

be submitted by e-mail to  
OCAS@CDC.GOV.

**John Howard,**

Director, National Institute for Occupational  
Safety and Health.

[FR Doc. E9-26162 Filed 10-29-09; 8:45 am]

BILLING CODE 4160-17-P

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Designation of a Class of Employees  
for Addition to the Special Exposure  
Cohort**

**AGENCY:** National Institute for  
Occupational Safety and Health  
(NIOSH), Department of Health and  
Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** HHS gives notice of a  
decision to designate a class of  
employees at the Lake Ontario  
Ordnance Works, Niagara Falls, New  
York, as an addition to the Special  
Exposure Cohort (SEC) under the Energy  
Employees Occupational Illness  
Compensation Program Act of 2000. On  
September 29, 2009, the Secretary of  
HHS designated the following class of  
employees as an addition to the SEC:

All employees of the DOE, its predecessor  
agencies, and their contractors and  
subcontractors who worked at Lake Ontario  
Ordnance Works in Niagara Falls, New York  
from January 1, 1944 through December 31,  
1953, for a number of work days aggregating  
at least 250 work days, occurring either  
solely under this employment, or in  
combination with work days within the  
parameters established for one or more other  
classes of employees in the SEC.

This designation will become  
effective on October 29, 2009, unless  
Congress provides otherwise prior to the  
effective date. After this effective date,  
HHS will publish a notice in the  
**Federal Register** reporting the addition  
of this class to the SEC or the result of  
any provision by Congress regarding the  
decision by HHS to add the class to the  
SEC.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of  
Compensation Analysis and Support,  
National Institute for Occupational  
Safety and Health (NIOSH), 4676  
Columbia Parkway, MS C-46,  
Cincinnati, OH 45226, Telephone 513-  
533-6800 (this is not a toll-free  
number). Information requests can also

be submitted by e-mail to  
OCAS@CDC.GOV.

**John Howard,**

Director, National Institute for Occupational  
Safety and Health.

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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Centers for Medicare & Medicaid  
Services**

[Document Identifier CMS-319, CMS-301,  
CMS-1957 and CMS-317]

**Agency Information Collection  
Activities: Submission for OMB  
Review; 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), 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:* Revision of the currently  
approved collection; *Title of*  
*Information Collection:* State Medicaid  
Eligibility Quality Control (MEQC)  
Sample Selection Lists and Supporting  
Regulations in 42 CFR 431.800-431.865;  
*Use:* State Medicaid Eligibility Quality  
Control (MEQC) is operated by the State  
Title XIX agency to monitor and  
improve the administration of its  
Medicaid system. The MEQC system is  
based on State reviews of Medicaid  
beneficiaries identified through  
statistically reliable statewide samples  
of cases selected from the eligibility  
files. These reviews are conducted to  
determine whether or not the sampled  
cases meet applicable State Title XIX  
eligibility requirements by States  
performing the traditional sample

process. The reviews are also used to  
assess beneficiary liability, if any, and to  
determine the amounts paid to provide  
Medicaid services for these cases. At the  
beginning of each month, State agencies  
still performing the traditional sample  
are required to submit sample selection  
lists which identify all of the cases  
selected for review in the States'  
samples. The sample selection lists  
contain identifying information on  
Medicaid beneficiaries such as: State  
agency review number; beneficiary's  
name and address; the name of the  
county where beneficiary resides;  
Medicaid case number, etc. The  
submission of the sample selection lists is  
necessary for regional office (RO)  
validation of State reviews. Without  
these lists, the integrity of the sampling  
results would be suspect and the ROs  
would have no data on the adequacy of  
the States' monthly sample draw or  
review completion status.; *Form*  
*Number:* CMS-319 (OMB#: 0938-0147);  
*Frequency:* Reporting—Monthly;  
*Affected Public:* State, Local or Tribal  
governments; *Number of Respondents:*  
10; *Total Annual Responses:* 120; *Total*  
*Annual Hours:* 960. (For policy  
questions regarding this collection  
contact Jessica Woodard 410-786-9249.  
For all other issues call 410-786-1326.)

