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: Medicare Parts C and D Universal Audit Guide. Use: Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and implementing regulations under 42 CFR parts 422 and 423, Medicare Part D plan sponsors and Medicare Advantage organizations are required to comply with all Medicare Parts C and D program requirements. In 2010 the explosive growth of these sponsoring organizations forced CMS to develop an audit strategy to ensure we continue to obtain meaningful audit results. As a result, CMS' audit strategy reflected a move to a more targeted, data-driven and risk-based audit approach that focused on high-risk areas having the greatest potential for beneficiary harm.

To accomplish this we have combined all Part C and Part D audit elements into one universal guide which will also promote consistency, effectiveness and reduce financial and time burdens for both CMS and Medicare-contracting entities. The combined Medicare Part C & D Universal Audit Guide received OMB approval in 2010. The Health Plan Management System (HPMS) is the current conduit by which organizations submit many sources of audit materials such as bids and other ongoing updates to CMS. Please note the guide is very comprehensive in that it describes all areas that could be audited. Due to limited resources, CMS is unable to audit all areas for any particular sponsor. Some areas could be monitored by the account manager, etc. Other areas could be audited in the program audits.

To maximize resources, CMS will focus on assisting the industry to improve their operations to ensure beneficiaries receive access to care. One way to accomplish this is CMS will develop an annual audit strategy which describes how sponsors will be selected for audit and the areas that will be audited. The audit strategy will be shared with the industry via the CMS Web site, HPMS memo, the Part C & D user call, and other conferences. Once the audit areas are defined, CMS will design audit protocols describing in detail the focus of the audit, the data

required for the audit, etc. The Engagement Letter and Protocols will be sent to all sponsors selected for audit 4 weeks prior to starting the audit. In addition, the protocols will be released to the industry at the beginning of each calendar year via the same manner as the audit strategy. To assist in improving the audit process, CMS sends the plan sponsors a survey at the end of each audit to complete in order to obtain the sponsor's feedback. The sponsor is not required to complete the survey.

Form Number: CMS-10191 (OCN 0938-1000). Frequency: Yearly. Affected Public: Private Sector (business or other for-profit and not-for-profit institutions). Number of Respondents: 195. Total Annual Responses: 195. Total Annual Hours: 24,180. (For policy questions regarding this collection contact Tracey Roberts at 410-786-8643. 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 <a href="http://www.cms.hhs.gov/PaperworkReductionActof1995">http://www.cms.hhs.gov/PaperworkReductionActof1995</a>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to <a href="mailto:Paperwork@cms.hhs.gov">Paperwork@cms.hhs.gov</a>, or call the Reports Clearance Office on 410–786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by March 25, 2013:

- 1. Electronically. You may submit 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) 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.

Dated: January 16, 2013.

### Martique Jones,

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

[FR Doc. 2013–01167 Filed 1–18–13; 8:45 am] BILLING CODE 4120–01–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier CMS-10453]

Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB); Extension of Comment Period

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Agency information collection activities: Proposed collection; comment request; extension of comment period.

summary: This notice extends the comment period for a 60-day notice request for proposed information collection request associated with the notice [Document Identifier: CMS–10453] entitled "The Medicare Advantage and Prescription Drug Program: Part C Explanation of Benefits CFR 422.111(b)(12)" that was published in the November 26, 2012 (77 FR 70445) Federal Register. The comment period for the information collection request, which would have ended on January 25, 2013, is extended to February 1, 2013.

**DATES:** The comment period for the information collection request published in the January 25, 2013, **Federal Register** (77 FR 70445) is extended to February 1, 2013.

FOR FURTHER INFORMATION CONTACT: William Parham, (410) 786–4669. SUPPLEMENTARY INFORMATION:

### I. Background

In the FR Doc. 2012–28570 of November 26, 2012 (77 FR 70445), we published a Paperwork Reduction Act notice requesting a 60-day public comment period for the document entitled "The Medicare Advantage and Prescription Drug Program: Part C Explanation of Benefits CFR 422.111(b)(12)."

There were technical delays with making the information collection request publicly available; therefore, in this notice we are extending the comment period from the date originally listed in the November 26, 2012, notice.

#### II. Extension of Comment Period

We are extending the comment period for the notice [Document Identifier: CMS-10453] in FR Doc. 2012-28570 published on November 26, 2012 (77 FR 70445).

The date listed on page 70445, third column, second full paragraph, on the fifth line in the paragraph beginning with "To be assured consideration,

comments and recommendations must be submitted in one of the following ways by January 25, 2013." has been extended to February 1, 2013."

Dated: January 16, 2013.

### Martique Jones,

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

[FR Doc. 2013-01172 Filed 1-18-13; 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: Procedures for Requests from Tribal Lead Agencies to use Child Care and Development Fund (CCDF) Funds for Construction or Major Renovation of Child Care Facilities.

OMB No.: 0970–0160.

Description: The Child Care and
Development Block Grant Act, as
amended, allows Indian Tribes to use
Child Care and Development Fund
(CCDF) grant awards for construction
and renovation of child care facilities. A
tribal grantee must first request and

renovation.

\*Respondents: Tribal Child Care Lead Agencies acting on behalf of Tribal Governments.

Administration for Children and

statutorily-mandated uniform

instructions for preparation of

environmental assessments in

conjunction with the National

Environmental Policy Act. The

funds for construction or major

Families (ACF) before using CCDF funds

This information collection contains the

for construction or major renovation.

procedures for the solicitation and

consideration of requests, including

proposed draft procedures update the

procedures that were originally issued

April 2010. Respondents will be CCDF

tribal grantees requesting to use CCDF

in August 1997 and last updated in

### ANNUAL BURDEN ESTIMATES

receive approval from the

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Construction or Major Renovation of Tribal Child Care Facilities	5	1	20	100

Estimated Total Annual Burden Hours: 100.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register.

Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email:

OIRA\_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

### Robert Sargis,

Reports Clearance Officer. [FR Doc. 2013–01117 Filed 1–18–13; 8:45 am]

BILLING CODE 4184-01-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **Food and Drug Administration**

[Docket No. FDA-2013-N-0065]

Agency Information Collection Activities; Proposed Collection; Comment Request; Registration of Food Facilities Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. 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 of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection provisions of the Agency's regulations that require registration for domestic and foreign facilities that manufacture, process,

pack, or hold food for human or animal consumption in the United States.

**DATES:** Submit either electronic or written comments on the collection of information by March 25, 2013.

ADDRESSES: Submit electronic comments on the collection of information to http://www.regulations.gov. Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

#### FOR FURTHER INFORMATION CONTACT:

Domini Bean, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50– 400T, Rockville, MD 20850, domini.bean@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: 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. "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