TEACHING HOSPITAL CLOSURE

| Provider No. | Provider name | City and state | CBSA Code | Terminating date | IME cap (including ± MMA Sec. 422[2] adjustments) | Direct GME cap (including ± MMA Sec. 422[2] adjustments) |
|---|---|---|---|---|---|---|
| 330225 ..... | Long Beach Medical Center. | Long Beach, NY ..... | [1] 35004 | February 1, 2014 .... | 26.79 | 26.79 + 2.10 section 422 increase = 28.89.[3] |

[1] The CBSA codes applicable to the Round 7 application process are those in effect for the FY 2014 IPPS, *not* the new CBSA codes proposed by CMS for the FY 2015 IPPS in the FY 2015 IPPS proposed rule (79 FR 28055).

[2] Section 422 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Pub. L. 108–173, redistributed unused residency slots effective July 1, 2005.

[3] Long Beach Medical Center's 1996 direct GME FTE cap is 26.79. Under section 422 of the MMA, the hospital received an increase of 2.10 to its direct GME FTE cap: 26.79 + 2.10 = 28.89. We note that under 42 CFR 413.77(g), direct GME FTE cap slots associated with an increase received under section 422 of the MMA are to be paid using the appropriate locality-adjusted national average per resident amount (PRA).

*B. Application Process for Available Resident Slots*

The application period for hospitals to apply for slots under section 5506 is 90 days following notification to the public of a hospital closure. Therefore, hospitals wishing to apply for and receive slots from the above hospitals' FTE resident caps must submit applications directly to the CMS Central Office no later than September 2, 2014. The mailing address for the CMS Central Office is included on the application form. Applications must be *received* by the September 2, 2014 deadline date. It is *not* sufficient for applications to be postmarked by this date. After an applying hospital sends a hard copy of a section 5506 application to the CMS Central Office mailing address, they must also send an email to: *ACA5506application@cms.hhs.gov.* In the email, the hospital should state: ''On behalf of [insert hospital name and Medicare CMS Certification Number], I am sending this email to notify CMS that I have mailed to CMS a hard copy of a section 5506 application under Round 7 due to the closure of Long Beach Medical Center.'' An applying hospital should not attach an electronic copy of the application to the email. The email will only serve as notification that a hard copy application has been mailed to the CMS Central Office.

In the CY 2011 Outpatient Perspective Payment System/Ambulatory Surgical Center (OPPS/ASC) final rule with comment period, we did not establish a deadline by when CMS would issue the final determinations to hospitals that receive slots under section 5506 of the Affordable Care Act. However, we will review all applications received by the deadline and notify applicants of our determinations as soon as possible.

We refer readers to the CMS Web site at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dgme.html* to download a copy of the application form (section 5506 CMS Application Form) that hospitals are to use to apply for slots under section 5506 of the Affordable Care Act. We also refer readers to this same Web site to access a copy of the CY 2011 OPPS/ASC final rule with comment period, a copy of the FY 2013 Inpatient Perspective Payment System Long Term Care Hospital (IPPS/LTCH) PPS final rule (77 FR 53434 through 53447), and a list of additional section 5506 guidelines for an explanation of the policy and procedures for applying for slots, and the redistribution of the slots under sections 1886(h)(4)(H)(vi) and 1886(d)(5)(B)(v) of the Act. (We note that in the FY 2015 IPPS proposed rule (79 FR 28154 through 28161), CMS proposed additional changes to the section 5506 application process. However, those proposed changes do not apply to this Round 7 application process).

## III. Collection of Information Requirements

This document does not impose any new information collection requirements, that is, any reporting, recordkeeping or third-party disclosure requirements, as defined under the Paperwork Reduction Act of 1995 (5 CFR 1320). Furthermore, all information collection requirements associated with the preservation of resident cap positions from closed hospitals are not subject to the Paperwork Reduction Act, as stated in section 5506 of the Affordable Care Act.

Dated: May 29, 2014.

**Marilyn Tavenner,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2014–13006 Filed 6–3–14; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received no later than July 7, 2014.

**ADDRESSES:** Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Data Collection Tool for Rural Health Community-Based Grant Programs.

