

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Officials .....	State Recruitment Script (for 2014 study) .....	42	1	30/60
	State Recruitment Script (for 2016 study) .....	44	1	30/60
District Officials .....	District Recruitment Script (for 2014 study) .....	320	1	30/60
	District Recruitment Script (for 2016 study) .....	902	1	60/60
	District Health Education .....	685	1	30/60
	District Physical Education and Activity .....	685	1	40/60
	District Health Services .....	685	1	40/60
	District Nutrition Services .....	685	1	30/60
	District Healthy and Safe School Environment .....	685	1	60/60
	District Mental Health and Social Services .....	685	1	30/60
	District Faculty and Staff Health Promotion .....	685	1	20/60
	School Officials .....	School Recruitment Script .....	821	1
School Health Education .....		640	1	20/60
School Physical Education and Activity .....		640	1	40/60
School Health Services .....		640	1	50/60
School Nutrition Services .....		640	1	40/60
School Healthy and Safe School Environment .....		640	1	75/60
School Mental Health and Social Services .....		640	1	30/60
School Faculty and Staff Health Promotion .....		640	1	20/60
Classroom teachers .....		Classroom Health Education .....	1,229	1
	Classroom Physical Education and Activity .....	1,229	1	40/60

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-13-0912]

**Agency Forms Undergoing Paperwork Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Frame Development for the Residential Care Component of the National Study of Long-Term Care Providers (OMB No. 0920-0912, expired 1/31/2013)—Reinstatement no change—National Center for Health Statistics

(NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

NCHS seeks approval to collect data needed to develop up-to-date sampling frames of residential care facilities. Three year clearance is requested. Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, “shall collect statistics on health resources. . . [and] utilization of health care, including extended care facilities, and other institutions.”

The sampling frames will be used to draw nationally representative samples for two waves of the National Study of Long-Term Care Providers (NSLTCP). The frame-related data will be collected from representatives in state regulatory agencies in the 50 states and the District of Columbia primarily via telephone calls, emails, and in a few cases, via formal written requests. The frame information was first collected in 2012 (OMB No. 0920-0912, expired 1/31/2013). The data to be collected from these state officials include (1) confirming that we have identified the appropriate licensure categories of residential care facilities within each state that meet the NSLTCP definition and (2) for each relevant licensure category, requesting an electronic file of the licensed residential care facilities for which the agency is responsible if such files with the needed variables are not downloadable from the state’s Web site.

The NSLTCP study definition of a residential care facility is one that is licensed, registered, listed, certified, or otherwise regulated by the state to provide room and board with at least two meals a day, provide around-the-clock on-site supervision, and help with activities of daily living (e.g., bathing, eating, or dressing) or health related services, such as medication supervision; serves primarily an adult population; and has at least four licensed, certified, or regulated beds. Facilities licensed to serve the mentally ill or the intellectually disabled/developmentally disabled populations exclusively are excluded. Nursing homes and skilled nursing facilities are also excluded, unless they have a unit or wing meeting the above definition and residents can be separately enumerated.

The electronic files we seek to obtain from the states should include the name, address, phone number, and Web site (if available) of the residential care facility; name, phone number, and email address (if available) of facility director; licensure category; chain affiliation; ownership type; and bed size. Data on individual facilities are confidential and a public-use file will not be produced.

Expected users of the findings from the frame data include, but are not limited to CDC’s NCHS and its contractors; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality; associations, such as

Leading Age (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living, American Seniors Housing Association, and Assisted Living Federation of America; universities; foundations; and other private sector organizations.

Burden is estimated at approximately 2.5 hours per state each time the frame will be developed, including time to verify contact information, to respond to a semi-structured telephone protocol, and to develop the facility listing in an electronic format. Three year clearance is requested to cover two collections of

frame information. The burden for the two collections is shown in Table 1 below. There is no cost to respondents other than their time to participate. The total estimate of annualized burden is 88 hours based on two data collections during the three year clearance period.

TABLE 1—ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
State Government Representatives .....	Contact info verification .....	34	1	5/60
State Government Representatives .....	Telephone protocol .....	34	1	30/60
State Government Representatives .....	Electronic file development .....	34	1	2

**Ron A. Otten,**

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifiers: CMS-8003, CMS-10166, CMS-10184, CMS-10219, CMS-10242, CMS-2744, CMS-3070, CMS-10336, CMS-10220 and CMS-10175]

**Agency Information Collection Activities; Proposed Collection; Comment Request**

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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.

**DATES:** Comments must be received by August 6, 2013.

**ADDRESSES:** When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send 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) that are 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>.
2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov).
3. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** Reports Clearance Office at (410) 786-1326.

**SUPPLEMENTARY INFORMATION:** This notice sets out a summary of the use and

burden associated with the following information collections:

- CMS-8003—1915(c) Home and Community Based Services (HCBS) Waiver
  - CMS-10166—Payment Error Rate Measurement in Medicaid & Children's Health Insurance Program (CHIP)
  - CMS-10184—Eligibility Error Rate Measurement in Medicaid and the Children's Health Insurance Program
  - CMS-10219—Healthcare Effectiveness Data and Information Set (HEDIS®) Data Collection for Medicare Advantage
  - CMS-10242—Emergency and Non-Emergency Ambulance Transports and Beneficiary Signature Requirements in 42 CFR 424.36(b)
  - CMS-2744—End Stage Renal Disease (ESRD) Medical Information Facility Survey
  - CMS-3070—Intermediate Care Facility (ICF) for the Mentally Retarded (MR) or Persons with Related Conditions Survey Report Form
  - CMS-10336—Medicare and Medicaid Programs: Electronic Health Record Incentive Program
  - CMS-10220—Security Consent and Surrogate Authorization Form
  - CMS-10175—Certification Statement for Electronic File Interchange Organizations
- More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term "collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or