

as oversees beneficiary services and tribal affairs, including CMS' Ombudsman program, partner and provider relations, and program training. Coordinates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements.

- Oversees all CMS interactions and collaboration with stakeholders relating to beneficiary services including but not limited to external advocacy groups, Medicare beneficiary customer service, Native American and Alaskan Native tribes, HHS, the White House, other CMS components, and other Federal government entities.

- Liaison between CMS and AI/AN communities including tribal leaders, health providers, beneficiaries and other Federal Agencies in regards to AI/AN health and CMS programs.

- Oversees all CMS interactions and collaborations with key stakeholders (external advocacy groups, contractors, local and State governments, HHS, the White House, other CMS components, and other Federal entities) related to the Medicare and Medicaid and other Agency programs.

- Coordinates stakeholder relations, community outreach, and public engagement with the CMS Regional Offices.

- Directs and administers CMS' programs for emergency preparedness and continuity of operations. Provides direction for all essential on-site services for Central Office and consultation and direction to Consortia/Regional Offices with respect to these programs.

Office of Communications (FCT)

- Serves as CMS' focal point for strategic and tactical communications—internal and external—providing leadership for CMS in the areas of traditional and new media, including Web initiatives such as social media supported by innovative, increasingly mobile technologies; media relations; public information campaigns; and speechwriting.

- Serves as CMS' focal point in all activities related to the media. Provides consultation, advice, and training to CMS' senior staff with respect to relations with the news media.

- Coordinates with external partners including the Department of Health and Human Services (HHS) and the White House on key communication and public engagement initiatives, leveraging CMS resources to strategically support these activities.

- Contributes to the formulation of policies, programs, and systems as related to strategic and tactical communications.

- Coordinates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements.

- Oversees communications research, design and development, evaluation and continuous improvement activities to improving internal and external communication tools, including but not limited to brochures, public information campaigns, handbooks, Web sites, reports, presentations/briefings.

- Identifies communication best practices for the benefit of CMS beneficiaries (i.e., of the Medicare and Medicaid programs) and other CMS customers.

- Contributes to the formulation of policies, programs, and systems as well as oversees beneficiary services provided by the beneficiary call centers. Serves as CMS' focal point for telephone services to beneficiaries, and provides leadership for CMS in the area of call center operations.

(Authority: 44 U.S.C. 3101)

Dated: March 27, 2011.

Marilyn Tavenner,

Principal Deputy Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-9439 Filed 4-18-11; 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: Computerized Support Enforcement Systems.

OMB No.: 0980-0271.

Description: The information being collected is mandated by Section 454(16) of the Social Security Act which provides for the establishment and operation by the State agency, in accordance with an initial and annually updated advance automated data processing planning document (APD) approved under section 452(d) of the title, of a statewide automated data processing and information retrieval system. The system must meet the requirements of section 454A.

In addition, Section 454A(e)(1) requires that States create a State Case Registry (SCR) within their statewide automated child support systems, to include information on IV-D cases and non-IV-D orders established or modified in the State on or after October 1, 1998. Section 454A(e)(5) requires States to regularly update their cases in the SCR. The data being collected for the APD are a combination of narrative, budgets and schedules which are used to provide funding approvals on an annual basis and to monitor and oversee system development. Child support has separated regulations under 45 CFR 307.15 related to submittal of APDs supplemental authority for enhanced funding system development and substantial penalties for non-compliance with the statutory deadline of October 1, 2000. The information collection requirements for the development and maintenance of child support enforcement automated systems are addressed in 45 CFR Part 95 and the information collection.

Respondents: Courts and State Child Support Agencies

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
307.15(b)(1)(IV&V) ongoing	1	4	10	40
307.5(b)(1)(IV&V) semi-annual	7	25	16	224
Collection of non-IV-D data for SCR: Courts	3,045	412	0.03	37,636.20
States: Transmission to the FCR	54	200,000	0.29	3,132,000
Collection of Child Data for IV-D cases for SCR: Courts	3,045	196	0.03	17,904.60

Estimated Total Annual Burden Hours: 3,187,804.80.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, 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.

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: 202-395-7285, E-mail:

OIRA SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2011-9423 Filed 4-18-11; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: University Centers for Excellence in Developmental

Disabilities Education, Research, and Service—Annual Report.

OMB No.: 0970-0289.

Description: Section 104 (42 U.S.C. 15004) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act of 2000) directs the Secretary of Health and Human Services to develop and implement a system of program accountability to monitor the grantees funded under the DD Act of 2000. The program accountability system shall include the National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs) authorized under Part D of the DD Act of 2000. In addition to the accountability system, Section 154(e) (42 U.S.C. 15064) of the DD Act of 2000 includes requirements for a UCEDD Annual Report.

Respondents: University Centers.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
UCEDD Annual Report Template	67	1	500	33,500

Estimated Total Annual Burden Hours: 33,500.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. E-mail address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use

of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2011-9393 Filed 4-18-11; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2010-N-0407]

Ivyl W. Wells: Debarment Order

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is issuing an order under the Federal Food, Drug, and Cosmetic Act (the FD&C Act) permanently debarring Ivyl W. Wells, MD from providing services in any capacity to a person that has an approved or pending drug product application. FDA bases this order on a finding that Dr. Wells was convicted of multiple felonies under Federal law for conduct relating to the regulation of a

drug product under the FD&C Act. Dr. Wells was given notice of the proposed permanent debarment and an opportunity to request a hearing within the timeframe prescribed by regulation. Dr. Wells failed to respond. Dr. Wells' failure to respond constitutes a waiver of his right to a hearing concerning this action.

DATES: This order is effective April 19, 2011.

ADDRESSES: Submit applications for special termination of debarment to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Kenny Shade, Office of Regulatory Affairs (HFC-230), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-796-4640.

SUPPLEMENTARY INFORMATION:

I. Background

Section 306(a)(2)(B) of the FD&C Act (21 U.S.C. 335a(a)(2)(B)) requires debarment of an individual if FDA finds that the individual has been convicted of a felony under Federal law for conduct otherwise relating to the regulation of any drug product under the FD&C Act.

On July 12, 2006, Dr. Wells pleaded guilty to, among other things, mail fraud