CHART 1—FINAL QUALIFYING INDIVIDUALS ALLOTMENTS FOR OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011—Continued

State	Initial QI allotments for FY 2011			FY 2011 Estimated QI expenditures/1	Need (difference) If E>D, E − D	Percentage of total need states F/(Tot. of F)	Reduction pool for non-need States If D>=E, D − E	Percentage of total non-need States H/(Tot. of H)	Reduction adjustment for non-need States Col. 1 × $35,415,135	Increase adjustment for need States Col. G × $35,415,135	Final FY 2011 QI allotment/2
	Number of individuals/3 (000s)	Percentage of total Col B/Tot. Col B	Initial QI allotment Col × $885,000,000								
A	B	C	D	E	F	G	H	I	J	K	L
California	103	7.09	62,735,719	28,587,784	NA	NA	34,147,935	14.2790	5,056,924	NA	57,678,794
Colorado	18	1.24	10,963,524	5,295,566	NA	NA	5,667,958	2.3701	839,361	NA	10,124,163
Connecticut	19	1.31	11,572,608	4,486,600	NA	NA	7,086,008	2.9630	1,049,358	NA	10,523,250
Delaware	6	0.41	3,654,508	3,146,625	NA	NA	507,883	0.2124	75,212	NA	3,579,296
District of Columbia	3	0.21	1,827,254	0	NA	NA	1,827,254	0.7641	270,596	NA	1,556,658
Florida	106	7.30	64,562,973	66,436,364	1,873,391	5.2898	Need	Need	Need	1,873,391	66,436,364
Georgia	41	2.82	24,972,471	26,906,212	1,933,741	5.4602	Need	Need	Need	1,933,741	26,906,212
Hawaii	4	0.28	2,436,339	1,291,051	NA	NA	1,145,288	0.4789	169,604	NA	2,266,734
Idaho	6	0.41	3,654,508	2,343,040	NA	NA	1,311,468	0.5484	194,214	NA	3,460,294
Illinois	65	4.47	39,590,502	24,682,083	NA	NA	14,908,419	6.2340	2,207,769	NA	37,382,734
Indiana	37	2.55	22,536,132	7,442,661	NA	NA	15,093,471	6.3113	2,235,173	NA	20,300,959
Iowa	21	1.45	12,790,778	4,271,524	NA	NA	8,519,254	3.5623	1,261,605	NA	11,529,172
Kansas	17	1.17	10,354,439	4,610,144	NA	NA	5,744,295	2.4020	850,665	NA	9,503,774
Kentucky	27	1.86	16,445,286	15,690,958	NA	NA	754,328	0.3154	111,707	NA	16,333,578
Louisiana	30	2.06	18,272,540	20,326,470	2,053,930	5.7996	Need	Need	Need	2,053,930	20,326,470
Maine	5	0.34	3,045,423	5,682,148	2,636,725	7.4452	Need	Need	Need	2,636,725	5,682,148
Maryland	17	1.17	10,354,439	7,088,750	NA	NA	3,265,689	1.3656	483,612	NA	9,870,827
Massachusetts	35	2.41	21,317,963	10,537,185	NA	NA	10,780,778	4.5080	1,596,512	NA	19,721,451
Michigan	47	3.23	28,626,979	15,085,628	NA	NA	13,541,351	5.6623	2,005,321	NA	26,621,657
Minnesota	22	1.51	13,399,862	6,222,133	NA	NA	7,177,729	3.0014	1,062,941	NA	12,336,922
