

the State level. HHS must have such information in order to ascertain whether market destabilization has a high likelihood of occurring. *Form Number:* CMS-10361 (OMB Control No. 0938-1114); *Frequency:* Once; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 20; *Number of Responses:* 20; *Average Hours per Response:* 185; *Total Annual Hours:* 3,700. (For policy questions regarding this collection, contact Carol Jimenez at (301) 492-4109. For all other issues regarding this collection, 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 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 at 410-786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *May 31, 2011*:

1. Electronically. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. By regular mail. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 28, 2011.

**Martique Jones,**

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

[FR Doc. 2011-7742 Filed 3-31-11; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**[Document Identifier CMS-265-11, CMS-381, and CMS-10123 and 10124]**

**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:* Independent Renal Dialysis Facility Cost Report; *Use:* The Independent Renal Dialysis Facility Cost Report, is filed annually by providers participating in the Medicare program to identify the specific items of cost and statistics of facility operation that independent renal dialysis facilities are required to report. The forms are revised in accordance with the End-Stage Renal Disease Prospective Payment System Final Rule published August 12, 2010 which implemented statutory requirements of the Medicare Improvements for Patients and Providers Act (MIPPA), enacted July 15, 2008. Additionally, the forms are revised to incorporate data previously reported on the Provider Cost Report Reimbursement Questionnaire, Form CMS-339. *Form Number:* CMS-265-94 (OMB#: 0938-0236); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 5,654 *Total Annual Responses:* 5,654; *Total Annual Hours:* 367,510 (For policy questions regarding this collection contact Gail

Duncan at 410-786-7278. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Identification of Extension Units of Medicare Approved Outpatient Physical Therapy/Outpatient Speech Pathology (OPT/OSP) Providers and Supporting Regulations in 42 CFR 485.701-485.729; *Use:* The collected information is used in conjunction with 42 CFR 485.701 through 485.729 governing the operation of providers of outpatient physical therapy and speech-language pathology services. The provider uses the form to report to the State survey agency extension locations that it has added since the date of last report. The form is used by the State survey agencies and by the CMS regional offices to identify and monitor extension locations to ensure their compliance with the Federal requirements for the providers of outpatient physical therapy and speech-language pathology services; *Form Number:* CMS-381 (OMB #: 0938-0273); *Frequency:* Annually; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 2,960; *Total Annual Responses:* 2,960; *Total Annual Hours:* 740. (For policy questions regarding this collection contact Georgia Johnson at 410-786-6859. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Notice of Provider Non-Coverage (CMS-10123) and Detailed Explanation of Non-Coverage (CMS-10124); *Use:* The Notice of Medicare Provider Non-Coverage (CMS-10123) is used to inform fee-for-service Medicare beneficiaries of the determination that their provider services will end, and of their right to an expedited review of that determination. The Detailed Explanation of Non-Coverage (CMS-10124) is used to provide beneficiaries who request an expedited determination with detailed information of why the services should end. The revised Notice of Provider Non-Coverage and Detailed Explanation of Provider Non-Coverage will no longer require use of the beneficiary's Medicare number as a patient identifier. Instead, when applicable, providers may use a number that helps to link the notice with a related claim. *Form Number:* CMS-10123 and 10124 (OMB# 0938-0953); *Frequency:* Occasionally; *Affected Public:* Business or other for-profit, not-for-profit institutions, and Individuals or households; *Number of Respondents:*

5,314,164; *Total Annual Responses*: 5,314,194; *Total Annual Hours*: 885,699.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site 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 at 410-786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *May 31, 2011*:

1. Electronically. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. By regular mail. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, *Attention*: Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 25, 2011.

**Michelle Shortt**,

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

[FR Doc. 2011-7746 Filed 3-31-11; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-148 and CMS-R-266]

#### Agency Information Collection Activities: Submission for OMB Review; 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), 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*: Extension without change of a currently approved collection; *Title of Information Collection*: Limitations on Provider Related Donations and Health Care Related Taxes; *Limitation on Payments for Disproportionate Share Hospitals and Supporting Regulations in 42 CFR 433.68, 433.74 and 447.272*; *Use*: The collected information collection is necessary to ensure compliance with sections 1903 and 1923 of the Social Security Act by helping to prevent payments of Federal financial participation on amounts prohibited by statute; *Form Number*: CMS-R-148 (OMB#: 0938-0618); *Frequency*: Quarterly and occasionally; *Affected Public*: State, Local, or Tribal Governments; *Number of Respondents*: 50; *Total Annual Responses*: 40; *Total Annual Hours*: 3,200. (For policy questions regarding this collection contact Rory Howe at 410-786-4878. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Medicaid Disproportionate Share Hospital Annual Reporting; *Use*: Section 1923(j)(i) of the Social Security Act (Act) requires States to submit an annual report that identifies each disproportionate share hospital (DSH) that received a DSH payment under the State's Medicaid program in the preceding fiscal year and the amount of DSH payments paid to that hospital in the same year along with other information that the Secretary determines necessary to ensure the appropriateness of DSH payments. The collected information will also satisfy the requirements under section 1923(a)(2)(D) of the Act; *Form Number*: CMS-R-266 (OMB#: 0938-0746); *Frequency*: Yearly; *Affected Public*: State, Local, or Tribal Governments; *Number of Respondents*: 52; *Total Annual Responses*: 52; *Total Annual Hours*: 1,976. (For policy questions regarding this collection contact Rory Howe at 410-786-4878. 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 May 2, 2011 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: March 25, 2011.

**Michelle Shortt**,

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

[FR Doc. 2011-7747 Filed 3-31-11; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

*Title*: Descriptive Study of Early Head Start (Early Head Start Family and Child Experiences Study; Baby FACES).

*OMB No.*: 0970-0354

*Description*: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), anticipates continuing data collection for wave 4 of the parent interview, teacher child reports, care provider interviews and observations, direct child assessments, program director interviews, and family service tracking for the peri-natal cohort of the Descriptive Study of Early Head Start (Early Head Start Family and Child Experiences Study; Baby FACES). Data collection will continue for an additional 12 months beyond the current date of expiration (October 31, 2011).

This data collection is a part of Baby FACES, which is an important opportunity to provide a description of the characteristics, experiences, and outcomes of Early Head Start children and families, and Early Head Start Program services and delivery. All of the information obtained will be used to