

of approximately 60 percent. In order to achieve this response rate, we would recommend a 3-staged approach to data collection:

(1) Mailout of a covering letter, the paper survey questionnaire, and a postage-paid return envelope.

(2) Mailout of a postcard that thanks respondents and reminds the non-respondents to please return their survey.

(3) Mailout of a follow-up covering letter, the paper survey questionnaire, and a postage-paid return envelope.

Through the pilot test, we will determine the response rate that can be achieved using this approach. If it is deemed necessary, additional mailout reminders can be added to the protocol, or a telephone non-response step can be added to the protocol.

Using the 3-step mail approach described above, we anticipate that data collection would occur over an 8 to 10 weeks. This is to say, if the first survey mailing were dropped on May 1, we would anticipate completing data collection at the end of June or early July. Data would then be cleaned, scores would be generated, and data would be delivered to CMS. Through the pilot test, we will determine the precise timing required to achieve an acceptable response rate, but we are aiming to complete sampling, data collection, and scoring within a 12-week period.

Subsequent to the publication of the 60-day **Federal Register** notice (June 10, 2011; 76 FR 34076), the survey instrument has been separated into two surveys. Prior to this action, there was one survey proposed for the Quality of Care and Appeals review types. Once approved by OMB, there will be two survey instruments that will request similar information: one for Quality of Care and one for Appeals. *Form Number:* CMS-10393 (OCN 0938-New); *Frequency:* Once; *Affected Public:* Individuals or households; *Number of Respondents:* 16,010; *Number of Responses:* 16,010; *Total Annual Hours:* 4,002. (For policy questions regarding this collection, contact Coles Mercier at 410-786-2112. For all other issues call (410) 786-1326.)

3. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Medicare and Medicaid Programs OASIS Collection Requirements as Part of the CoPs for HHAs and Supp. Regs. in 42 CFR 48.55, 484.205, 484.245, 484.250; *Use:* This data set is currently mandated for use by Home Health Agencies (HHAs) as a condition of participation (CoP) in the Medicare program. Since 1999, the Medicare CoPs have mandated that

HHAs use the OASIS data set when evaluating adult non-maternity patients receiving skilled services. The OASIS is a core standard assessment data set that agencies integrate into their own patient-specific, comprehensive assessment to identify each patient's need for home care that meets the patient's medical, nursing, rehabilitative, social, and discharge planning needs. There have not been any changes to the PRA package that is associated with the 60-day **Federal Register** notice that published on December 16, 2011 (76 FR 78264); *Form Number:* CMS-R-245 (OCN 0938-0760); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents:* 11,495; *Total Annual Responses:* 16,476,008; *Total Annual Hours:* 16,567,968. (For policy questions regarding this collection contact Robin Dowell at 410-786-0060. 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 address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on April 12, 2012.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, Email: OIRA_submission@omb.eop.gov.

Dated: March 6, 2012.

Martique Jones,

Director, Regulations Development Group, Division-B, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2012-6036 Filed 3-12-12; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10428]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Centers for Medicare and 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 and Medicaid Services (CMS), Department of Health and Human Services, 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review to ensure compliance with section 1862(a)(1)(A) of the Social Security Act. We cannot reasonably comply with the normal clearance procedures in that public harm is reasonably likely to result if normal clearance procedures are followed as stated in 5 CFR 1320.13(a)(2)(i).

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Pre-Existing Condition Insurance Plan (PCIP) HIPAA Authorization Form; *Use:* Unless permitted or required by law, the Health Insurance Portability and Accountability Act (HIPAA) privacy regulation at 45 CFR 164.508 prohibits CMS' Pre-Existing Condition Insurance Plan (PCIP) program (a HIPAA covered entity) from disclosing an individual's protected health information without a

valid authorization. In order to be valid, an authorization must include specified core elements and statements. CMS will make available to PCIP applicants and enrollees a standard, valid authorization to enable beneficiaries to request the disclosure of their protected health information. CMS will make available to PCIP applicants and enrollees a standard, valid authorization to enable beneficiaries to communicate with PCIP about their personal health information. This is a critical tool because the population the PCIP program serves is comprised of individuals with pre-existing conditions who may be incapacitated and need an advocate to help them apply for or receive benefits from the program. This standard authorization will simplify the process of requesting information disclosure for beneficiaries and minimize the response time for the PCIP program; *Form Number*: CMS-10428 (OMB 0938-New); *Frequency*: Occasionally; *Affected Public*: Private Sector (Business or other for-profit and Not-for-profit institutions); *Number of Respondents*: 2,100; *Total Annual Responses*: 2,100; *Total Annual Hours*: 525. (For policy questions regarding this collection contact Laura Dash at 410-786-8623. For all other issues call 410-786-1326.)

CMS is requesting OMB review and approval of this collection by March 22, 2012. To be assured consideration, comments and recommendations for the proposed information collections must be received by via one of the methods below on March 19, 2012.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site

address at <http://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp> or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be received via one of the following methods by March 19, 2012.

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 CMS-10417, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

3. *By Email to OMB*. OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Email: OIRA_submission@omb.eop.gov.

Dated: March 8, 2012.

Martique Jones,

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

[FR Doc. 2012-6035 Filed 3-12-12; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs—Interview Guides.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF) is proposing an information collection activity as part of the Descriptive Study of Tribal TANF Programs. The proposed information collection consists of semi-structured interviews and focus groups with key Tribal TANF respondents on questions of Tribal TANF administration, policies, service delivery, and program context. Through this information collection, ACF seeks to gain an in-depth, systematic understanding of program implementation, operations, outputs and outcomes in selected sites, and identify promising practices and other areas for further study.

Respondents: Semi-structured interviews will be held with Tribal TANF administrators and staff, and staff of related programs. Focus groups will be held with Tribal TANF clients.

Annual Burden Estimates

Please note that the burden rates below are revised since the 60 day **Federal Register** Notice to reflect lower burden hours.

TABLE 1—ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Discussion Guide for use with tribal TANF Administrators	4	1	1.5	6
Discussion Guide for use with tribal TANF Staff	12	1	1	12
Discussion Guide for use with Focus Groups with tribal TANF clients	20	1	2	40
Discussion guide for use with staff of related programs	20	1	1	20
All instruments:	78

Additional Information

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