DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Request; Annual Reporting Requirements for the Older American Act Title VI Grant Program

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written or electronic comments on the collection of information by April 5, 2012.

ADDRESSES: Submit electronic comments on the collection of information to: *Cynthia.LaCounte@aoa.hhs.gov*. Submit written comments on the collection of information to Cynthia LaCounte, Administration on Aging, Washington, DC 20201 or by fax at 202–357–3560.

FOR FURTHER INFORMATION CONTACT: Margaret Graves at (202) 357–0148 or *Cynthia.LaCounte@aoa.hhs.gov*.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

Describe Collection of Information

AoA estimates the burden of this collection of information as follows: Annual submission of the Program Performance Reports are due 90 days after the end of the budget period and final project period.

Respondents: Federally Recognized Tribes, Tribal and Native Hawaiian Organizations receiving grants under Title VI, Part A, Grants for Native Americans; Title VI, Part B, Native Hawaiian Program and Title VI, Part C, Native American Caregiver Support Program.

Estimated Number of Responses: 256.

Total Estimated Burden Hours: 640.

Dated: February 28, 2012.

Kathy Greenlee,

Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10136, CMS–10116, CMS–10426 and CMS–10406]

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:* Reinstatement of a previously approved collection; *Title of Information Collection:* Physician Group Practice Transition Demonstration (PGP–TD) Performance Assessment Tool (''PAT''); *Use:* The Physician Group Practice (PGP) Demonstration was mandated by section 412 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 and is the precursor to the Medicare Shared Savings Program. Section 1899(k) of the Social Security Act, as added by section 10307(k) of the Affordable Care Act (as amended by section 10307 of the Health Care and Education Reconciliation Act of 2010), states ''the Secretary may enter into an agreement with an ACO under the Demonstration under section 1866A, subject to rebasing and other modifications deemed appropriate by the Secretary.'' The Demonstration extension is entitled the PGP Transition Demonstration (PGP–TD).

We are seeking reinstatement of the collection of information as it was erroneously discontinued. Only a portion of the information collection requirements previously approved under 0938–0941 should have been discontinued. The collection of information is strictly voluntary in nature and was developed in conjunction with the industry and Demonstration participants. Only organizations that voluntarily respond and elect to participate in the Demonstration will be reporting the measures. Moreover, CMS will not be using this information to regulate or sanction but rather to provide financial incentives for improving the quality of care. The collection of information to be used under this extension is being used to test quality data collection systems and determine incentive payment levels to participating physician group practices participating in the PGP–TD. In addition, this data will be used to evaluate the effectiveness of these payment models and provide insight into the most appropriate way for the agency to collect clinical information. *Form Number:* CMS–10136 (OCN: 0938–0941); *Frequency:* Yearly; *Affected Public:* Private Sector—Business or other for-profits and not-for-profit institutions. *Number of Respondents:* 10. *Number of Responses:* 10. *Total Annual Hours:* 790. (For policy questions regarding this collection contact Heather Grimsley at 410–786–1048. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection;

Title of Information Collection: Conditions for Payment of Power Mobility Devices, including Power Wheelchairs and Power-Operated Vehicles; *Use:* CMS is renewing our request for approval for the collection requirements associated with the final rule, CMS–3017–F (71 FR 17021), which was published on April 5, 2006 and became effective on June 5, 2006. The regulation CMS–3017–F finalized provisions set forth in the interim final regulation (70 FR 50940) published on August 26, 2005. This final rule conforms our regulations to section 302(a)(2)(E)(iv) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This rule defines the term power mobility devices (PMDs) as power wheelchairs and power operated vehicles (POVs or scooters). It sets forth revised conditions for Medicare payment of PMDs and defines who may prescribe PMDs. This rule also requires a face-to-face examination of the beneficiary by the physician or treating practitioner, a written prescription, and receipt of pertinent parts of the medical record by the supplier within 45 days after the face-to-face examination that the durable medical equipment (DME)