2. *Type of Information Collection*  
*Request:* Revision of a currently  
approved collection; *Title of*  
*Information Collection:* Certification of  
Medicaid Eligibility Quality Control  
Payment Error Rates and Supporting  
Regulations Contained in 42 CFR  
431.816; *Use:* Under the MEQC  
program, States can operate the  
traditional MEQC sample-and-review  
program or States can elect to study  
targeted areas of eligibility or program  
administration that are error-prone or  
that will help to prevent or reduce  
erroneous or misspent funds. These  
alternative MEQC programs are called  
MEQC pilots. Some States operate  
alternative MEQC programs as part of  
their research and demonstration  
waivers under Section 1115 of the  
Social Security Act. The majority of  
States operate some form of alternative  
MEQC program. However, since the  
number of States that conduct  
traditional MEQC programs and  
alternative MEQC programs can  
fluctuate at any time, we have assessed  
the burden and costs associated with  
submitting the Payment Error Rate form  
as if all States were reporting this  
information.

State agencies are required to submit  
the Payment Error Rate form to their  
respective CMS Regional Offices.  
Regional Office staff will review these  
forms for completeness and will forward

these forms to the Central Office for compilation of error rate charts for projected quarterly withholdings and/or fiscal disallowances. The collection of information is also necessary to implement provisions from the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3) with regard to the Medicaid Eligibility Quality Control (MEQC) and Payment Error Rate Measurement (PERM) programs. *Form Number:* CMS-301 (OMB#: 0938-0246); *Frequency:* Reporting and Recordkeeping—Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 102; *Total Annual Hours:* 16,446. (For policy questions regarding this collection contact Jessica Woodard 410-786-9249. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Reinstatement without change of a previously approved collection; *Title of Information Collection:* SSO Report of State Buy-in Problem and Supporting Regulations in 42 CFR 407.40; *Use:* Under the State Buy-In program, States enroll certain groups of needy people under the Part B Supplementary Medical Insurance (SMI) Program and pay their premiums. The purpose of the "buy-in" is to allow the States to provide SMI protection to certain groups of needy individuals as part of its total assistance plan. Generally, States "buy-in" for individuals who are categorically needy under Medicaid and meet the eligibility requirements for Medicare Part B. States can also include in their buy-in agreement those eligible for medical assistance only. The CMS-1957 is used in the resolution of beneficiary complaints regarding State buy-in. This form facilitates the coordination of efforts between the SSO, State Medicaid Agencies, and CMS in the resolution of a beneficiary's State buy-in problem.; *Form Number:* CMS-1957 (OMB#: 0938-0035); *Frequency:* Reporting—On occasion; *Affected Public:* Federal government, Individuals or Households, and State, Local, and Tribal governments; *Number of Respondents:* 5,600; *Total Annual Responses:* 5,600; *Total Annual Hours:* 1,816. (For policy questions regarding this collection contact Lucia Diaz-Robinson 410-786-0598. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Medicaid Eligibility Quality Control Sampling Plan and Supporting Regulations in 42 CFR 431.800-431.865; *Use:* The

Medicaid Eligibility Quality Control (MEQC) System is operated by the State Title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on monthly State reviews of Medicaid cases by States performing the traditional sampling process identified through statistically reliable statewide samples of cases selected from the eligibility files. These reviews are conducted to determine whether or not the sampled cases meet applicable State Title XIX eligibility requirements. The reviews are also used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases.; *Form Number:* CMS-317 (OMB#: 0938-0146); *Frequency:* Recordkeeping and Reporting—Semi-annually; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 10; *Total Annual Responses:* 20; *Total Annual Hours:* 480. (For policy questions regarding this collection contact Jessica Woodard 410-786-9249. 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 November 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: October 23, 2009.

**Michelle Shortt,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

*Comments are invited on:* (a) Whether the proposed collections of information are 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) ways to enhance 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.

#### Proposed Project: Pretesting of Substance Abuse Prevention and Treatment and Mental Health Services Communication Messages—(OMB No. 0930-0196)—Extension

As the Federal agency responsible for developing and disseminating authoritative knowledge about substance abuse prevention, addiction treatment, and mental health services and for mobilizing consumer support and increasing public understanding to overcome the stigma attached to addiction and mental illness, the Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for development and dissemination of a wide range of education and information materials for both the general public and the professional communities. This submission is for generic approval and will provide for formative and qualitative evaluation activities to (1) assess audience knowledge, attitudes, behavior and other characteristics for the planning and development of messages, communication strategies and