

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Core VIPP funded SHD Injury Program director.	Web-based survey .....	20	1	1	20
Core VIPP funded SHD Injury Program director.	Telephone Interviews .....	20	1	1.5	30
Non-funded SHD Injury Program director.	Web-based survey .....	30	1	1	30
Total .....	.....	.....	.....	.....	80

**Daniel Holcomb,**

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011-17812 Filed 7-14-11; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-9042, CMS-10374, CMS-10385, and CMS-10402]

**Agency Information Collection Activities: Proposed Collection; Comment Request; Correction**

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

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:* Extension of a currently approved collection; *Title of Information Collection:* Accelerated Payments and Supporting Regulations 42 CFR 412.116(f), 412.632(e), 413.64(g), 413.350(d), and 484.245; *Use:* This information is used by the contractor to determine the provider's eligibility for accelerated payments. If this

information were not furnished with an accelerated payment request, the contractor would not be able to assess whether the provider's financial difficulties justified the accelerated payment; *Form Number:* CMS-9042 (OMB # 0938-0269); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 37,804; *Total Annual Responses:* 945; *Total Annual Hours:* 473. (For policy questions regarding this collection contact Leonard Fisher at 410-786-4574 TTY. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* New collection of information; *Title of Information Collection:* Training Needs Assessment, Evaluation/Survey—Question Compilation; *Use:* The intent of this information collection is to assist in the creation and enhancement of training for Federal and State health care surveyors and certification specialists. The purpose of the collection is to gather information for training needs assessment, training analysis, related demographic, psychographics and technographics to support the development and enhancement of training and training aids; *Form Number:* CMS-10374 (OMB # 0938-New); *Frequency:* Half-year (2 per year); *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 2,161; *Total Annual Responses:* 4,322; *Total Annual Hours:* 1,430. (For policy questions regarding this collection contact Etolia Biggs at 410-786-8664. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Expedited Checklist: Medicaid Eligibility & Enrollment Systems—Advance Planning Document (E&E-APD); *Use:* Under sections 1903(a)(3)(A)(i) and 1903(a)(3)(B) of the Social Security Act, CMS has issued new standards and conditions that must be met by States for Medicaid technology investments

(including traditional claims processing systems, as well as eligibility systems) to be eligible for enhanced match funding. The Checklist will be submitted by States to the E&E APD National Coordinator for review and coordination in the Eligibility/Enrollment Systems APD approval assignment. The information requested on the Checklist will be used to determine and approve enhanced FFP to States and to determine how States are complying with the seven standards and conditions; *Form Number:* CMS-10385 (OMB#: 0938-1125); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 168; *Total Annual Hours:* 204. (For policy questions regarding this collection contact Richard Friedman at 410-786-4451. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicaid State Plan Preprint for Use by States When Implementing Section 6401 of the Patient Protection and Affordable Care Act under the Medicaid Program; *Use:* The Secretary, in consultation with the Department of Health of Human Services' Office of the Inspector General, is required to establish procedures under which screening is conducted with respect to providers of medical or other items or services and suppliers under Medicare, Medicaid, and CHIP. The Secretary is also required to impose a fee on each institutional provider of medical or other items or services or supplier that would be used by the Secretary for program integrity efforts. States are required to comply with the process of screening providers and suppliers as established by the Secretary under 1866(j)(2) of the Affordable Care Act. The Office of General Counsel through guidance, is requiring that States use the Medicaid State Plan Preprint to assure CMS compliance with the law. CMS will use the information to review and approve

the State plan. States would refer to the State plan on an as needed basis to manage and operate their Medicaid programs under Title XIX of the Social Security Act; *Form Number*: CMS–10402 (OMB # 0938–New); *Frequency*: Once; *Affected Public*: State, Local, or Tribal Governments; *Number of Respondents*: 56; *Total Annual Responses*: 56; *Total Annual Hours*: 14. (For policy questions regarding this collection contact Richard Friedman at 410–786–4451. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site at <http://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp#TopOfPage> or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office at 410–786–1326.

In commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *September 13, 2011*:

1. Electronically. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. By regular mail. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

#### Notice of Correction

A notice published on July 1, 2011 (76 FR 38657) incorrectly included text for CMS–10385 (OMB#: 0938–1125) concerning an Expedited Checklist: Medicaid Eligibility & Enrollment Systems—Advance Planning Document (E&#–APD). This correction removes that paragraph.

#### Correction

In the *Federal Register* of July 1, 2011, in the FR Doc. 2011–16599, on page 38657 (in the third column) and on page 38658 (in the first column) remove the paragraph designated “2.”.

Dated: July 12, 2011.

**Michelle Shortt**,

*Director, Regulations Development Group,  
Office of Strategic Operations and Regulatory  
Affairs.*

[FR Doc. 2011–17890 Filed 7–14–11; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Estimated Federal Allotments to State Developmental Disabilities Councils and Protection and Advocacy Systems Formula Grant Programs for Fiscal Year 2012

**AGENCY:** Administration on Developmental Disabilities (ADD), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

**ACTION:** Notification of Estimated Fiscal Year (FY) 2012 Federal Allotments to State Developmental Disabilities Councils and Protection and Advocacy Systems Formula Grant Programs.

**SUMMARY:** This notice sets forth estimated FY 2012 individual allotments and estimated percentages of the total allotments to States administering the State Developmental Disabilities Councils and Protection and Advocacy Systems programs, pursuant to section 122 and section 142 of the Developmental Disabilities Assistance and Bill of Rights Act (the Act) [Pub. L. 106–402, October 30, 2000]. The estimated allotment amounts are based on the FY 2012 President's Budget request and are contingent on Congressional appropriations for FY 2012. Once Congress enacts an appropriation for FY 2012 and after ADD updates the data elements listed in the **SUPPLEMENTARY INFORMATION** section below, the estimated allotments will be adjusted accordingly. The estimated allotments contained herein will be adjusted for FY2012.

The final State allotments will be available on the ADD homepage after a final 2012 Continuing Resolution or HHS appropriations bill is passed by Congress.

**DATES:** *Effective Date:* October 1, 2011.

*CFDA Number:* 93.630, Developmental Disabilities Basic Support and Advocacy Grants.

**SUPPLEMENTARY INFORMATION:** Section 122(a)(2) of the Act requires that

adjustments in the amounts of State allotments shall be made not more often than annually and that States must be notified no less than six months before the beginning of the fiscal year in which such adjustment is to take effect. In relation to the State Developmental Disabilities Council allotments, the descriptions of service needs were reviewed in the State plans and are consistent with the results obtained from the data elements and projected formula amounts for each State (Section 122(a)(5)). In addition, Section 142(a) of the Act makes the allotment and reallocation structure in Section 122 applicable to grants to States for Protection and Advocacy Systems.

ADD will update the following FY 2011 data elements for issuance of FY 2012 allotments for both of the Developmental Disabilities formula grant programs:

The number of beneficiaries in each State and Territory under the Childhood Disabilities Beneficiary Program are from Table 5.J10 of the 2009 Annual Statistical Supplement to the Social Security Bulletin issued by the Social Security Administration;

State data on Per Capita Income are from Table SA1–3—Per Capita Personal Income, 2006–2008 from the Regional Economic Information System, issued by the Bureau of Economic Analysis, U.S. Department of Commerce, September 2010. The most recent comparable data for the Territories were obtained from the U.S. Department of Commerce, October 2009; and

State population data is based on table GCT–T1.—Population Estimates at: July 1, 2009 issued by the U.S. Census Bureau. State working populations (ages 18–64) are based on the Estimates of the Resident Population by Selected Age Groups for the United States and Puerto Rico: July 1, 2009 (SC–EST2009–01) from the U.S. Census Bureau. Total population and working population estimates for the Territories other than Puerto Rico are based on Population and Housing Profile: 2000 data sets from the “Island Areas” surveys conducted as part of the 2000 Census by the U.S. Census Bureau.

#### FOR FURTHER INFORMATION CONTACT:

Nathaniel Morris West, Financial Management Specialist, Office of Grants Management, Office of Administration, Administration for Children and Families. Phone: 202–401–1230, e-mail: [nathaniel.west@acf.hhs.gov](mailto:nathaniel.west@acf.hhs.gov).