

furnishing such services, supplies or facilities. Revisions to this form include the addition of columns for more detailed reporting and the elimination of other columns that were deemed unnecessary; *Form Number*: CMS-287 (OMB # 0938-0202); *Frequency*: Annually; *Affected Public*: Not-for-profit institutions and Business or other for-profit; *Number of Respondents*: 1,231; *Total Annual Responses*: 1,231; *Total Annual Hours*: 573,646.

2. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Attending Physicians Statement and Documentation of a Medicare Emergency and Supporting Regulations in 42 CFR 424.103; *Use*: 42 CFR 424.103(b) requires that before a nonparticipating hospital may be paid for emergency services rendered to a Medicare beneficiary, a statement must be submitted that is sufficiently comprehensive to support that an emergency existed. Form CMS-1771 contains a series of questions relating to the medical necessity of the emergency. The attending physician must attest that the hospitalization was required under the regulatory emergency definition (42 CFR 424.101 attached) and give clinical documentation to support the claim; *Form Number*: CMS-1771 (OMB #: 0938-0023); *Frequency*: Reporting—On occasion; *Affected Public*: Business or other for-profit; *Number of Respondents*: 200; *Total Annual Responses*: 200; *Total Annual Hours*: 50.

3. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Quality Improvement Organization (QIO) Assumption of Responsibilities and Supporting Regulations in 42 CFR 412.44, 412.46, 431.630, 476.71, 476.73, 476.74, and 476.78; *Use*: The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act to create the Utilization and Quality Control Peer Review Organization (PRO) program which replaces the Professional Standards Review Organization (PSRO) program and streamlines peer review activities. The term PRO has been renamed Quality Improvement Organization (QIO). This collection describes the review functions to be performed by the QIO. It outlines relationships among QIOs, providers, practitioners, beneficiaries, intermediaries, and carriers; *Form Numbers*: CMS-R-71 (OMB # 0938-0445); *Frequency*: Recordkeeping and Third Party Disclosure, as needed; *Affected Public*: Business or other for-

profit; *Number of Respondents*: 6,036; *Total Annual Responses*: 6,036; *Total Annual Hours*: 81,818.

4. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Independent Rural Health Center/Freestanding Federally Qualified Health Center Cost Report and Supporting Regulations in 42 CFR 413.20 and 413.24; *Use*: CMS is requesting re-approval of a currently approved form, CMS 222 (OMB No. 0938-0107). The current form implements various provisions of the Social Security Act including Section 1861(aa) which provides coverage under Part B of the Medicare program for certain services furnished by Rural Health Clinics (RHCs) and Freestanding Federally Qualified Health Clinics (FQHCs), including physician assistant and nurse practitioner services. The Medicare regulations provide for payment to clinics which are not part of a hospital (freestanding clinics) under an all-inclusive rate method designed to pay Medicare's share of the clinics' incurred reasonable costs for the services provided. Clinics which are part of a hospital are paid in accordance with the program's hospital reimbursement methods and principles.; *Form Numbers*: CMS-222 (OMB # 0938-0107); *Frequency*: Reporting—Annually; *Affected Public*: Not-for-profit institutions, Business or other for-profit, and State, local or tribal government; *Number of Respondents*: 3000; *Total Annual Responses*: 3000; *Total Annual Hours*: 150,000.

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/regulations/pral/>, 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 on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer:

OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 15, 2005.

**Michelle Short,**

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

[FR Doc. 05-8162 Filed 4-22-05; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-1856 & 1893, CMS-R-273]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

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

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*: Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy (OPT) and/or Speech Pathology Services, OPT Speech Pathology Survey Report and Supporting Regulations in 42 CFR 485.701-485.729.; *Form No.*: CMS-1856, CMS-1893 (OMB # 0938-0065); *Use*: The Medicare Program requires OPT providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the result of the on-site survey; *Frequency*: On occasion and Other—every 6 years; *Affected Public*: Business or other for-profit; *Number of*

*Respondents:* 2,968; *Total Annual Responses:* 495; *Total Annual Hours:* 866.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Community Mental Health Center Site Visit Assessment Tool and Supporting Regulations in 42 CFR 410.2; *Form No.:* CMS-R-273 (OMB # 0938-0770); *Use:* This collection instrument aids CMS in its efforts to ensure that new and existing Community Mental Health Centers (CMHC) are compliant with Medicare provider requirements, and all applicable Federal and State requirements. The collection pertains to CMHC's provision of pre-admission screening to State mental health facilities and to expanding the collection tool's use into other program areas as a means to screen applicants, enrollees, and existing providers/suppliers to ensure their legitimacy to participate in the Medicare Program; *Frequency:* Reporting-Other, upon initial application or re-enrollment into the Medicare program; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, local or tribal government; *Number of Respondents:* 4,731; *Total Annual Responses:* 4,731; *Total Annual Hours:* 20,372.

