiene, Madison, Wisconsin.

*Amount of the Non-Competitive Supplemental Funding:* \$250,000.

**Authority:** Section 501(c)(1) of the Social Security Act, as amended.

*CFDA Number:* 93.110.

*Proposed Project Period:* January 1, 2008–October 31, 2011.

*Justification for Exception to Competition:*

The participation of large numbers of these labs in voluntary proficiency was by design, and represents a public health success by assuring blood lead screening accuracy where there would otherwise be no evaluation. Three factors contribute to this. First, is the HRSA support of this program, which has been increased to accommodate the additional labs.

This support allows laboratories to participate at no cost, a vital consideration for voluntary participants. The second factor is the effort of the NBLPT Program to integrate the new technology shortly after it became available, and collaboration with the

manufacturer to promote participation. The third factor is that some States have initiated PT requirements, deeming this quality check of sufficient importance to mandate successful participation as a requisite for Medicaid reimbursement. This State-level action illustrates the importance of this PT participation, and may be the beginning of a trend that will serve to increase participation even more.

The University of Wisconsin will use these funds to initiate an orderly closeout of HRSA-funded activities which clearly falls within the purview of the Centers for Disease Control and Prevention's "Preventing Lead Poisoning in Young Children" initiative at their National Center for Environmental Health. This extension with funding will also accord the University of Wisconsin and the Center to solicit recommendations from the CDC's Advisory Committee on Childhood Lead Poisoning Prevention with respect to future funding for this activity.

#### **FOR FURTHER INFORMATION CONTACT:**

David Heppel, M.D., Director, Division of Child, Adolescent and Family Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18A-30, Rockville, MD 20857; 301-443-2250; [dheppel@hrsa.gov](mailto:dheppel@hrsa.gov).

Dated: December 23, 2010.

**Mary K. Wakefield,**

*Administrator.*

[FR Doc. 2010-33063 Filed 12-30-10; 8:45 am]

**BILLING CODE 4165-15-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services Administration**

#### **National Advisory Committee on Rural Health and Human Services; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of February 2011.

The National Advisory committee on Rural Health will convene its sixty-seventh meeting in the time and place specified below:

*Name:* National Advisory Committee on Rural Health and Human Services.

*Dates and Times:*

February 23, 2011, 8:45 a.m.–5 p.m.

February 24, 2011, 8:45 a.m.–4 p.m.

February 25, 2011, 8:45 a.m.–11:15 a.m.

*Place:* Omni Shoreham Hotel, 2500 Calvert Street, NW., Washington, DC 20008.

*Phone:* (202) 234-0700.

*Status:* The meeting will be open to the public.

*Purpose:* The National Advisory Committee on Rural Health and Human Services provides advice and recommendations to the Secretary with respect to the delivery, research, development and administration of health and human services in rural areas.

*Agenda:* Wednesday morning at 9 a.m. the meeting will be called to order by the Chairperson of the Committee, the Honorable Ronnie Musgrove. There will be an update from officials from the Department of Health and Human Services. This will be followed by a series of panel presentations on key provisions from the Affordable Care Act (ACA). The Committee will be examining the rural implications of several provisions from the ACA, including health insurance exchanges, the Maternal and Early Childhood Home Visitation program and the Community Living Assistance, Services and Support program. The day will conclude with a period of public comment at approximately 4:30 p.m.

Thursday morning at 9 a.m. the Committee will continue to hear panel presentations on ACA-related provisions and will then break into subcommittees on each of those topics for further discussion. The day will conclude with a period of public comment at approximately 4:30 p.m.

Friday morning at 9 a.m. the Committee will summarize key findings from the meeting and develop a work plan for the next quarter and the June meeting.

#### **FOR FURTHER INFORMATION CONTACT:**

Thomas Morris, MPA, Executive Secretary, National Advisory Committee on Rural Health and Human Services, Health Resources and Services Administration, Parklawn Building, Room 10B-45, 5600 Fishers Lane, Rockville, MD 20857, Telephone (301) 443-0835, Fax (301) 443-2803.

Persons interested in attending any portion of the meeting should contact Tish Scolnick at the Office of Rural Health Policy (ORHP) via Telephone at (301) 443-0835, or by e-mail at [nscolnick@hrsa.gov](mailto:nscolnick@hrsa.gov). The Committee meeting agenda will be posted on ORHP's Web site <http://www.ruralhealth.hrsa.gov>.