

*Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

*Information Collection Request Title:* Tissue and Organ Donor Epidemiology Study (TODES), OMB # 0990–New request, Office of the Assistant Secretary for Health.

*Abstract:* This Study is a request for a new data collection OMB Number: 0990–New TODES is being conducted in order to better understand the impact of donor screening and selection procedures, and to determine the extent of donor-donation level data that are collected for organ and tissue (including ocular) donors. The data that are obtained from Organ Procurement Organizations (OPOs) and Eye Banks will provide a better characterization of

the deceased donor pool; information regarding data management and storage practices; and a measure of the degree of standardization of data collected by various organizations across the U.S. TODES may provide better estimates of the risk of HIV, HBV and HCV infections associated with organ and tissue transplantation and the potential for disease transmission; illustrate differences in laboratory screening methods and the impact of protocol variations; and serve as a pilot for future studies. This retrospective study will provide a framework for future, prospective studies of organ and tissue donors that could inform policy decisions regarding donor qualification procedures and, potentially, increase the donor pool.

A workshop in June 2005 (“Preventing Organ and Tissue

Allograft-Transmitted Infection: Priorities for Public Health Intervention”) identified gaps in organ and tissue safety in the United States. 1 Participants developed a series of allograft safety initiatives, assessed progress, and identified priorities for future interventions. Despite progress, improved recognition and prevention of donor-derived transmission events is needed. It was concluded that this requires systems integration across the organ and tissue transplantation communities including organ procurement organizations, eye and tissue banks, and transplant infectious disease experts. Commitment of resources and improved coordination of efforts are required to develop essential tools to enhance safety for transplant recipients.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
OPOs .....	17	1	85/60	24.1
Eye Banks .....	7	1	55/60	6.4
Total .....	.....	.....	.....	30.5

OS specifically requests comments on (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.

**Darius Taylor,**  
*Information Collection Clearance Officer.*  
 [FR Doc. 2014–20193 Filed 8–25–14; 8:45 am]  
**BILLING CODE 4150–28–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Committee on Vital and Health Statistics: Meeting Full Committee**

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics (NCVHS), Full Committee Meeting.

*Time and Date:*  
 September 22, 2014, 9:00 a.m.–5:45 p.m. EDT

September 23, 2014, 8:00 a.m.–12:00 p.m. EDT

*Place:* Centers for Disease Control and Prevention, National Center for Health Statistics, 3311 Toledo Road, Auditorium A & B, Hyattsville, Maryland 20782, (301) 458–4524.

*Status:* Open.

*Purpose:* The purpose of this meeting is to receive updates from Departmental Liaisons and discuss potential collaborative activities and projects within HHS. The Committee will review action items pertaining to ASC X12N XML Schema; Virtual Cards/Credit Cards; UDI in Administrative Transactions; Health Plan ID, Attachments; and ICD–10, as well as a Health Data Stewardship Toolkit. The Committee will also discuss plans for a charge and expectations for tasks associated with a Review Committee on Data Standards. The Population Health Subcommittee will provide an update on plans for the October 27–28 Roundtable on Supporting Community Data Engagement. Finally, the Working Group on HHS Data Access and Use will continue strategic discussions on usability, use, and usefulness of health data.

The times shown above are for the full Committee meeting. Subcommittee issues will be included as part of the Full Committee schedule.

*Contact Person for More Information:* Substantive program information may be obtained from Debbie M. Jackson, Acting Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2339, Hyattsville, Maryland 20782,

telephone (301) 458–4614. Summaries of meetings and a roster of committee members are available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: August 20, 2014.

**James Scanlon,**  
*Deputy Assistant Secretary for Planning and Evaluation (Science and Data Policy), Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2014–20328 Filed 8–25–14; 8:45 am]  
**BILLING CODE 4150–05–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[Document Identifier: CMS–R–21, CMS–R–148, CMS–381 and CMS–10515]

**Agency Information Collection Activities: Submission for OMB Review; 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 a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the 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.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by September 25, 2014:

**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions: OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-5806, or Email: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

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:** 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 provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Withholding Medicare Payments to Recover Medicaid Overpayments and Supporting Regulations in 42 CFR 447.31; *Use:* Certain Medicaid providers that are subject to offsets for the collection of Medicaid overpayments may terminate or substantially reduce their participation in Medicaid, leaving the state Medicaid agency unable to recover the amounts due. Recovery procedures allow for determining the amount of overpayments and offsetting the overpayments by withholding the provider's Medicare payments. To effectuate the withholding, the state agency must provide their respective CMS regional office with certain documentation that identifies the provider and the Medicaid overpayment amount. The agency must also demonstrate that the provider was notified of the overpayment and that demand for the overpayment was made. An opportunity to appeal the overpayment determination must be afforded to the provider by the Medicaid state agency. Lastly, Medicaid state agencies must notify CMS when to terminate the withholding. *Form Number:* CMS-R-21 (OMB control number: 0938-0287); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 54; *Total Annual Responses:* 27; *Total Annual Hours:* 81. (For policy questions regarding this collection contact Stuart Goldstein at 410-786-0694).

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Limitations on Provider Related Donations and Health Care Related Taxes; Limitation on

Payment to Disproportionate Share Hospitals; *Use:* States may request a waiver of the broad based and uniformity tax program requirements. Each state must demonstrate that its tax program(s) do not violate the hold harmless provision. Additionally, state Medicaid agencies must report (quarterly) on health care related taxes collected and the source of provider related donations received by the state or unit of local government. Each state must maintain, in readily reviewable form, supporting documentation that provides a detailed description of each donation and tax program being reported, as well as the source and use of all donations received and collected. Without this information, the amount of Federal financial participation payable to a state cannot be determined. *Form Number:* CMS-R-148 (OMB control number: 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 Stuart Goldstein at 410-786-0694).

3. *Type of Information Collection Request:* Revision 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; *Use:* 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 our 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 control number: 0938-0273); *Frequency:* Annually; *Affected Public:* Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 2,260; *Total Annual Responses:* 2,260; *Total Annual Hours:* 565. (For policy questions regarding this collection contact James Cowher at 410-786-1948.)

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Payment Collection Operations Contingency Plan Under sections 1401, 1411, and 1412 of the Affordable Care Act and 45 CFR part 155 subpart D; *Use:* An Exchange makes an advance determination of tax credit

eligibility for individuals who enroll in Qualified Health Plan (QHP) coverage through the Exchange and seek financial assistance. Using information available at the time of enrollment, the Exchange determines whether the individual meets the income and other requirements for advance payments and the amount of the advance payments that can be used to pay premiums. Advance payments are made periodically under section 1412 of the Affordable Care Act to the issuer of the QHP in which the individual enrolls. Section 1402 of the Affordable Care Act provides for the reduction of cost sharing for certain individuals enrolled in a QHP through an Exchange, and section 1412 of the Affordable Care Act provides for the advance payment of these reductions to issuers. The statute directs issuers to reduce cost sharing for essential health benefits for individuals with household incomes between 100 and 400 percent of the Federal poverty level (FPL) who are enrolled in a silver level QHP through an individual market Exchange and are eligible for advance payments of the premium tax credit. Health insurance issuers will manually enter enrollment and payment data into a Microsoft Excel-based spreadsheet, and submit the information to HHS.

The data collection will be used by HHS to make payments or collect charges from issuers under the following programs: Advance payments of the premium tax credit, advanced cost-sharing reductions, and Marketplace user fees. HHS will use the information collected to make payments and collect charges in January 2014 and for a number of months thereafter, as may be required based on HHS's operational progress. *Form Number:* CMS-10515 (OMB control number: 0938-1217); *Frequency:* Monthly; *Affected Public:* Private sector (Business or other for-profits and not-for-profit institutions); *Number of Respondents:* 575; *Total Annual Responses:* 7,475; *Total Annual Hours:* 94,373. (For policy questions regarding this collection contact Jaya Ghildiyal at 301-492-5149).

Dated: August 21, 2014.

**Martique Jones,**

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

[FR Doc. 2014-20255 Filed 8-25-14; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Social Services Block Grant (SSBG) Post-expenditure Report.  
*OMB No.:* 0970-0234.

**Description**

*Purpose:* To request approval to: (1) Reinstate and extend the collection of post-expenditure data using the current OMB approved post-expenditure reporting form (OMB No. 0970-0234) past the current expiration date of July 1, 2014; and (2) to request that States continue to voluntarily submit estimated pre-expenditure and recipient data using the post-expenditure reporting form, as part of the required annual intended use plan.

The Social Services Block Grant program (SSBG) is authorized under Title XX of the Social Security Act, as amended, and is codified at 42 U.S.C. 1397 through 13097e. SSBG provides funds to assist States in delivering critical services to vulnerable older adults, persons with disabilities, at-risk adolescents and young adults, and children and families. SSBG funds are allocated to each State in proportion to their relative population.

Each State is responsible for designing and implementing its own SSBG program to meet the specialized needs of their most vulnerable populations. States may determine what services will be provided, who will be eligible, and how funds will be distributed among the various services. State or local SSBG agencies (i.e., county, city, regional offices) may provide the services or States may purchase services from qualified agencies, organizations, or individuals. States must administer their SSBG program according to their approved intended use plan, along with amendments, and in conformance with their own implementing rules and policies. The Office of Community Services (OCS), Administration for Children and Families administers the SSBG program.

Annually, States are required to submit a pre-expenditure report or intended use plan as a prerequisite to receiving SSBG funds. The pre-expenditure report must include information on the types of services to be supported and the characteristics of individuals to be served. This report is to be submitted 30 days prior to the start of the fiscal year (June 1 if the State

operates on a July-June fiscal year, or September 1 if the State operates on a Federal fiscal year). No specific format is required for the intended use plan. States are required to submit a revised intended use plan if the planned use of SSBG funds changes during the year (42 U.S.C. 1397c).

In order to provide a more accurate analysis of the extent to which funds are spent "in a manner consistent" with each of the States plan for their use, as required by 42 U.S.C. 1397e(a), ACF continues to request that States voluntarily use the format of the post-expenditure reporting form to provide *estimates* of the amount of expenditures and the number of recipients, by service category, as part of the State's intended use plan. Most of the States are currently using the format of the post-expenditure reporting form to report estimated expenditures and recipients, by service category, as part of their intended use plan.

On annual basis, States also are required to submit a post-expenditure report that details their use of SSBG funds in each of 29 service categories. States are required to submit their post-expenditure report within six months of the end of the period covered by the report. The post-expenditure report must address: (1) The number of individuals (including number of children and number of adults) who receive services paid for, in whole or in part, with Federal funds under the SSBG; (2) The amount of SSBG funds spent in providing each service; (3) The total amount of Federal, State, and local funds spent in providing each service, including SSBG funds; and (4) The method(s) by which each service is provided, showing separately the services provided by public and private agencies (42 U.S.C. 1397e; 42 CFR 96.74).

This request seeks approval to reinstate and continue the use of the current OMB approved post-expenditure reporting form (OMB No. 0970-0234) for estimating expenditures and recipients as part of States' intended use plans and for annual post-expenditure reporting. Until recently, States reported the data on the post-expenditure reporting form in Microsoft Excel™ and submitted it to ACF, via email. Beginning in 2013, States can complete the current reporting form on the SSBG Portal. The SSBG Portal is a secure web-based data portal. The SSBG Portal allows for more efficient data submission without increasing the overall burden on States. It provides a user-friendly means for States to submit and access their pre-expenditure and post-expenditure and recipient data.