

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.)

2. *Type of Information Collection Request*: New collection; *Title of Information Collection*: Long Term Care Hospital (LCTH) Quality Reporting Program—Pressure Ulcer Measure Data Set; *Use*: Section 3004 of the Affordable Care Act authorizes the establishment of a new quality reporting program for Long Term Care Hospitals (LTCHs). LTCHs that fail to submit quality measure data may be subject to a 2 percentage point reduction in their annual update to the standard Federal rate for discharges occurring during a rate year, beginning in FY 2014. One of

the quality measures LTCHs are required to collect and submit data on is the Percent of Residents with Pressure Ulcers That Are New or Have Worsened.

Currently, there are no mandatory standardized data sets being used in LTCHs. Therefore, we have created a new data set to be used in LTCHs, which incorporates data items contained in other, well known and clinically established pressure ulcer data sets, including but not limited to the Minimum Data Set 3.0 (MDS 3.0) and CARE data set (Continuity Assessment Records & Evaluation).

Beginning on October 1, 2012, LTCHs will begin to use a data collection document entitled the "LTCH CARE Data Set" as the vehicle by which to collect the pressure ulcer data for the LTCH quality reporting program. This data set consists of the following components: (1) Pressure ulcer documentation; (2) selected covariates related to pressure ulcers; (3) patient demographic information; and; (4) a provider attestation section. The use of the LTCH CARE Data Set is necessary in order to allow CMS to collect LTCH quality measures data in compliance with Section 3004 of the Affordable Care Act. There are no other reasonable alternatives available to CMS for the collection and submission of pressure ulcer data.

The 60 day Federal Notice published on Friday, September 2, 2011 (76 FR 54776). Since September 2, 2011, CMS has worked on the operational aspects of the LTCH Quality Reporting Program. While performing this work, CMS determined that several non-material changes were needed on the LTCH CARE Data Set. These changes have been made merely to correct minor errors and do not increase the burden to the provider. *Form Number*: CMS-10409 (OCN: 0938-New); *Frequency*: Occasionally; *Affected Public*: Private Sector; Business or other for-profit and not-for-profit institutions; *Number of Respondents*: 3,531; *Total Annual Responses*: 3,531; *Total Annual Hours*: 883. (For policy questions regarding this collection contact Caroline Gallaher at (410) 786-8705. 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

Email 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 *January 27, 2012*.

OMB, Office of Information and Regulatory Affairs, *Attention*: CMS Desk Officer, *Fax Number*: (202) 395-6974,

Email: OIRA_submission@omb.eop.gov.

Dated: December 21, 2011.

Martique Jones,

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

[FR Doc. 2011-33321 Filed 12-27-11; 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: University Centers for Excellence in Developmental Disabilities Education, Research, and Service—Annual Report.

OMB No.: 0970-0289.

Description

Section 104 (42 U.S.C. 15004) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act of 2000) directs the Secretary of Health and Human Services to develop and implement a system of program accountability to monitor the grantees funded under the DD Act of 2000. The program accountability system shall include the National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs) authorized under Part D of the DD Act of 2000. In addition to the accountability system, Section 154 (e) (42 U.S.C. 15064) of the DD Act of 2000 includes requirements for a UCEDD Annual Report.

Respondents: ADD University Centers.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
UCEDD Annual Report Template	67	1	1,412	94,604

Estimated Total Annual Burden Hours: 94,604.

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. 2011-33192 Filed 12-27-11; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Administration on Children, Youth and Families; Statement of Organization, Functions, and Delegations of Authority**

AGENCY: Administration for Children and Families, HHS.

ACTION: Notice.

SUMMARY: Statement of Organizations, Functions, and Delegations of Authority The Administration for Children and Families (ACF) has reorganized the Administration on Children, Youth and Families (ACYF). This reorganization realigns the Children's Bureau Data and

Technology Team and the Family and Youth Services Bureau Research, Data, and Evaluation Team to create the Office of Data Analysis, Research, and Evaluation. It also renames the Division of Research and Innovation to the Division of Program Innovation. It renames the Division of Youth Services to the Division of Adolescent Development and Support. It deletes the Division of Abstinence Programs. Additionally, it deletes the Mentoring Children of Prisoners program.

FOR FURTHER INFORMATION CONTACT:

Bryan Samuels, Commissioner, Administration on Children, Youth and Families, 1250 Maryland Avenue SW., Washington, DC 20024, (202) 205-8347.

This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), Administration for Children and Families (ACF) as follows: Chapter KB, Administration on Children, Youth and Families (ACYF), as last amended 72 FR 24314-24316, May 2, 2007.

I. Under Chapter, KB, Administration on Children, Youth and Families, delete KB in its entirety and replace with the following:

KB.00 Mission. The Administration on Children, Youth and Families (ACYF) advises the Secretary, through the Assistant Secretary for Children and Families, on matters relating to the sound development of children, youth, and families by planning, developing, and implementing a broad range of activities that prevent or remedy the effects of trauma, abuse, and/or neglect of children and youth and promote child, adolescent, and family well-being.

ACYF administers State grant programs under titles IV-B and IV-E of the Social Security Act; manages the Adoption Opportunities program and other discretionary programs for the development and provision of child welfare services; and implements the Child Abuse Prevention and Treatment Act. It administers programs under the Runaway and Homeless Youth Act; carries out the provisions of the Family Violence Prevention and Services Act; and manages adolescent pregnancy

prevention programs under the Affordable Care Act.

In concert with other components of ACF, ACYF develops and implements research, demonstration, and evaluation strategies for the discretionary funding of activities designed to improve and enrich the lives of children and youth and to strengthen families. It administers Child Welfare Services training and research and demonstration programs authorized by title IV-B of the Social Security Act and oversees promising youth development programs.

KB.10 Organization. The Administration on Children, Youth and Families is headed by a Commissioner, who reports directly to the Assistant Secretary for Children and Families, and consists of:

Office of the Commissioner (KBA).

Office of Management Services (KBA1).

Office of Data Analysis, Research and Evaluation (KBA3).

Children's Bureau (KBD).

Children's Bureau Regional Program Units (KBDDI-X).

Office of Child Abuse and Neglect (KBD1).

Division of Policy (KBD2).

Division of Program Implementation (KBD3).

Division of Program Innovation (KBD4).

Division of Child Welfare Capacity Building (KBD5).

Division of State Systems (KBD6).

Family and Youth Services Bureau (KBE).

Division of Adolescent Development and Support (KBE1).

Division of Family Violence Prevention (KBE2).

KB.20 Functions. A. The Office of the Commissioner serves as principal advisor to the Assistant Secretary for Children and Families, the Secretary, and other officials of the Department on the sound development of children, youth, and families. It provides executive direction and management strategy to ACYF components. The Deputy Commissioner assists the Commissioner in carrying out the responsibilities of the Office.

In addition to the Immediate Office, the Office of the Commissioner contains