

providers. The use of this standard improves the Medicare and Medicaid programs, other Federal health programs and private health programs, by simplifying the administration of the system and enabling the efficient electronic transmission of certain health information; *Frequency*: Other—one-time; *Affected Public*: Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents*: 2,550,000; *Total Annual Responses*: 2,550,000; *Total Annual Hours*: 1.

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/pr/>, 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 to the address below: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: William N. Parham, III, PRA Analyst, Room C5-13-27, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 2, 2005.

**Michelle Shortt,**

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

[FR Doc. 05-9642 Filed 5-19-05; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-37]

**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:** Revision of a currently approved collection; **Title of Information Collection:** Medicaid Program Budget Report; **Form Nos.:** CMS-37 (OMB # 0938-0101); **Use:** The Medicaid Program Budget Report is prepared by the State Medicaid Agencies and is used by the Centers for Medicare & Medicaid Services (CMS) for (1) developing National Medicaid Budget estimates, (2) qualification of Budget Estimate Changes, and (3) the issuance of quarterly Medicaid Grant Awards. The structure of the currently approved CMS-37 was revised based on CMS experience with budget information provided by the States. (Note: Details are outlined in the Addendum which can be found on the CMS Web site address below.) **Frequency:** Quarterly; **Affected Public:** State, Local or Tribal Government; **Number of Respondents:** 56; **Total Annual Responses:** 224; **Total Annual Hours:** 7,616.

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/pr/>, 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 to 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: May 12, 2005.

**Michelle Shortt,**

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

[FR Doc. 05-10054 Filed 5-19-05; 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:** LIHEAP Quarterly Allocation Estimates Form ACF-535.

**OMB No.:** 0970-0037

**Description:** The Low Income Home Energy Assistance Program (LIHEAP) Quarterly Allocation Estimates Form-535 is a one-page form that is sent to 50 State grantees and to the District of Columbia. It is also sent to Tribal Government grantees that receive over \$1 million annually for LIHEAP. Grantees are asked to complete and submit the form in the 4th quarter of each fiscal year. The data collected on the form are grantees' estimates of obligations they expect to make each quarter of the upcoming fiscal year for the LIHEAP program. This is the only method used to request anticipated distributions of the grantee's LIHEAP funds. The information is used to develop apportionment requests to OMB and to make grant awards based on grantee anticipated needs. Information collected on this form is not available through any other Federal source. Submission of the form is voluntary.

**Respondents:** 50 States, the District of Columbia and those Tribal governments that receive over \$1 million annually.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-535 .....	55	1	.25	13.75

Estimated Total Annual Burden Hours: 13.75.

*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. E-mail: grjohnson@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, Attn: Desk Officer for ACF. E-mail address: Katherine\_T.\_Astrich@omb.eop.gov.

Dated: May 16, 2005.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 05-10121 Filed 5-19-05; 8:45 am]

**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Employment Retention and Advancement (ERA) Evaluation 42-Month Survey.

*OMB No.:* New Collection.

*Description:* The proposed information collection is for follow-up information within the Employment Retention and Advancement (ERA) Evaluation that is sponsored by the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services.<sup>1</sup> The ERA project is a multi-year evaluation that is designed to study the net impact and cost-benefits of programs designed to help Temporary Assistance for Needy Families (TANF) recipients, former recipients, or families at-risk of needing TANF retain and advance in employment.<sup>2</sup> The ERA Evaluation involves 15 random assignment experiments in eight states, testing a diverse set of strategies. The ERA project will generate rigorous data on the implementation, effects, and costs of these alternative approaches. The data collected as part of the 42-month survey will be used for the purposes described below.

- The survey data will allow for the analysis of ERA programs' impacts on a wider range of outcome measures than is available through welfare or

Unemployment Insurance administrative records in order to more fully understand how individuals were affected by such programs. This will include outcomes such as length of job retention; job quality; educational attainment; household composition; employment barriers (such as child care, health status, and transportation); health insurance coverage; income; wealth, debt, and consumption; hardship (such as food insecurity); and children well-being.

- The data will allow for the conduct of non-experimental analyses to explain participation decisions and provide a descriptive picture of the circumstances of low-wage workers.

- The survey will address participation information important to the evaluation's cost-benefit component.

*Respondents:* The respondents of the 42-month survey are TANF applicants, current and former TANF recipients, or individuals in families at-risk of needing TANF benefits (working poor and hard-to-employ) who are in the research sample in a subset of the 15 programs participating in the ERA Evaluation. Survey participants will be administered a telephone survey approximately 42 months after the date they were enrolled in the research sample and randomly assigned to the treatment or control group. For those individuals who cannot be reached by phone, survey firm staff will attempt to contact them in person. A total of approximately 3,500 participants will complete the survey over a 2-year period (1,750 respondents annually).

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
42-Month Survey .....	1,750	1	30 minutes (or .50 hrs) .....	875.0.

Estimated Total Annual Burden Hours: 875.0.

*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: grjohnson@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, Attn: Desk Officer for ACF. E-mail address:

Katherine\_T.\_Astrich@omb.eop.gov.

Dated: May 16, 2005.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 05-10122 Filed 5-19-05; 8:45 am]

**BILLING CODE 4184-01-M**

<sup>1</sup> The U.S. Department of Labor has also provided funding to support the ERA project.

<sup>2</sup> From the Department of Health and Human Services RFP No.: 105-99-8100.