

Dated: January 27, 2010.

Maryam I. Daneshvar,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-2275 Filed 2-2-10; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Protection and Advocacy for Individuals With Mental Illness (PAIMI) Final Rule, 42 CFR Part 51 (OMB No. 0930-0172)—Extension

These regulations meet the directive under 42 U.S.C. 10826(b) requiring the Secretary to promulgate final regulations to carry out the PAIMI Act. The regulations contain information collection requirements. The Act authorizes funds to support activities on behalf of individuals with significant (severe) mental illness (adults) or emotional impairment (children/youth) [42 U.S.C. 10802(4)]. Only entities that are designated by the governors of each State, the District of Columbia (Mayor), five (5) jurisdictions (American Samoa, Guam, the Commonwealth of the

Northern Mariana Islands, The Commonwealth of Puerto Rico, and the U.S. Virgin Islands), and the American Indian Consortium (the Tribal Councils of the Hopi and Navajo Nations in the Southwest) to protect and advocate the rights of persons with developmental disabilities under Title I, Subtitle C—Protection and Advocacy of Individual Rights of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 [42 U.S.C. 150041 *et seq.*], are eligible to receive PAIMI Program grants [42 U.S.C. 10802 (2)]. These grants are based on a formula prescribed by the Secretary [42 U.S.C. at 10822(a)(1)(A)].

On January 1, each eligible State protection and advocacy (P&A) system is required to prepare a report that describes its activities, accomplishments, and expenditures to protect the rights of individuals with mental illness supported with payments from PAIMI Program allotments during the most recently completed fiscal year. The PAIMI Act at 42 U.S.C. 10824(a) requires that each P&A system transmit a copy of its annual report to the Secretary (via SAMHSA/CMHS) and to the State Mental Health Agency where the system is located. These annual PAIMI Program Performance Reports (PPR) to the Secretary must include the following information:

- The number of (PAIMI-eligible) individuals with mental illness served;
- A description of the types of activities undertaken;
- A description of the types of facilities providing care or treatment to which such activities are undertaken;
- A description of the manner in which the activities are initiated;
- A description of the accomplishments resulting from such activities;

- A description of systems to protect and advocate the rights of individuals with mental illness supported with payments from PAIMI Program allotments;

- A description of activities conducted by States to protect and advocate such rights;
- A description of mechanisms established by residential facilities for individuals with mental illness to protect such rights;
- A description of the coordination among such systems, activities and mechanisms;
- Specification of the number systems that are public and nonprofit systems established with PAIMI Program allotments;
- Recommendations for activities and services to improve the protection and advocacy of the rights of individuals with mental illness and a description of the need for such activities and services that were not met by the State P&A systems established under the PAIMI Act due to resource or annual program priority limitations.

** [The PAIMI Rules [42 CFR 51.32(b)] state that P&A systems may place restrictions on case or client acceptance criteria developed as part of its annual PAIMI priorities. Each P&A system is required to inform prospective clients of any such restrictions when he/she requests a service].

This PAIMI PPR summary must include a separate section, prepared by the PAIMI Advisory Council (PAC) that describes the council's activities and its assessment of the operations of the State P&A system [42 U.S.C. 10805(7)].

The estimated annual burden under the PAIMI Final Rule is summarized below:

42 CFR citation	Number of respondents	Responses per respondent	Burden/response (hrs.)	Total hour burden
* 51.8(a)(2) Program Performance Report	57	1	26	(1482)
* 51.8(8)(a)(8) Advisory Council Report	57	1	10	(570)
51.10 Remedial Actions:				
Corrective Action Plan	7	1	8	56
Implementation Status Reports	7	3	2	42
51.23(c) Reports, materials and fiscal data provided to the PAC	57	1	1	57
51.25(b)(3) Grievance Procedure	57	1	0.5	29
† 51.43 Written denial of access by P&A system				
Total	57			184

* Responses and burden hours associated with these reports were approved under OMB Control No. 0930-0169.

Written comments and recommendations concerning the proposed information collection should be sent by March 5, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management

and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service,

respondents are encouraged to submit comments by fax to: 202-395-5806.

Dated: January 27, 2010.
Elaine Parry,
 Director, Office of Program Services.
 [FR Doc. 2010-2239 Filed 2-2-10; 8:45 am]
BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA

Reports Clearance Office at (301) 443-1129.
 The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Children's Hospitals Graduate Medical Education Payment Program (CHGME Payment Program) (OMB No. 0915-0247)—Extension

The CHGME Payment Program was enacted by Public Law 106-129 and reauthorized by Public Law 109-307 to provide Federal support for graduate medical education (GME) to freestanding children's hospitals. This legislation attempts to provide support for GME comparable to the level of Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training

programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

Data are collected on the number of full-time equivalent residents in applicant children's hospitals' training programs to determine the amount of direct and indirect medical education payments to be distributed to participating children's hospitals. Indirect medical education payments will also be derived from a formula that requires the reporting of discharges, beds, and case mix index information from participating children's hospitals. Hospitals will be requested to submit such information in an annual application. Hospitals will also be requested to submit data on the number of full-time equivalent residents a second time during the Federal fiscal year to participate in the reconciliation payment process.

The estimated annual burden is as follows:

Form name	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
HRSA 99-1 (Initial)	60	1	60	24.67	1,480.2
HRSA 99-1 (Reconciliation)	60	1	60	6	360
HRSA 99-2 (Initial)	60	1	60	11.33	679.8
HRSA 99-2 (Reconciliation)	60	1	60	3.67	220.2
HRSA 99-3 (Initial)	60	1	60	0.5	30
HRSA 99-3 (Reconciliation)	60	1	60	0.5	30
HRSA 99-4 (Reconciliation)	60	1	60	11	660
HRSA 99-5 (Initial)	60	1	60	0.33	19.8
HRSA 99-5 (Reconciliation)	60	1	60	0.33	19.8
Total	60	60	3,499.8

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by e-mail to OIRA_submission@omb.eop.gov or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: January 27, 2010.
Sahira Rafiullah,
 Deputy Director, Division of Policy Review and Coordination.
 [FR Doc. 2010-2245 Filed 2-2-10; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1341-NC]

Medicare and Medicaid Programs; Announcement of Applications From Hospitals Requesting Waiver for Organ Procurement Service Area

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Notice with comment period.

SUMMARY: Two hospitals have requested waivers of statutory requirements that would otherwise require the hospitals to enter into an agreement with their designated Organ Procurement Organization (OPO). Both requests were made in accordance with section 1138(a)(2) of the Social Security Act (the

Act). This notice requests comments from OPOs and the general public for our consideration in determining whether we should grant the requested waivers.

DATES: Comment Date: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on April 5, 2010.

ADDRESSES: In commenting, please refer to file code CMS-1341-NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the instructions under the "More Search Options" tab.