*OMB No.:* 0915–0319—Extension.

*Abstract:* There are currently five rural health grant programs that operate under the authority of Section 330A of the Public Health Service (PHS) Act. These programs include: (1) Rural

Health Care Services Outreach Grant Program (Outreach); (2) Rural Health Network Development Grant Program (Network Development); (3) Small Healthcare Provider Quality Grant Program (Quality); (4) Delta States Rural Development Network Grant Program (Delta) and (5) Rural Health Network Development Planning Grant Program (Network Planning). These grants are to provide expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of quality improvement and workforce activities. In general, the grants may be used to expand access, coordinate, and improve the quality of essential health care services and enhance the delivery of health care in rural areas.

*Need and Proposed Use of the Information:* For these programs, performance measures were drafted to provide data useful to the programs and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act (GPRA) of 1993. These measures cover the principal topic areas of interest to ORHP, including: (a) Access to care; (b) the underinsured and uninsured; (c) workforce recruitment and retention; (d) sustainability; (e) health information technology; (f) network development; and (g) health related clinical measures. Several measures will be used for all six programs. All measures will speak to the ORHP's progress toward meeting the goals set.

*Summary of Prior Comments and Agency Response:* A 60-day **Federal Register** Notice was published in the **Federal Register** on March 10, 2014 (see 79 FR13311–12). One comment was received requesting a copy of the data collection plans and draft instruments that are referenced in the 60-day **Federal Register** notice for Rural Health Care Services Outreach Grant Program (Outreach); Rural Health Network Development Grant Program (Network Development); Small Healthcare Provider Quality Grant Program (Quality); and Rural Health Network Development Planning Grant Program (Network Planning). HRSA provided the draft instruments on March 12, 2014, via email.

*Likely Respondents:* Award recipients of the programs under the Section 330A of the Public Health Service Act.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

| Grant program | Number of respondents | Number of responses per respondent | Total responses | Average burden per response | Total hour burden |
|---|---|---|---|---|---|
| Rural Health Care Services Outreach Grant Program | 71 | 1 | 71 | 2.00 | 142.0 |
| Rural Health Network Development | 20 | 1 | 20 | 4.00 | 80.0 |
| Delta States Rural Development Network Grant Program | 12 | 1 | 12 | 6.00 | 72.0 |
| Small Health Care Provider Quality Improvement Grant Program | 30 | 1 | 30 | 7.25 | 217.5 |
| Network Development Planning Grant Program | 21 | 1 | 21 | 3.00 | 63.0 |
| Total | 154 | | 154 | | 574.5 |

HRSA specifically requests comments on: (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.

Dated: May 29, 2014.

**Jackie Painter,**

*Deputy Director, Division of Policy and Information Coordination.*

[FR Doc. 2014–13003 Filed 6–3–14; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Discretionary Grant Program

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

**ACTION:** Notice of Class Deviation from Competition Requirements for the Maternal and Child Health Bureau's (MCHB) Family-to-Family Health Information Centers (F2F HIC) Program (H84).

**SUMMARY:** HRSA will be issuing non-competitive awards under the F2F HIC program. Approximately $5 million will be made available in the form of a grant to current grantees (see below) covering the period of 6/1/2014–5/31/2015. This will provide for an extension of the program, as provided for in Section 1203 of the Pathway for SGR Reform Act of 2013 (Pub. L. 113–67) and Section 207 of the Protecting Access to Medicare Act of 2014 (Pub. L. 113–93) with the least disruption to the states, communities, and constituencies that currently receive assistance and services from these grantees.

**SUPPLEMENTARY INFORMATION:**

*Intended Recipients of the Awards:* The 51 incumbent grantees of record (listed below).

*Amount of the Non-Competitive Awards:* Up to $95,700 per grantee.

*CFDA Number:* 93.504.

*Period of Supplemental Funding:* 6/1/2014–5/31/2015.

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

*Justification:* The F2F HIC program provides grants to family-run/staffed organizations to ensure families of children with special health care needs have access to adequate information about health and community resources to facilitate informed and shared decision-making around their children's