

Dated: November 20, 2009.

**Marilyn S. Radke,**

*Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 Day-10-0573]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Adult and Pediatric HIV/AIDS Confidential Case Reports for National HIV/AIDS Surveillance (OMB No. 0920-0573 Exp. 2/28/2010)—Revision—

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The purpose of HIV/AIDS surveillance data collection is to monitor trends in HIV disease and describe the characteristics of infected persons (e.g., demographics, modes of exposure to HIV, clinical and laboratory markers of HIV disease, manifestations of severe HIV disease, and deaths among persons with HIV/AIDS). HIV/AIDS surveillance data are widely used by scientists, researchers, and public health authorities at all levels to assess the impact of HIV infection on morbidity and mortality, to allocate medical care resources and services and to guide prevention and disease control activities.

CDC in collaboration with health departments in the 50 states, the District of Columbia, and U.S. dependent areas, conducts national surveillance for cases of HIV infection that includes critical data across the spectrum of HIV disease from HIV diagnosis to AIDS, the end-stage disease caused by infection with HIV, and death. In addition, this system provides the essential data to estimate HIV incidence and monitor patterns in variant, atypical, and resistant strains of HIV among infected persons in the United States. Case report data are either abstracted from medical records by health departments or reported from

laboratories, physicians, and other care providers to health departments who compile the information and report data to CDC for inclusion in the national database. Since 1993, these data have been maintained and reported through the HIV/AIDS reporting system (HARS) software. In 2010, the new enhanced electronic HIV/AIDS reporting system (eHARS) will be fully deployed. The revisions requested include additional data elements for eHARS that will allow better tracking of documents and flow of previously approved currently collected surveillance data. In addition, we are requesting approval of a revised data collection form for enhanced perinatal surveillance (EPS) including non-substantial changes aimed at improving the format and usability of the EPS form.

The data CDC collects through the national HIV surveillance system provide the sole source of comprehensive, complete national HIV statistics collected in a timely and standardized manner. Continued data collection will benefit the public by providing accurate and reliable information on the extent and distribution of the HIV epidemic in the United States to be used to guide local and national HIV prevention and control efforts and guide distribution of resources for HIV treatment and care. The total estimated annual burden hours are 51,311.

#### Estimated Annualized Burden Hours

#### EXHIBIT 12.A—ESTIMATES OF ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Health Departments .....	Adult HIV/AIDS Case Report .....	59	1,839	20/60
Health Departments .....	Pediatric HIV/AIDS Case Report .....	59	8	20/60
Health Departments .....	Case Report Updates .....	59	97	5/60
Health Departments .....	Incidence .....	25	2,437	10/60
Health Departments .....	VARHS .....	11	2,019	5/60
Health Departments .....	EPS .....	15	167	1

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**Marilyn S. Radke,**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-304/304a, CMS-1515/1572, CMS-10291, CMS-10292, CMS-588 and CMS-R-232]

