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:

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to 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. More detailed information can be found in each collection’s supporting statement and associated materials (see ADDRESSES).

CMS–R–64 Indirect Medical Education and Supporting Regulations

Under the 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 requires federal agencies to publish a 60-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.

Information Collection

1. Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Indirect Medical Education and Supporting Regulations; Use: Section 1886(d)(5)(B) of the Social Security Act requires additional payments to be made under the Medicare Prospective Payment System (PPS) for the indirect medical educational costs a hospital incurs in connection with interns and residents (IRs) in approved teaching programs. In addition, Title 42, Part 413, sections 75 through 83 implement section 1886(d) of the Act by establishing the methodology for Medicare payment of the cost of direct graduate medical educational activities. These payments, which are adjustments (add-ons) to other payments made to a hospital under PPS, are largely determined by the number of full-time equivalent (FTE) IRs that work at a hospital during its cost reporting period. In Federal fiscal year (FY) 2015, the estimated Medicare program payments for indirect medical education (IME) costs amounted to $8.38 billion. Medicare program payments for direct graduate medical education (GME) are also based upon the number of FTE–IRs that work at a hospital. In FY 2015, the estimated Medicare program payments for GME costs amounted to $3.1 billion. Form Number: CMS–R–64 (OMB control number: 0938–0456); Frequency: Yearly; Affected Public: Private sector (Business or other For-profits); Number of Respondents: 1,245; Total Annual Responses: 1,245; Total Annual Hours: 2,490. (For policy questions regarding this collection contact Milton Jacobson at 410–786–7553.)

Dated: July 14, 2016.
William N. Parham, III,
Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; OAA Title III–C Evaluation

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living 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 September 19, 2016.

ADDRESSES: Submit written comments on the collection of information to Susan Jenkins at Susan.Jenkins@ACL.HHS.Gov.

FOR FURTHER INFORMATION CONTACT: Susan Jenkins, 202.795.7369

SUPPLEMENTARY INFORMATION: In compliance with PRA (44 U.S.C. 3501–3520), the Administration for Community Living (ACL, formerly the Administration for Aging) has submitted the following proposed collection of information to the Office of Management and Budget (OMB) for review and clearance. The Administration for Community Living/ Administration on Aging (ACL/AoA) is requesting approval from the Office of Management and Budget (OMB) to complete data collection associated with the Outcome Evaluation of the Title III–C Nutrition Services Program. ACL is requesting to renew an existing clearance to complete 12 month follow up data collection that was initially approved under OMB Control Number: 0985–0037. The Title III–C Elderly Nutrition Services Program (ENSP) represents a key component of America’s strategy for ensuring that the needs of elderly people are adequately met. The overall evaluation of the Title III–C Program has three broad objectives: (1) To provide information to support program planning, including an analysis of program processes (process evaluation), (2) to develop information about program efficiency and cost issues (cost study), and (3) to assess program effectiveness, as measured by the program’s effects on a variety of important outcomes, including nutrient adequacy, socialization opportunities, health outcomes, and, ultimately, helping elderly people avoid institutionalization (outcome evaluation). The renewal is to complete the data collection related to objective 3. The total burden estimate for the remaining data collection is: 144 hours.

The proposed data collection tools may be found on the ACL Web site at: http://www.aoa.acl.gov/Program_Results/Program_survey.aspx.

Dated: July 12, 2016.
Kathy Greenlee,
Administrator and Assistant Secretary for Aging.

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Administration on Disabilities, President’s Committee for People With Intellectual Disabilities

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.