Mississippi	17	1.17	10,354,439	15,159,850	4,805,411	13.5688	Need	Need	Need	4,805,411	15,159,850
Missouri	34	2.34	20,708,878	5,920,121	NA	NA	14,788,757	6.1839	2,190,048	NA	18,518,830
Montana	6	0.41	3,654,508	1,621,995	NA	NA	2,032,513	0.8499	300,992	NA	3,353,516
Nebraska	7	0.48	4,263,593	2,506,235	NA	NA	1,757,358	0.7348	260,245	NA	4,003,348
Nevada	9	0.62	5,481,762	4,524,038	NA	NA	957,724	0.4005	141,828	NA	5,339,934
New Hampshire	6	0.41	3,654,508	2,135,209	NA	NA	1,519,299	0.6353	224,991	NA	3,429,517
New Jersey	29	2.00	17,663,455	10,947,452	NA	NA	6,716,003	2.8083	994,564	NA	16,668,891
New Mexico	12	0.83	7,309,016	4,380,182	NA	NA	2,928,834	1.2247	433,727	NA	6,875,289
New York	88	6.06	53,599,449	46,599,154	NA	NA	7,000,295	2.9272	1,036,665	NA	52,562,785
North Carolina	51	3.51	31,063,317	29,879,017	NA	NA	1,184,300	0.4952	175,382	NA	30,887,936
North Dakota	3	0.21	1,827,254	732,156	NA	NA	1,095,098	0.4579	162,172	NA	1,665,082
Ohio	69	4.75	42,026,841	23,482,476	NA	NA	18,544,365	7.7543	2,746,211	NA	39,280,629
Oklahoma	17	1.17	10,354,439	10,487,929	133,490	0.3769	Need	Need	Need	133,490	10,487,929
Oregon	19	1.31	11,572,608	13,141,294	1,568,686	4.4294	Need	Need	Need	1,568,686	13,141,294
Pennsylvania	72	4.96	43,854,095	33,758,390	NA	NA	10,095,705	4.2215	1,495,060	NA	42,359,035
Rhode Island	6	0.41	3,654,508	2,322,853	NA	NA	1,331,655	0.5568	197,203	NA	3,457,305
South Carolina	24	1.65	14,618,032	15,020,561	402,529	1.1366	Need	Need	Need	402,529	15,020,561
South Dakota	4	0.28	2,436,339	1,720,053	NA	NA	716,286	0.2995	106,074	NA	2,330,265
Tennessee	34	2.34	20,708,878	26,632,392	5,923,514	16.7259	Need	Need	Need	5,923,514	26,632,392
Texas	117	8.05	71,262,904	78,314,925	7,052,021	19.9124	Need	Need	Need	7,052,021	78,314,925
Utah	9	0.62	5,481,762	2,259,983	NA	NA	3,221,779	1.3472	477,109	NA	5,004,653
Vermont	2	0.14	1,218,169	3,698,518	2,480,349	7.0036	Need	Need	Need	2,480,349	3,698,518
Virginia	33	2.27	20,099,794	12,026,439	NA	NA	8,073,355	3.3759	1,195,573	NA	18,904,221
Washington	21	1.45	12,790,778	9,678,240	NA	NA	3,112,538	1.3015	460,932	NA	12,329,846
West Virginia	15	1.03	9,136,270	6,570,617	NA	NA	2,565,653	1.0728	379,944	NA	8,756,326
Wisconsin	32	2.20	19,490,709	5,065,273	NA	NA	14,425,436	6.0320	2,136,244	NA	17,354,465
Wyoming	2	0.14	1,218,169	885,008	NA	NA	333,161	0.1393	49,337	NA	1,168,832
Total	1,453	100.00	885,000,000	681,267,040	35,415,135	100.0000	239,148,095	100.0000	35,415,135	35,415,135	885,000,000

