

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 June 18, 2012.

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

Dated: May 15, 2012.

Martique Jones,

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

[FR Doc. 2012-12078 Filed 5-17-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS-10424 and CMS-10416]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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), 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 function; (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:* New collection; *Title of Information Collection:* Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchanges; *Use:* All States (including the 50 States, consortia of States, and the District of Columbia, herein referred to as States) are eligible for the Cooperative Agreement to

Support Establishment of the Affordable Care Act's Health Insurance Exchanges. Section 1311 of the Affordable Care Act provides for grants to States for the planning and establishment of these Exchanges. Given the innovative nature of Exchanges and the statutorily-prescribed relationship between the Secretary and States in their development and operation, it is critical that the Secretary work closely with States to provide necessary guidance and technical assistance to ensure that States can meet the prescribed timelines, federal requirements, and goals of the statute.

In order to provide appropriate and timely guidance and technical assistance, the Secretary must have access to timely, periodic information regarding State progress. Consequently, the information collection associated with these grants is essential to facilitating reasonable and appropriate federal monitoring of funds, providing statutorily-mandated assistance to States to implement Exchanges in accordance with Federal requirements, and to ensure that States have all necessary information required to proceed, such that retrospective corrective action can be minimized.

There are two levels of awards for States to apply for the Establishment grants. Level One grants are open to States that are participating in either the Federally-facilitated Exchange, including States that will be collaborating with the Federally-facilitated Exchange on certain activities, or developing a State-based Exchange. Level Two Establishment grants are open to States that are establishing a State-based Exchange. Level One Establishment grantees may apply for additional funding under Level Two Establishment grants once they have achieved the benchmarks identified in the Level Two Establishment review criteria.

HHS anticipates releasing this funding opportunity on June 15, 2012. There will be ten opportunities for applicants to apply for funding. HHS anticipates Level One Establishment and Level Two Establishment applications will be due: August 1, 2012; November 1, 2012; February 1, 2013; May 1, 2013; August 1, 2013; November 1, 2013; February 3, 2014; May 1, 2014; August 1, 2014; and November 3, 2014. The Period of Performance for Level One Establishment grants is up to one year after date of award. The Period of Performance for Level Two Establishment grants is up to three years after date of award. *Form Number:* CMS-10424 (OCN: 0938-NEW);

Frequency: Annually; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Number of Responses:* 331; *Total Annual Hours:* 50,158. (For policy questions regarding this collection contact Katherine Harkins at 301-492-4445. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges *Use:* All States (including the 50 States, the Territories, and the District of Columbia herein referred to as States) have the opportunity under Section 1311(b) of the Affordable Care Act to establish an Exchange no later than October 1, 2013 (Plan Year 2014).

Given the innovative nature of Exchanges and the statutorily-prescribed relationship between the Secretary and States in their development and operation, it is critical that the Secretary work closely with States to provide necessary guidance and technical assistance to ensure that States can meet the prescribed timelines, federal requirements, and goals of the statute.

States seeking to establish an Exchange must build an Exchange that meets the requirements set out in Section 1311(d) of the Affordable Care Act and 45 CFR 155.105. In order to ensure that a State seeking approval as a State Exchange or State Partnership Exchange in the Federally-facilitated Exchange meet all applicable requirements the Secretary will require a State to submit a Blueprint for approval during the Fall of 2012 and to demonstrate operational readiness through virtual or on-site readiness review. The Blueprint has two sections: The Blueprint Declaration Letter and the Blueprint Application. Submission of this Blueprint Declaration Letter will be online and on paper and submission of the Blueprint Application will be online. *Form Number:* CMS-10416 (OCN: 0938-New) *Frequency:* Once; *Affected Public:* State, Local, or Tribal governments; *Number of Respondents:* 56; *Number of Responses:* 56; *Total Annual Hours:* 11,816. (For policy questions regarding this collection, contact Sarah Summer 301-492-4443. 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.

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Dated: May 15, 2012.

Martique Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5052-N2]

Medicare Program; Solicitation for Proposals for the Medicare Graduate Nurse Education Demonstration—Deadline Extension

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of extension of deadline.

SUMMARY: This notice extends the deadline for submission of proposals to apply to participate in the Medicare Graduate Nurse Education (GNE) Demonstration.

DATES: Proposals will be considered timely if they are received on or before 5 p.m., Eastern Standard Time (E.S.T.) on May 25, 2012.