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/regulations/prra/>, 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 on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Reduction Act Reports Clearance Office designated at the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Melissa Musotto, PRA Analyst, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 15, 2005.

**Michelle Shortt,**

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

[FR Doc. 05-8163 Filed 4-22-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

### Office of Child Support Enforcement

#### Privacy Act of 1974; Amended System of Records

**AGENCY:** Office of Child Support Enforcement, ACF, HHS.

**ACTION:** Notice of amended system of records.

**SUMMARY:** In accordance with the requirement of the Privacy Act of 1974 (5 U.S.C. 552a), the Office of Child Support Enforcement (OCSE) is publishing notice of its amendment of its systems of records entitled "The Location and Collection System", No. 09-90-0074.

**DATES:** HHS invites interested parties to submit comments on the proposed notice before May 25, 2005. As required by the Privacy Act (5 U.S.C. 552a(r)), HHS on April 18, 2005 sent a report of an Amended System to the Committee on Government Reform and Oversight of the House of Representatives, the Committee on Governmental Affairs of the Senate, and the Office of Management and Budget. The amendments described in this notice are effective upon publication unless HHS receives comments that would result in a contrary determination.

**ADDRESSES:** Please address comments to: Donna Bonar, Associate Commissioner, Office of Automation and Program Operations, Office of Child Support Enforcement, Administration for Children and Families, 370 L'Enfant Promenade, SW., 2nd Floor West, Washington, DC 20447, (202) 401-9271. Comments received will be available for inspection at the address above from 9 a.m. to 5 p.m., Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:** Donna Bonar, Director, Division of Program Operations, Office of Child Support Enforcement, Administration for Children and Families, 370 L'Enfant Promenade, SW., 2nd Floor West, Washington, DC 20447, (202) 401-9271.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given that the Office of Child Support Enforcement (OCSE) is amending one of its Systems of Records, "The Location and Collection System of Records" (LCS), No. 09-90-0074, last published at 69 FR 31392 on June 6, 2004.

Consistent with section 453(j)(9) of the Social Security Act (the Act) as amended by Pub. L. 108-147, the National Directory of New Hires (NDNH) will be used by the Department

of the Treasury, for the purpose of locating persons who owe delinquent nontax debt to the United States and whose debt has been referred to the Secretary of the Treasury in accordance with 31 U.S.C. 3711(g).

Dated: April 18, 2005.

**David H. Siegel,**

*Acting Commissioner, Office of Child Support Enforcement.*

**09-90-0074**

#### SYSTEM NAME:

Location and Collection System of Records, HHS, OCSE.

#### SECURITY CLASSIFICATION:

None.

#### SYSTEM LOCATION:

Office of Child Support Enforcement, 370 L'Enfant Promenade, SW., 2nd Floor West, Washington, DC 20447; Social Security Administration, 6200 Security Boulevard, Baltimore, Maryland 21235.

#### CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Records are maintained to locate individuals for the purpose of establishing parentage, establishing, setting the amount of, modifying, or enforcing child support obligations, or enforcing child custody or visitation orders, and may include (1) information on, or facilitate the discovery of, or the location of any individuals: (A) who are under an obligation to pay child support or provide child custody or visitation rights; (B) against whom such an obligation is sought; (C) to whom such an obligation is owed including the individual's Social Security number (or numbers) (SSN), most recent address, and the name, address, and employer identification number of the individual's employer; and (D) who have or may have parental rights with respect to a child; (2) information on the individual's wages (or other income) from, and benefits of, employment (including rights to enrollment in group health care coverage); (3) information on the type, status, and amount of any assets or debts owed to or by such an individual; and (4) information on certain Federal disbursements payable to a delinquent obligor which may be offset for the purpose of collecting past-due child support.

#### CATEGORIES OF RECORDS IN THE SYSTEM:

Specific records retained in the LCS system are: the name of noncustodial or custodial parent or child, Social Security number (when available), date of birth, place of birth, sex code, State case identification number, local