Footnotes:
[1] FY 2011 Estimates from July 2011 CMS Survey of States.
[2] For Need States, Final FY 2011 QI Allotment is equal to Initial QI Allotment in Column D increased by amount in Column K. For Non-Need States, Final FY 2011 QI Allotment is equal to Initial QI Allotment in Column D reduced by amount in Column J.
[3] Three-year average (2007–2009) of number (000) of Medicare beneficiaries in State who are not enrolled in Medicaid but whose incomes are at least 120% but less than 135% of Federal poverty level. Source: Census Bureau Annual Social and Economic Supplement (ASEC) to the 2010 Current Population Survey (CPS).

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

Dated: August 14, 2012.

Jennifer Cannistra,

Executive Secretary to the Department.

[FR Doc. 2012–20296 Filed 8–17–12; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3273–N]

Medicare Program; Request for Nominations for Members for the Medicare Evidence Development & Coverage Advisory Committee

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: This notice announces the request for nominations for membership on the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). Among other duties, the MEDCAC provides advice and guidance to the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) concerning the adequacy of scientific evidence available to CMS for ''reasonable and necessary'' determinations under Medicare.

We are requesting nominations for both voting and nonvoting members to serve on the MEDCAC. Nominees are selected based upon their individual qualifications and not as representatives of professional associations or societies. We wish to ensure adequate representation of the interests of both

women and men, members of all ethnic groups and physically challenged individuals. Therefore, we encourage nominations of qualified candidates who can represent these interests.

The MEDCAC reviews and evaluates medical literature, technology assessments, and hears public testimony on the evidence available to address the impact of medical items and services on health outcomes of Medicare beneficiaries.

DATES: Nominations must be received by Monday, September 24, 2012.

ADDRESSES: You may mail nominations for membership to the following address: Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality, Attention: Maria Ellis, 7500 Security Boulevard, Mail Stop: South Building 3–02–01, Baltimore, MD 21244.

FOR FURTHER INFORMATION CONTACT: Maria Ellis, Executive Secretary for the MEDCAC, Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality, Coverage and Analysis Group, S3–02–01, 7500 Security Boulevard, Baltimore, MD 21244 or contact Ms. Ellis by phone (410–786–0309) or via email at *Maria.Ellis@cms.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary signed the initial charter for the Medicare Coverage Advisory Committee (MCAC) on November 24, 1998. A notice in the **Federal Register** (63 FR 68780) announcing establishment of the MCAC was published on December 14, 1998. The MCAC name was updated to more accurately reflect the purpose of the committee and on January 26, 2007, the Secretary published a notice in the **Federal Register** (72 FR 3853), announcing that the Committee's name changed to the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC). The charter for the committee was renewed by the Secretary on November 24, 2010. The current charter is effective for 2 years.

The MEDCAC is governed by provisions of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 U.S.C. App. 2), which sets forth standards for the formulation and use of advisory committees, and is authorized by section 222 of the Public Health Service Act as amended (42 U.S.C. 217A).

The MEDCAC consists of a pool of 100 appointed members including: 94 voting members of whom 6 are designated patient advocates, and 6 nonvoting representatives of industry interests. Members generally are recognized authorities in clinical medicine including subspecialties, administrative medicine, public health, biological and physical sciences, epidemiology and biostatistics, clinical trial design, health care data management and analysis, patient advocacy, health care economics, medical ethics or other relevant professions.

The MEDCAC works from an agenda provided by the Designated Federal Official. The MEDCAC reviews and evaluates medical literature, technology assessments, and hears public testimony on the evidence available to address the impact of medical items and services on health outcomes of Medicare beneficiaries. The MEDCAC may also advise CMS as part of Medicare's ''coverage with evidence development'' initiative.

II. Provisions of the Notice

As of January 2013, there will be 42 membership terms expiring. Of the 42 memberships expiring, 3 are nonvoting industry representative and the remaining 39 membership openings are for the general MEDCAC voting membership.

Accordingly, we are requesting nominations for both voting and nonvoting members to serve on the MEDCAC. Nominees are selected based upon their individual qualifications and not as representatives of professional associations or societies. We wish to ensure adequate representation of the interests of both women and men, members of all ethnic groups and physically challenged individuals. Therefore, we encourage nominations of qualified candidates from these groups.

All nominations must be accompanied by curricula vitae. Nomination packages must be sent to Maria Ellis at the address listed in the **ADDRESSES** section of this notice. Nominees for voting membership must also have expertise and experience in one or more of the following fields:

- Clinical medicine including subspecialties
- Administrative medicine
- Public health
- Biological and physical sciences
- Epidemiology and biostatistics
- Clinical trial design
- Health care data management and analysis
- Patient advocacy
- Health care economics
- Medical ethics
- Other relevant professions

We are looking for experts in a number of fields. Our most critical needs are for experts in hematology; genomics; Bayesian statistics; clinical epidemiology; clinical trial methodology; knee, hip, and other joint replacement surgery; ophthalmology; psychopharmacology; rheumatology; screening and diagnostic testing analysis; and vascular surgery. We also need experts in biostatistics in clinical settings, cardiovascular epidemiology, dementia, endocrinology, geriatrics, gynecology, minority health, observational research design, stroke epidemiology, and women's health.

