

*Public:* Business or other for-profit, Not-for-profit institutions, and State, local or tribal governments; *Number of Respondents:* 100,000; *Total Annual Responses:* 100,000; *Total Annual Hours:* 100,000.

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/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.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503. Fax Number: (202) 395-6974.

Dated: July 14, 2006.

**Michelle Shortt,**

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

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**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10179]

#### Agency Information Collection Activities: Proposed Collection; 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) 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:* New Collection; *Title of Information Collection:* Requests by Hospitals for an Alternative Cost-to-Charge Ratio Instead of the Statewide Average Cost-to-Charge Ratio; *Use:* Because of the extensive gaming of outlier payments, CMS implemented new regulations in 42 CFR 412.84(i)(2) for inpatient hospitals and 42 CFR 412.525(a)(4)(ii) and 412.529(c)(5)(ii) for Long Term Care Hospitals (LTCH) to allow a hospital to contact its fiscal intermediaries to request that its cost-to-charge ratio (CCR) (operating and/or capital CCR for inpatient hospitals or the total (combined operating and capital) CCR for LTCHs), otherwise applicable, be changed if the hospital presents substantial evidence that the ratios are inaccurate for inpatient hospitals. Any such requests would have to be approved by the CMS Regional Office with jurisdiction over that FI. *Form Number:* CMS-10179 (OMB#: 0938-NEW); *Frequency:* Reporting—On occasion; *Affected Public:* Individuals or Households and Federal Government; *Number of Respondents:* 18; *Total Annual Responses:* 18; *Total Annual Hours:* 144.

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 at the address below, no later than 5 p.m. on September 19, 2006.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—B, Attention: William N. Parham, III, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: July 14, 2006.

**Michelle Shortt,**

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

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**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Notice of Hearing: Reconsideration of Disapproval of Alaska State Plan Amendment 05-06

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

**ACTION:** Notice of hearing.

**SUMMARY:** This notice announces an administrative hearing to be held on August 29, 2006, at the Blanchard Plaza Building, 2201 Sixth Avenue, 11th Floor Conference Room, Seattle, WA 98121, to reconsider CMS' decision to disapprove Alaska State plan amendment 05-06.

*Closing Date:* Requests to participate in the hearing as a party must be received by the presiding officer by August 7, 2006.

#### FOR FURTHER INFORMATION CONTACT:

Kathleen Scully-Hayes, Presiding Officer, CMS, Lord Baltimore Drive, Mail Stop LB-23-20, Baltimore, Maryland 21244. Telephone: (410) 786-2055.

**SUPPLEMENTARY INFORMATION:** This notice announces an administrative hearing to reconsider CMS' decision to disapprove Alaska State plan amendment (SPA) 05-06, which was submitted on August 1, 2005. This SPA was disapproved on April 21, 2006. Under SPA 05-06, Alaska proposed to add certain school-based behavioral health services under the rehabilitation services benefit.

This amendment was disapproved because it did not comport with the requirements of section 1902(a) of the Social Security Act (the Act) and implementing regulations. Specifically, the following issues will be considered on reconsideration: (1) Whether the State demonstrated that the proposed services would be within the scope of "medical assistance" under the State plan pursuant to section 1902(a)(10) of the Act, as defined at section 1905(a) of the Act; (2) whether the State has assured that there is non-Federal funding as required under section 1902(a)(2) to support expenditures that would be claimed under the State plan as the basis for Federal matching funding in light of financial arrangements that do not appear to result in net expenditures; (3) whether the proposed payment rates meet the requirements of section 1902(a)(30)(A) of the Act to be consistent with efficiency, economy, and quality of care, in light of financial arrangements under which the providers do not retain