

Dated: May 25, 2011.

Michelle Shortt,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1587-N]

Medicare Program; Notification of Closure of St. Vincent's Medical Center

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the closure of St. Vincent's Medical Center and the initiation of an application process for hospitals to apply to the Centers for Medicare & Medicaid Services (CMS) to receive St. Vincent's Medical Center's full time equivalent (FTE) resident cap slots.

DATES: We will consider applications received no later than 5 p.m. (e.s.t) September 28, 2011 Applications must be received, not postmarked, by this date.

FOR FURTHER INFORMATION CONTACT: Renate Dombrowski, (410) 786-4645.

SUPPLEMENTARY INFORMATION:

I. Background

Section 5506 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively, the "Affordable Care Act"), "Preservation of Resident Cap Positions from Closed Hospitals," authorizes the Secretary to redistribute residency slots after a hospital that trained residents in an approved medical residency program(s) closes. Specifically, section 5506 of the Affordable Care Act, amended the Social Security Act (the Act), by adding subsection (vi) to section 1886(h)(4)(H) of the Act and modifying language at section 1886(d)(5)(B)(v) of the Act, to instruct the Secretary to establish a process to increase the full time equivalent (FTE) resident caps for other hospitals based upon the FTE resident caps in teaching hospitals that closed "on or after a date that is 2 years before the date of enactment" (that is, March 23, 2008). In the November 24, 2010 CY 2011 Outpatient Prospective Payment System (OPPS) final rule (75 FR 72212),

we established regulations and an application process for qualifying hospitals to apply to CMS to receive direct graduate medical education (GME) and indirect medical education (IME) FTE resident cap slots from the hospital that closed. The procedures we established apply both to teaching hospitals that closed on or after March 23, 2008 and on or before August 3, 2010 and to teaching hospitals that closed after August 3, 2010. For teaching hospitals that closed on or after March 23, 2008 and on or before August 3, 2010, we established an application deadline of April 1, 2011, for a hospital to request cap slots from the closed hospital(s). We also stated in the November 24, 2010 FY 2011 OPPS final rule that hospitals that close at any point after August 3, 2010 will fall into the second category of applications, for which we will provide a separate notice with a future application deadline (75 FR 72215).

II. Provisions of the Notice

CMS has learned of the closure of another teaching hospital that occurred after August 3, 2010. The purpose of this notice is to notify the public of the closure of St. Vincent's Medical Center, provider number 33-0290, in New York City. The hospital's direct GME FTE resident cap is 321.11 and the IME FTE resident cap is 295.86. St. Vincent's Medical Center was located in core-based statistical area (CBSA) 35644. The official date of the termination of the Medicare provider agreement, and therefore, the date of the closure, is October 31, 2010.

In the November 24, 2010 CY 2011 OPPS final rule, we stated that the application deadline for future hospital closures would be 4 months following the issuance of that notice to the public (75 FR 72215). Therefore, hospitals wishing to apply for and receive slots from St. Vincent's Medical Center's FTE resident caps must submit applications to the CMS New York Regional Office and to the CMS Central Office no later than September 28, 2011. Applications must be received, not postmarked, by this date.

We refer readers to http://www.cms.gov/AcuteInpatientPPS/06_dgme.asp#TopOfPage to download a copy of the CMS Evaluation Form 5506, which is the 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 Web site to access a copy of the CY 2011 OPPS November 24, 2010 final rule, 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, as provided by section 5506 of the Affordable Care Act. The mailing addresses for the CMS New York Regional Office and to the CMS Central Office are included in this application form.

In the November 24, 2010 CY 2011 OPPS final rule, 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 September 28, 2011 deadline and notify applicants of our determinations as soon as possible.

III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

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

Dated: May 19, 2011.

Donald M. Berwick,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-13478 Filed 5-27-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Measurement Development: Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT).

OMB No.: New collection.

Description: The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to develop a new observation measure to assess the quality of child care settings, specifically the quality of caregiver-child interaction for infants and toddlers in nonparental care. The measure will be appropriate for use across child care settings, center-based and family child care settings as well as single- and mixed-age classrooms.

The two-year data collection activity will include two phases: (1) A pilot test and (2) a psychometric field test. We will request information about the child care setting, its classrooms and families for recruitment into the study. Information will be collected through observations, focus groups, and questionnaires.

