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: 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:* Revision of a currently approved collection; *Title of Information Collection:* Hospice Conditions of Participation and Supporting Regulations; *Use:* The Conditions of Participation and accompanying requirements are used by federal or state surveyors as a basis for determining whether a hospice qualifies for approval or re-approval under Medicare. The healthcare industry and CMS believe that the availability to the hospice of the type of records and general content of records, which the final rule (72 FR 32088) specifies, is standard medical practice, and is necessary in order to ensure the well-being and safety of patients and professional treatment accountability. Subsequent to the publication of the 60-day **Federal Register** notice (November 29, 2013; 78 FR 71617), the burden hours previously accounted for in OMB control number 0938–0302 have been updated and moved under this package to consolidate all hospice-related burden into a single package. *Form Number:* CMS–10277 (OCN: 0938–1067); *Frequency:* Yearly; *Affected Public:* Private sector (business or other for-profit and not-for-profit institutions); *Number of Respondents:* 3,897; *Total Annual Responses:* 19,654,387; *Total Annual Hours:* 3,300,735. (For policy questions regarding this collection contact Danielle Shearer at 410–786–6617.)

2. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Application for Participation in the Intravenous Immune Globulin (IVIG) Demonstration; Use: Traditional fee-for-service (FFS) Medicare covers some or all components of home infusion services depending on the circumstances. By special statutory provision, Medicare Part B covers intravenous immune globulin (IVIG) for persons with primary immune deficiency disease (PIDD) who wish to receive the drug at home. However, Medicare does not separately pay for any services or supplies to administer it if the person is not homebound and otherwise receiving services under a Medicare Home Health episode of care. As a result, many beneficiaries have chosen to receive the drug at their doctor's office or in an outpatient hospital setting. On Tuesday, January 3, 2012, the President signed into law the ''Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers Act of 2012.'' The act authorizes a 3-year demonstration under Part B of Title XVIII of the Social Security Act to evaluate the benefits of providing payment for items and services needed for the in-home administration of IVIG for the treatment of PIDD.

The statute limited the demonstration to 4,000 beneficiaries and $45 million, including administrative expenses for implementation and evaluation as well as benefit costs. The statute also required that an evaluation of the demonstration be conducted. Under this demonstration, Medicare will issue, under Part B, a bundled payment for all medically necessary supplies and services to administer IVIG in the home to enrolled beneficiaries who are not otherwise homebound and receiving home health care benefits. To implement the demonstration and ensure that statutory limits are not exceeded, it is necessary to positively enroll beneficiaries in the demonstration.

This collection of information is for the application to participate in the demonstration. Participation is voluntary and may be terminated by the beneficiary at any time. Beneficiaries who do not participate will continue to be eligible to receive all of the regular Medicare Part B benefits that they are would be eligible for in the absence of the demonstration. Subsequent to the publication of the 60-day **Federal Register** notice (March 7, 2014; 79 FR 13058), the application has been revised by changing the order of the questions, rewording questions, and allowing more response options. *Form Number:* CMS–10518 (OCN: 0938—New); *Frequency:* Annually; *Affected Public:* Individuals and households; *Number of Respondents:* 4,000; *Total Annual Responses:* 4,000; *Total Annual Hours:* 1,000. (For policy questions regarding this collection contact Jody Blatt at 410–786–6921.)

Dated: May 28, 2014.

Martique Jones,

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

[FR Doc. 2014–12665 Filed 5–30–14; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10340 and CMS–10380]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

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 (the 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 1, 2014:

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*.

3. Call the Reports Clearance Office at (410) 786–1326.

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

SUPPLEMENTARY INFORMATION:

Contents

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–10340 Collection of Encounter Data From Medicare Advantage Organizations, Section 1876 Cost HMOS/CMPS, Section 1833 Health Care Prepayment Plans (HCPPS), and Pace Organizations

CMS–10380 Reporting Requirements for Grants to States for Rate Review Cycle I, Cycle II, Cycle III, and Cycle IV and Effective Rate Review Program

Under the Paperwork Reduction Act (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:* Collection of Encounter Data from Medicare Advantage Organizations, Section 1876 Cost HMOS/CMPS, Section 1833 Health Care Prepayment Plans (HCPPS), and Pace Organizations; *Use:* CMS collects encounter data or data on each item or service delivered to enrollees of Medicare Advantage (MA) plans offered by MA organizations. MA organizations currently obtain this data from providers. CMS collects this information using standard transaction forms and code sets. CMS will use the data for determining risk adjustment factors for payment, updating the risk adjustment model, calculating Medicare DSH percentages, Medicare coverage purposes, and quality review and improvement activities. The data is also used to verify the accuracy and validity of the costs claimed on cost reports. For PACE organizations, encounter data would serve the same purpose it does related to the MA program and would be submitted in a similar manner. *Form Number:* CMS–10340 (OCN: 0938–1152); *Frequency:* Weekly; *Affected Public:* Private sector (business or other for-profits); *Number of Respondents:* 683; *Total Annual Responses:* 516,493,635; *Total Annual Hours:* 34,433 (For policy questions regarding this collection contact Michael Massimini at 410–786–1566).

