

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
General Resident	In-depth Interview/phone	600	1	1.5
	Screeners	1200	1	6/60
Health care provider	In-depth Interview/phone	200	1	30/60
	Screeners	400	1	6/60
Community Leader	In-depth Interview/phone	200	1	1.5
	Screeners	400	1	6/60
Elected Official	In-depth Interview/phone	100	1	30/60
Industry	In-depth Interview/phone	100	1	30/60

Dated: July 11, 2011.
Daniel Holcomb,
Reports Clearance Officer, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-11IR]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

Evaluation of Core Violence and Injury Prevention Program (Core VIPP)—New—National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Injuries and their consequences, including unintentional and violence-related injuries, are the leading cause of death for the first four decades of life, regardless of gender, race, or socioeconomic status. More than 179,000 individuals in the United States die each year as a result of unintentional injuries and violence, more than 29 million others suffer non-fatal injuries and over one-third of all emergency department (ED) visits each year are due to injuries. In 2000, injuries and violence ultimately cost the United States \$406 billion, with over \$80 billion in medical costs and the remainder lost in productivity.¹ Most events that result in injury and/or death from injury could be prevented if evidence-based public health strategies, practices, and policies were used throughout the nation.

CDC's National Center for Injury Prevention and Control (NCIPC) is committed to working with their partners to promote action that reduces injuries, violence, and disabilities by providing leadership in identifying priorities, promoting tools, and monitoring effectiveness of injury and violence prevention and to promote effective strategies for the prevention of injury and violence, and their consequences. One tool NCIPC will use to accomplish this is the Core Violence and Injury Prevention Program (VIPP).

This program funds state health departments to build effective delivery systems for dissemination, implementation and evaluation of evidence based/best practice programs and policies.

Core VIPP also focuses on the integration of unintentional injury and violence prevention. Unintentional injury and violence prevention have many common risk and protective factors for children. In an endeavor to promote efforts to prevent child maltreatment, a NCIPC priority, CDC is collaborating with the Health Resources and Services Administration (HRSA) regarding the new Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program. The state health departments funded by the Core VIPP will be required to partner with the state agency responsible for administration of the State Home Visiting program.

CDC requests OMB approval to collect program evaluation data for Core VIPP over a two-year period. Specifically, CDC will use a Planning and Evaluation Tool (PET) that is being developed for the Core VIPP grantees. This tool provides CDC the means to collect standardized, systematic data from the Core VIPP grantees. Topics for data collection include: Program evaluation, state health department (SHD) injury program infrastructure, injury program strategies and partners, policy strategies, injury surveillance, quality of surveillance, and regional network leaders. Part of the requirement for receiving Core VIPP funding is for SHDs to develop and maintain program their own evaluation capacity and data systems; thus, this data collection is not expected to entail significant burdens to respondents.

There are no costs to respondents other than their time.

¹ Finkelstein EA, Corso PS, Miller TR, Associates. Incidence and Economic Burden of Injuries in the

United States. New York: Oxford University Press; 2006.

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Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Core VIPP funded SHD Injury Program director.	Web-based survey	20	1	1	20
Core VIPP funded SHD Injury Program director.	Telephone Interviews	20	1	1.5	30
Non-funded SHD Injury Program director.	Web-based survey	30	1	1	30
Total	80

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Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-9042, CMS-10374, CMS-10385, and CMS-10402]

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

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:* Extension of a currently approved collection; *Title of Information Collection:* Accelerated Payments and Supporting Regulations 42 CFR 412.116(f), 412.632(e), 413.64(g), 413.350(d), and 484.245; *Use:* This information is used by the contractor to determine the provider's eligibility for accelerated payments. If this

information were not furnished with an accelerated payment request, the contractor would not be able to assess whether the provider's financial difficulties justified the accelerated payment; *Form Number:* CMS-9042 (OMB # 0938-0269); *Frequency:* Yearly; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 37,804; *Total Annual Responses:* 945; *Total Annual Hours:* 473. (For policy questions regarding this collection contact Leonard Fisher at 410-786-4574 TTY. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* New collection of information; *Title of Information Collection:* Training Needs Assessment, Evaluation/Survey—Question Compilation; *Use:* The intent of this information collection is to assist in the creation and enhancement of training for Federal and State health care surveyors and certification specialists. The purpose of the collection is to gather information for training needs assessment, training analysis, related demographic, psychographics and technographics to support the development and enhancement of training and training aids; *Form Number:* CMS-10374 (OMB # 0938-New); *Frequency:* Half-year (2 per year); *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 2,161; *Total Annual Responses:* 4,322; *Total Annual Hours:* 1,430. (For policy questions regarding this collection contact Etolia Biggs at 410-786-8664. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Expedited Checklist: Medicaid Eligibility & Enrollment Systems—Advance Planning Document (E&E-APD); *Use:* Under sections 1903(a)(3)(A)(i) and 1903(a)(3)(B) of the Social Security Act, CMS has issued new standards and conditions that must be met by States for Medicaid technology investments

(including traditional claims processing systems, as well as eligibility systems) to be eligible for enhanced match funding. The Checklist will be submitted by States to the E&E APD National Coordinator for review and coordination in the Eligibility/ Enrollment Systems APD approval assignment. The information requested on the Checklist will be used to determine and approve enhanced FFP to States and to determine how States are complying with the seven standards and conditions; *Form Number:* CMS-10385 (OMB#: 0938-1125); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 168; *Total Annual Hours:* 204. (For policy questions regarding this collection contact Richard Friedman at 410-786-4451. For all other issues call 410-786-1326.)

4. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicaid State Plan Preprint for Use by States When Implementing Section 6401 of the Patient Protection and Affordable Care Act under the Medicaid Program; *Use:* The Secretary, in consultation with the Department of Health of Human Services' Office of the Inspector General, is required to establish procedures under which screening is conducted with respect to providers of medical or other items or services and suppliers under Medicare, Medicaid, and CHIP. The Secretary is also required to impose a fee on each institutional provider of medical or other items or services or supplier that would be used by the Secretary for program integrity efforts. States are required to comply with the process of screening providers and suppliers as established by the Secretary under 1866(j)(2) of the Affordable Care Act. The Office of General Counsel through guidance, is requiring that States use the Medicaid State Plan Preprint to assure CMS compliance with the law. CMS will use the information to review and approve