In the pilot and field tests, the new Q-CCIIT observation measure will include observing a small group activity structured with a common task and asking follow-up observation questions. Caregivers observed will also complete a background questionnaire. Focus

groups to obtain stakeholder input on caregiver-child interactions will be conducted separately with parents, caregivers, and training and technical assistance providers. Focus group participants will also complete a demographic questionnaire. Parents of children served by caregivers will complete a questionnaire on their child's competencies related to cognitive, language/communication, and social-emotional development. Parents will complete this questionnaire, which will also include family and child characteristics, once in

the pilot test and twice in the field test, at the start of the field test and 6 months later to assess growth.

The purpose of this data collection is to support the 2007 reauthorization of the Head Start program (Pub. L. 110-134), which calls for periodic assessments of Head Start's quality and effectiveness.

Respondents: Child care setting representatives (directors or owners), caregivers (center-based and family child care settings), parents of children in those child care settings, and training and technical assistance providers.

ANNUAL BURDEN ESTIMATES

| Instrument | Annual number of respondents | Number of responses per respondent | Average burden hour per response | Estimated annual burden hours |
|---|------------------------------|------------------------------------|----------------------------------|-------------------------------|
| 1. Child care setting recruitment form | 190 | 1 | 0.5 | 95 |
| 2. Q-CCIIT measure-small group activity and follow-up | 290 | 1 | 0.25 | 73 |
| 3. Caregiver background questionnaire | 520 | 1 | 0.25 | 130 |
| 4. Focus group interview guide | 20 | 1 | 1.90 | 38 |
| 5. Parent focus group demographic questionnaire | 10 | 1 | 0.10 | 1 |
| 6. Caregiver focus group demographic questionnaire | 5 | 1 | 0.10 | 1 |
| 7. Training and technical assistance provider focus group demographic questionnaire | 5 | 1 | 0.10 | 1 |
| 8. Parent-report child competence questionnaire | 880 | 2 | 0.75 | 1,320 |

Estimated Total Annual Burden Hours: 1,659.

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:* OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. *E-mail address:* OPREinfocollection@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:* 202-395-6974, *Attn:* Desk Officer for the Administration for Children and Families.

Robert Sargis,

OPRE Reports Clearance Officer.

[FR Doc. 2011-13300 Filed 5-27-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

President's Committee for People With Intellectual Disabilities; Notice of Correction of Room for Meeting

AGENCY: President's Committee for People with Intellectual Disabilities (PCPID).

ACTION: Notice of correction of room for meeting.

DATES: Thursday, June 16, 2011, from 9:30 a.m. to 4 p.m. E.S.T.; and Friday, June 17, 2011, from 9 a.m. to 5 p.m. E.S.T. The meeting will be open to the public.

ADDRESSES: The meeting will be held in Conference Room 505-A of the Hubert H. Humphrey Building, U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Washington, DC 20201. Individuals who would like to participate via conference call may do so by dialing 888-323-9869, *pass code:* PCPID. Individuals who will need accommodations for a disability in order to attend the meeting (e.g., sign language interpreting services, assistive listening devices, materials in alternative format such as large print or Braille) should

notify Genevieve Swift, PCPID Executive Administrative Assistant, via e-mail at Edith.Swift@acf.hhs.gov, or via telephone at 202-619-0634, no later than June 10, 2011. PCPID will attempt to meet requests for accommodations made after that date, but cannot guarantee ability to grant requests received after this deadline. All meeting sites are barrier free.

Agenda: PCPID will meet to swear-in the new members of the Committee and set the agenda for the coming year.

Additional Information: For further information, please contact Laverdia Taylor Roach, Director, President's Committee for People with Intellectual Disabilities, The Aerospace Center, Second Floor West, 370 L'Enfant Promenade, SW., Washington, DC 20447. *Telephone:* 202-619-0634. *Fax:* 202-205-9519. *E-mail:* LRoach@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: PCPID acts in an advisory capacity to the President and the Secretary of Health and Human Services, through the Administration on Developmental Disabilities, on a broad range of topics relating to programs, services and supports for persons with intellectual disabilities. The PCPID Executive Order stipulates that the Committee shall: (1) Provide such advice concerning intellectual disabilities as the President or the Secretary of Health and Human