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Reporting Requirements for Grants to States for Rate Review Cycle I, Cycle II, Cycle III, and Cycle IV and Effective Rate Review Program; *Use:* Under the section 1003 of the Affordable Care Act (ACA) (section 2794 of the Public Health Service Act), the Secretary, in conjunction with the states and territories, is required to establish a process for the annual review, beginning with the 2010 plan year, of unreasonable increases in premiums for health insurance coverage. Section 2794(c) requires the Secretary to establish the Rate Review Grant Program to assist states to implement this provision. In addition, section 2794(c) requires the Rate Review Grant Program to assist states in the establishment and enhancement of ''Data Centers'' that collect, analyze, and disseminate health care pricing data to the public.

Concurrent with this information collection request, HHS released Cycle IV of the Rate Review Grants, ''Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services.'' The purpose of Cycle IV of the Rate Review Grant Program is to continue the rate review successes of Cycles I, II, and III, as well as to provide greater support to Data Centers, thereby enhancing medical pricing transparency. States and territories that apply for funds are required to complete the grant application. States and territories that are awarded funds under this funding opportunity are required to provide the Secretary with rate review data, four quarterly reports, and one annual report per year until the end of the grant period detailing the state's progression towards a more comprehensive and effective rate review process. A final report is due at the end of the grant period. This information collection is required for effective monitoring of grantees and to fulfill statutory requirements under section 2794(b)(1)(A) of the ACA that requires grantees, as a condition of receiving a grant authorized under section 2794(c), to report to the Secretary information about premium increases.

On May 23, 2011, CMS published a final rule with comment period (76 FR 29964) to implement the annual review of unreasonable increases in premiums for health insurance coverage called for by section 2794. Under the regulation, if CMS determines that a state has an Effective Rate Review Program in a given market, using the criteria set forth in the rule, CMS will adopt that state's determinations regarding whether rate increases in that market are unreasonable, provided that the state reports its final determinations to CMS and explains the bases of its determinations. The final rule titled ''Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review'' (78 FR 13406, February 27, 2013) amends the standards under

the Effective Rate Review Program. Currently, CMS relies on publicly available information and annual calls with individual states to obtain the information needed to evaluate whether a state has begun to or continues to satisfy the Effective Rate Review Program criteria. CMS is proposing to instead collect the information in writing from all states that would like to request effective status. *Form Number:* CMS–10380 (OCN: 0938–1121); *Frequency:* Annually and On occasion; *Affected Public:* Public Sector and State and Territory Governments; *Number of Respondents:* 50; *Total Annual Responses:* 553; *Total Annual Hours:* 20,951. (For policy questions regarding this collection contact Susie Lorden at 301–492–4162.)

Dated: May 28, 2014.

Martique Jones,

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

[FR Doc. 2014–12664 Filed 5–30–14; 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) 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 31, 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 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.

Information collected in the post-expenditure reports submitted by States is analyzed and described in an annual report on SSBG expenditures and recipients produced by the Office of Community Services (OCS), Administration for Children and Families (ACF). The information contained in this report is used for program planning and management. The data establish how SSBG funding is used for the provision of services in each State to each of the many specific populations of vulnerable children and adults.

The data is also analyzed to determine the performance of States' in meeting the SSBG program performance measures developed to meet the requirements of the Government Performance and Results Act of 1993 (GPRA), as amended by the GPRA Modernization Act of 2010.[1] GPRA requires all Federal agencies to develop measurable performance goals.

The SSBG program currently has an administrative costs efficiency measure which is intended to decrease the percentage of SSBG funds identified as administrative costs in the post-expenditure reports.[2] The SSBG program is also implementing a new

[1] Public Law 11–352; 31 U.S.C. 1115(b)(10).

[2] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services. (2007, June). *Implementing a new performance measure to enhance efficiency* (Information Memorandum Transmittal No. 04–2007). Available from *http://archive.acf.hhs.gov/programs/ocs/ssbg/procedures/ssbg_im_04_2007.html.*