

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Forms (if necessary)	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Subsequent updates to the State Plan.	State Government or Qualified State Designated Entity.	56	1	500	28,000
Total .....	.....	.....	.....	.....	589,244

**Terry Nicolosi,**  
 Director, Office of Resources Management;  
 Office of the Chief Information Officer.  
 [FR Doc. 2010-25918 Filed 10-14-10; 8:45 am]  
 BILLING CODE 4150-45-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Centers for Medicare & Medicaid Services**

**Delegation of Authorities**

Notice is hereby given that I have delegated to the Administrator, Centers for Medicare & Medicaid Services (CMS), or his or her successor, authorities vested in the Secretary under Section 6409(a) and (b) of the Patient Protection and Affordable Care Act (ACA), Public Law 111-148, as amended hereafter, relating to the development of a Medicare self-referral disclosure protocol and the reduction of amounts due and owing under Section 1877(g) [42 U.S.C. 1395nn(g)] of the Social Security Act.

This delegation of authorities excludes the authority under Section 6409(c) of ACA to submit a report to Congress on the implementation of Section 6409.

This delegation of authorities granted herein may be re-delegated.

These authorities shall be exercised under the Department's policy on regulations and the existing delegation of authority to approve and issue regulations.

I hereby affirm and ratify any actions taken by the Administrator, CMS, or his or her subordinates, which involved the exercise of the authorities delegated herein prior to the effective date of this delegation.

This delegation of authorities granted herein is effective immediately.

**Authority:** 44 U.S.C. 3101.

Dated: September 29, 2010.

**Kathleen Sebelius,**  
 Secretary.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Medicaid Program: Implementation of Section 614 of the Children's Health Insurance Program Reauthorization Act of 2009 for Adjustments to the Federal Medical Assistance Percentage for Medicaid Federal Matching Funds**

**AGENCY:** Office of the Secretary, Department of Health and Human Services.

**ACTION:** Final notice.

**SUMMARY:** For purposes of Title XIX (Medicaid) of the Social Security Act, the Federal Medical Assistance Percentage (FMAP), defined in section 1905(b) of the Social Security Act, for each State beginning with fiscal year 2006 is subject to adjustment pursuant to section 614 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3. Section 614 provides for a recalculation of the FMAP disregarding identifiable significantly disproportionate employer pension or insurance fund contributions for a State. These contributions, when counted, increase State personal income and, by operation of the statutory formula to calculate the FMAP, would decrease the FMAP for the State. This final notice announces the methodology that the U.S. Department of Health and Human Services will use to determine the need for, and amount of, any such recalculation of the FMAP for a State.

**A. Background**

Section 1905(b) of the Social Security Act defines the Federal Medical Assistance Percentage (FMAP), which is used to determine the share of Federal matching funds paid to each State for medical assistance payments under an approved Medicaid State plan under Title XIX of the Social Security Act. These FMAP rates are also used to determine Federal matching fund rates for State expenditures for assistance payments under certain social service programs under Title IV of the Social Security Act and for child health assistance expenditures under the

Children's Health Insurance Program under title XXI of the Social Security Act. In other **Federal Register** issuances, we have addressed changes to these FMAP rates required under the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5).

This notice addresses adjustments to the FMAP rates that are applicable only to the Medicaid program and required by Section 614 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Section 614 specifies that certain significantly disproportionate employer pension or insurance fund contributions shall be disregarded when computing the per capita income used to calculate the FMAP. The statutory formula for calculating the FMAP is based on the ratio of the State's per capita income to the per capita income of the entire United States. Under this formula, States with higher per capita income levels could have lower FMAP rates than States with lower per capita income levels. Significantly disproportionate employer pension or insurance fund contributions increase State personal income and, by operation of the statutory formula, could result in lower FMAPs than if those contributions were disregarded. CHIPRA requires adjustments to the Fiscal Year 2006 (FY06) through Fiscal Year 2010 (FY10) Medicaid FMAP rates and to any future FMAP calculation.

A notice with comment on the proposed implementation of Section 614 was published in the **Federal Register** on June 7, 2010. Only one person sent in comments during the 30-day period.

**B. Calculation of the FMAP Adjustment Under CHIPRA**

Section 614 of CHIPRA requires that the Title XIX Medicaid FMAP shall be adjusted for any States that had significantly disproportionate employer pension and insurance fund contributions. A significantly disproportionate employer contribution is defined as any identifiable employer contribution towards pension or other employee insurance funds that is estimated to accrue to residents of such