#### 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*: Extension without change of a currently approved collection; *Title of Information Collection*: Reconciliation of State Invoice and Prior Quarter Adjustment Statement; *Use*: Section 1927 of the Social Security Act requires drug manufacturers to enter into and have in effect a rebate agreement with CMS in order for States to receive funding for drugs dispensed to Medicaid recipients. Drug manufacturers must complete and submit to States the 304 form (the Reconciliation of State Invoice Form) to explain any rebate payment adjustments for the current quarter, and complete and submit the 304A form (the Prior Quarter Adjustment Statement Form) to States to explain rebate payment adjustments to any prior quarters. Both forms are used to reconcile drug rebate payments made by manufacturers with the State invoices of rebates due. *Form Number*: CMS-304/304a (OMB#: 0938-0676); *Frequency*: Reporting—Quarterly; *Affected Public*: Private Sector: Business or other for profits; *Number of Respondents*: 570; *Total Annual Responses*: 3820; *Total Annual Hours*: 141,080. (For policy questions regarding this collection contact Cindy Bergin at 410-786-1176. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request*: Extension without change of a currently approved collection; *Title of Information Collection*: Home Health Agency Survey and Deficiencies Report, Home Health Functional Assessment Instrument and Supporting Regulations in 42 CFR 488.26 and 442.30. *Use*: In order to participate in the Medicare Program as a Home Health Agency (HHA) provider, the HHA must meet Federal Standards. These forms are used to record information and patients' health and provider compliance with requirements and to report the information to the Federal Government; *Form Number*: CMS-1515/1572 (OMB#: 0938-0355); *Frequency*: Reporting—Yearly; *Affected Public*: Health Care Services; *Number of Respondents*: 10,078; *Total Annual Responses*: 5,614; *Total Annual Hours*: 9,821. (For policy questions regarding this collection contact Patricia Sevast at 410-786-8135. 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*: Dental Provider and Benefit Information Posted on Insure Kids Now! Website; *Form Number*: CMS-10291 (OMB#: 0938-1065); *Use*: Section 501 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) requires the Secretary to work with States, pediatric dentists, and other dental providers to include on the Insure Kids Now (IKN) website, a "current and accurate list of all dentists and providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP. Section 501 of CHIPRA also requires the Secretary to ensure the list is updated at least quarterly and includes the description of the dental services provided under Medicaid or CHIP and whether the services are provided through a State plan or waiver. The Secretary shall also post on the IKN website State specific information on available dental benefits. This information collection requirement will allow States to collect the information on the dental providers and dental benefits in accordance with CHIPRA. *Frequency*: Yearly and Quarterly; *Affected Public*: State, Tribal and Local governments; *Number of Respondents*: 51; *Total Annual Responses*: 255; *Total Annual Hours*: 9,180. (For policy questions regarding this collection contact Nancy Goetschius at 410-786-0707. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request*: New Collection; *Title of Information Collection*: State Medicaid HIT Plan and Templates for Implementation of Section 4201 of ARRA; *Form Number*: CMS-10292 (OMB#: 0938-NEW); *Use*: This information is being requested in order that States can submit documentation to CMS for review and approval in order that States can implement the Medicaid program and draw down Federal financial participation. The American Reinvestment and Recovery Act of 2009 (ARRA) provides States with the flexibility to request funds to develop a health information technology vision and road to get to the ultimate goal of meaningful use of certified electronic health records technology. We will be sending State Medicaid Directors letters and templates for the State Medicaid Hit Plan (SMHP), the Planning Advance Planning Document (PAPD) and the Implementation Advance Planning Document (IAPD) to States in an effort

to request these changes if they so choose to make the process as simple as possible. *Frequency*: Yearly, once and/or occasionally; *Affected Public*: State, Tribal and Local governments; *Number of Respondents*: 56; *Total Annual Responses*: 56; *Total Annual Hours*: 280. (For policy questions regarding this collection contact Donna Schmidt at 410-786-5532. For all other issues call 410-786-1326.)

5. *Type of Information Collection Request*: Reinstatement without change of a previously approved collection; *Title of Information Collection*: Electronic Funds Transfer Authorization Agreement; *Use*: Section 1815(a) of the Social Security Act provides the authority for the Secretary of Health and Human Services to pay providers/suppliers of Medicare services at such time or times as the Secretary determines appropriate (but no less frequently than monthly). Under Medicare, CMS, acting for the Secretary, contracts with Fiscal Intermediaries and Carriers to pay claims submitted by providers/suppliers who furnish services to Medicare beneficiaries. Under CMS' payment policy, Medicare providers/suppliers have the option of receiving payments electronically. Form number CMS-588 authorizes the use of electronic fund transfers (EFTs). *Form Number*: CMS-588 (OMB#: 0938-0626); *Frequency*: Reporting—On occasion; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 100,000; *Total Annual Responses*: 100,000; *Total Annual Hours*: 100,000. (For policy questions regarding this collection contact Kim McPhillips at 410-786-5374. For all other issues call 410-786-1326.)