The nomination letter must include a statement that the nominee is willing to serve as a member of the MEDCAC and appears to have no conflict of interest that would preclude membership. We are requesting that all curricula vitae include the following:

- Date of birth
- Place of birth
- Social security number
- Title and current position
- Professional affiliation
- Home and business address
- Telephone and fax numbers
- Email address
- List of areas of expertise

In the nomination letter, we are requesting that the nominee specify whether they are applying for a voting patient advocate position, for another voting position or a nonvoting industry representative. Potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts in order to permit evaluation of possible sources of conflict of interest.

Members are invited to serve for overlapping 2-year terms. A member may serve after the expiration of the member's term until a successor is named. Any interested person may nominate one or more qualified persons. Self-nominations are also accepted.

The current Secretary's Charter for the MEDCAC is available on the CMS Web site at: *http://www.cms.hhs.gov/FACA/Downloads/medcaccharter.pdf,* or you may obtain a copy of the charter by submitting a request to the contact listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

Authority: 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program.)

Dated: August 8, 2012.

Patrick Conway,

CMS Chief Medical Officer and Director, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

[FR Doc. 2012–20298 Filed 8–17–12; 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: Uniform Project Description (UPD) Program Narrative Format for Discretionary Grant Application Forms.

OMB No.: 0970–0139.

Description: The proposed information collection would renew the Administration for Children and Families (ACF) Uniform Project Description (UPD). The UPD provides a uniform grant application format for applicants to submit project information in response to ACF discretionary funding opportunity announcements. ACF uses this information, along with other OMB-approved information collections (Standard Forms), to evaluate and rank applications. Use of the UPD helps to protect the integrity of ACF's award selection process. All ACF discretionary grant programs are required to use this application format. The application consists of general information and instructions; the Standard Form 424 series, which requests basic information, budget information, and assurances; the Project Description that requests the applicant to describe how program objectives will be achieved; and other assurances and certifications. Guidance for the content of information requested in the Project Description is found in OMB Circular A–102; 2 CFR, Part 215; 2 CFR, Part 225; 2 CFR, Part 230; 45 CFR, Part 74; and 45 CFR, Part 92.

Respondents: Applicants to ACF Discretionary Funding Opportunity Announcements.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF Uniform Project Description (UPD)	5,205	1	60	312,300

Estimated Total Annual Burden Hours: 312,300.

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: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@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 information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.EOP.GOV,* Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2012–20326 Filed 8–17–12; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Developmental Disabilities Protection and Advocacy Program Statement of Goals and Priorities

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration Intellectual and Developmental Disabilities (AIDD), Administration for Community Living (ACL) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by September 19, 2012.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for ACL, Office of Information and Regulatory Affairs, OMB.

FOR FURTHER INFORMATION CONTACT: Brianne Burger, 202.618.5525.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance. Federal statute and regulation require each State Protection and Advocacy (P&A) System to prepare and solicit public comment on a Statement of Goals and Priorities (SGP) for the P&A for Developmental Disabilities (PADD) program for each coming fiscal year. While the P&A is mandated to protect and advocate under a range of different federally authorized disabilities programs, only the PADD program requires an SGP. Following the required public input for the coming fiscal year, the P&As submit the final version of this SGP to the Administration on Intellectual and Developmental Disabilities (AIDD). AIDD will aggregate the information in the SGPs into a national profile of programmatic emphasis for P&A Systems in the coming year. This aggregation will provide AIDD with a tool for monitoring of the public input requirement. Furthermore, it will provide an overview of program direction, and permit AIDD to track accomplishments against goals/targets, permitting the formulation of technical assistance and compliance with the Government Performance and Results Act of 1993. ACL estimates the burden of this collection of information as follows: