

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Student Program Participant	Student Outcome Survey Baseline—Appendix D.	9600	1	1.5
Student Program Participant	Student Outcome Survey Follow-up—Appendix E.	9600	2	1.5
School data extractor	School Indicators—Appendix F	48	200	15/60
Parent Program Participant	Parent Outcome Survey—Appendix G	5760	2	1
Educator	Educator Outcome Survey—Appendix H	1632	1	30/60
Student Brand ambassador	Brand Ambassador Implementation Survey—Appendix I.	80	2	20/60
School leadership	School Leadership Capacity and Readiness Survey—Appendix J.	48	1	1
Parent Curricula Implementer (6th grade)	Parent Program Fidelity 6th Grade Sessions 1–5—Appendices K, L, M, N, O.	280	3	15/60
Parent Curricula Implementer (7th grade)	Parent Program Fidelity 7th Grade Sessions 1, 3–5—Appendices P, Q, R.	168	3	15/60
Safe Dates Implementer (implementation)	Safe Dates Implementation Survey—Appendix S.	144	1	1
Student Curricula Implementer (6th grade)	Student Program Fidelity 6th Grade Session 1–6—Appendices T, U, V, W, X, Y.	1728	1	15/60
Student Curricula Implementer (7th grade)	Student Program Fidelity 7th Grade Sessions 1–6—Appendices Z–EE.	1728	1	15/60
Student Curricula Implementer (8th grade)	Student Program Fidelity 8th Grade Sessions 1–10—Appendices FF–OO.	2880	1	15/60
Communications Implementer	Communications Campaign Tracking—Appendix PP.	4	4	20/60
Local health department representative	Local Health Department Capacity and Readiness—Appendix QQ.	16	1	2
Parent Program Manager	Parent Program Capacity and Readiness—Appendix RR.	4	1	1
Community Representative	Community Capacity and Readiness—Appendix SS.	40	1	1

Catina Conner,
Acting 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–10291 and CMS–10403]

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:* Revision of a currently approved collection; *Title of Information Collection:* State Collection and Reporting of Dental Provider and Benefit Package Information on the Insure Kids Now! Web site and Hotline; *Use:* The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) sections 501(f)(1) and (2), requires that state-specific information on dental providers and benefits be posted on the Insure Kids Now (IKN) Web site and available on the hotline. States must update the information on the dental providers quarterly and the information on their benefit package annually. CMS is asking States to submit their dental benefits in a revised

format that is designed to reduce the amount of time States have to spend in compiling the dental benefit information. Although in the past we allowed States to only check a box to indicate that the Medicaid dental benefits were in compliance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, we are also modifying the form to ask States to include their Medicaid dental benefits in this form so those may also be posted on the Web site. In addition, we are asking States to specify if they have a dollar or code limit at which point prior authorization is required for any additional services and if they have cost sharing requirements for dental services; *Form Number:* CMS–10291 (OMB #: 0938–1065); *Frequency:* Yearly (dental benefits) and quarterly (dental providers); *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 255; *Total Annual Hours:* 190. (For policy questions regarding this collection contact Nancy Goetschius at 410–786–0707. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Community-

based Care Transitions Program (CTP) Implementation and Monitoring; *Use:* The Medicare Community-Based Care Transitions Program (CCTP), authorized by Section 3026 of the 2010 Affordable Care Act, is a major component of the Partnership for Patients initiative, one goal of which is to decrease preventable complications during transition from a care setting, such as a hospital, to home, community, or another care setting. Appendix A contains a copy of the relevant portion of the legislation.

The CCTP will provide funding to test models for improving care transitions from the hospital to the community for high-risk Medicare beneficiaries. The Centers for Medicare & Medicaid Services (CMS) initiated the CCTP in early 2011 and will operate the program for five years. Congress has authorized \$500 million to cover the cost of the program. CMS expects that program agreements will be in place to authorize community-based organizations (CBOs), in partnership with acute care hospitals, to begin providing care transition services in November 2011 and, if successful, continue doing so for up to five years. The planned collection of a participant experience survey is part of the implementation and monitoring strategy that will review the performance of organizations contracted to provide transitional care services under the CCTP. This clearance package seeks approval for the participant experience survey.

Form Number: CMS-10403 (OMB # 0938-New); *Frequency:* Once; *Affected Public:* Individuals or Households; *Number of Respondents:* 50,000; *Total Annual Responses:* 50,000; *Total Annual Hours:* 12,500. (For policy questions regarding this collection contact Juliana Tiongson at 410-786-0342. 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, 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 November 21, 2011.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer.

Fax Number: (202) 395-6974.

E-mail:

OIRA_submission@omb.eop.gov.

Dated: October 18, 2011.

Martique Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10249]

Agency Information Collection Activities: Proposed Collection; 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) 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:* Administrative Requirements for Section 6071 of the Deficit Reduction Act; *Use:* Under section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171) subsection (c), the Secretary may require States to meet requirements and provide additional information, provisions, and assurances. Through the Operational Protocol, States provide the requirements, information, provisions and assurances which, following CMS approval, States may enroll individuals in the State's demonstration program or begin to claim for service dollars. The Act also requires the Money Follows the Person Rebalancing Demonstration

(MFP) program be evaluated to determine program effectiveness. One aspect of the evaluation is determining participant quality of life and how the program affects quality of life. Medicaid enrollees who participate in the MFP program are expected to have need for long-term care services for the rest of their lives and are a particularly vulnerable population if the community setting cannot adequately meet their needs or does not provide them a suitable quality of life.

State Operational Protocols should provide enough information that: the CMS Project Officer and other Federal officials may use it to understand the operation of the demonstration and/or prepare for potential site visits without needing additional information; the State Project Director can use it as the manual for program implementation; and external stakeholders may use it to understand the operation of the demonstration. The financial information collection will be used in CMS financial statements and shared with the auditors who validate CMS' financial position. The Maintenance of Effort forms as well as the MFP Budget Form are required each year. Submissions of MFP Demonstration Financial Forms are 90 days after the end of each Federal fiscal quarter. The MFP Finders File, MFP Program Participation Data file, and MFP Services File will be used by the national evaluation contractor to assess program outcomes. The MFP Quality of Life data will be used by the national evaluation contractor to assess program outcomes. Specifically, the evaluation will determine how participants' quality of life changes after transitioning to the community. The semi-annual progress reports will be used by the national evaluation contractor and CMS to monitor program implementation at the grantee level; *Form Number:* CMS-10249 (OCN: 0938-1053); *Frequency:* Yearly, Semi-annually, Quarterly, Once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 43; *Total Annual Responses:* 360; *Total Annual Hours:* 9,360. (For policy questions regarding this collection contact Marybeth Ribar at 410-786-1121. 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, or call the