6. *Type of Information Collection Request*: Reinstatement without change of a currently approved collection; *Title of Information Collection*: Medicare Integrity Program Organizational Conflict of Interest Disclosure Certificate and Supporting Regulations at 42 CFR 421.300-421.316; *Use*: Section 1893(d)(1) of the Social Security Act requires CMS to establish a process for identifying, evaluating, and resolving conflicts of interest. CMS proposed a process in Section 421.310 to mandate submission of pertinent information regarding conflicts of interest. The entities providing the information will be organizations that have been awarded, or seek award of, a Medicare Integrity Program contract. CMS needs this information to assess whether contractors who perform, or who seek to perform, Medicare Integrity Program functions, such as medical review, fraud review or cost audits, have

organizational conflicts of interest and whether any conflicts have been resolved. *Form Number:* CMS-R-232 (OMB#: 0938-0723); *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 11; *Total Annual Responses:* 44; *Total Annual Hours:* 2,200. (For policy questions regarding this collection contact Joe Strazzire at 410-786-2775. 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 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.

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 *December 30, 2009*.

OMB, Office of Information and Regulatory Affairs, *Attention:* CMS Desk Officer, *Fax Number:* (202) 395-6974, *E-mail:* [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: November 20, 2009.

**Michelle Shortt,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Child Care and Development Fund Financial Report (ACF 696) for States and Territories.

*OMB No.:* 0970-0163.

*Description:* States and Territories use the Financial Report Form ACF-696 to report Child Care and Development Fund (CCDF) expenditures. Authority to collect and report this information is found in section 658G of the Child Care and Development Block Grant Act of 1990, as revised. In addition to the Program Reporting Requirements set forth in 45 CFR Part 98, Subpart H, the regulations at 45 CFR 98.65(g) and 98.67(c)(1) authorize the Secretary to require financial reports as necessary.

The form provides specific data regarding claims and provides a mechanism for States to request Child Care grant awards and to certify the availability of State matching funds. Failure to collect this data would seriously compromise ACF's ability to monitor Child Care and Development Fund expenditures. This information is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress.

The American Recovery and Reinvestment Act (ARRA) of 2009, (Pub. L. 111-5) provides an additional \$2 billion for the Child Care and Development Fund to help States,

Territories, and Tribes provide child care assistance to low income working families. CCDF Program Instruction (CCDF-ACF-PI-2009-03) provided guidance on ARRA spending requirements.

Section 1512 of the ARRA legislation requires recipients to report quarterly spending and performance data on the public website, "Recovery.gov". Federal agencies are required to collect ARRA expenditure data and performance data and these data must be clearly distinguishable from the regular CCDF (non-ARRA) funds. To ensure transparency and accountability, the ARRA authorizes Federal agencies and grantees to track and report separately on expenditures from funds made available by the stimulus bill. Office of Management and Budget (OMB) guidance implementing the ARRA legislation indicates that agencies requiring additional information for oversight should rely on existing authorities and reflect these requirements in their award terms and conditions as necessary, following existing procedures. Therefore, to capture ARRA expenditures, the ACF-696 has been modified (by the addition of a column) for reporting ARRA expenditure data. In addition, a new data element will ask States and Territories to estimate the number of child service months funded with ARRA dollars. The collection will not duplicate other information.

*Respondents:* States and Territories.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-696 .....	56	4	5	1,120

Estimated Total Annual Burden Hours: 1,120

#### Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 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. *E-mail address:* [infocollection@acf.hhs.gov](mailto: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,

*Fax:* 202-395-7245,

*Attn:* Desk Officer for the Administration for Children and Families.

Dated: November 24, 2009.

**Robert Sargis,**

*Reports Clearance Officer.*

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