ADDRESSES: Proposals should be mailed to the following address: Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation, Attention: Alexandre Laberge, Mail Stop: WB-06-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

FOR FURTHER INFORMATION CONTACT: Alexandre Laberge (410) 786-8625 or by email at GNE@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

General Information: Please refer to file code (CMS-5052-N2) on the application. Proposals (an unbound original and 10 electronic copies on CD-ROM) must be typed for clarity and should not exceed 50 double-spaced pages, exclusive of cover letter, the executive summary, resumes, forms, and no more than 15 pages supporting

documentation. Because of staffing and resource limitations, we cannot accept proposals by facsimile (FAX) transmission. Applicants may, but are not required to, submit a total of 10 copies to assure that each reviewer receives a proposal in the manner intended by the applicant (for example, collated, tabulated color copies). Hard copies and CD-ROM electronic copies must be identical.

Eligible Organizations: As set forth in section 5509 of the Affordable Care Act an “eligible hospital” may apply to perform the responsibilities specified. Section 5509(e)(5) of the Affordable Care Act defines an “eligible hospital” to mean a hospital (as defined in section 1861(e) of the Social Security Act (the Act) (42 U.S.C. 1395x)) or a critical access hospital (as defined in section 1861(mm)(1) of the Act) that has a written agreement in place with—(A) 1 or more applicable schools of nursing; and (B) 2 or more applicable non-hospital community-based care settings. The written agreement must meet specific requirements set forth in section 5509 of the Affordable Care Act including—(1) The obligations of the eligible partners with respect to the provision of qualified training; and (2) the obligation of the eligible hospital to reimburse such eligible partners applicable (in a timely manner) for the costs of such qualified training attributable to partner. The Demonstration will include up to five eligible hospitals.

I. Background

We are seeking eligible hospital applicants, which includes critical access hospitals, to partner with one or more applicable schools of nursing (SONs) and two or more applicable nonhospital community-based care settings (CCSs) to provide advanced practice registered nurse (APRN) students with qualified training. See section 5509(e) of the Affordable Care Act for the definitions of the terms used in the preceding sentence. At least half of the clinical training must be provided in non-hospital CCSs which may include federally qualified health centers (FQHCs), rural health clinics (RHCs), and other nonhospital settings as determined appropriate by the Secretary. However, the Secretary may waive the requirement under section 5509(e)(7)(A)(ii) of the Affordable Care Act with respect to eligible hospitals located in rural or medically underserved areas.

On March 22, 2012, we posted a solicitation for proposals on the Innovation Center Web site. In addition, in the March 22, 2012 **Federal Register**

(77 FR 16841) we published a notice of solicitation for proposals to participate in the Graduate Nurse Education (GNE) Demonstration. The Demonstration provides a source of Medicare funding for the reasonable costs for clinical training attributable to the incremental increase in the number of APRN students enrolled in participating SONs during the Demonstration relative to an established baseline. Section 5509 of the Affordable Care Act sets forth limitations on the reasonable costs reimbursable under the Demonstration. We will make interim payments to selected hospitals with a cost settlement process using Medicare reasonable cost principles. Participating eligible hospitals must establish written agreements with one or more applicable SONs and two or more applicable non-hospital CCSs that define the obligations of each partner with respect to the provision of qualified training and the corresponding eligible hospital’s obligation to reimburse eligible partners applicable (in a timely manner) for the costs of such qualified training attributable to the partner and the mechanism for partner reimbursement. As outlined in the GNE Solicitation, applicant hospitals may partner with other hospitals in the Demonstration and we will support an expanded configuration of hospital relationships under certain circumstances. For more details, see the Solicitation, which is available on the Innovation Center Web site at <http://www.innovations.cms.gov/initiatives/GNE/index.html>.

II. Provisions of This Notice

The CMS Innovation Center has received much interest and a large number of inquires about the GNE Demonstration announced on the CMS Web site and in the **Federal Register**. In response to requests from the community of potential applicants to allow for some additional time to prepare the proposals for participation in the Demonstration, and in light of our continued commitment to work in partnership with our stakeholders, the Innovation Center has modified the deadline for proposals so that the applications from eligible hospital applicants are due by the date specified in the **DATES** section of this notice.

III. Information Collection Requirements

In accordance with section 5509(a)(4) of the Affordable Care Act, this information collection requirement is not subject to the Paperwork Reduction Act of 1995. Consequently, it need not be reviewed by the Office of Management and Budget under the