

CDC requests OMB approval to revise information collection for the NQDW as follows.

The ASQ will become an additional respondent providing data to the NQDW using the NQDW Intake Questionnaire, NQDW (ASQ) Seven-Month Follow-up Questionnaire, and NQDW Quitline Services Survey. This increases the number of participating Quitlines from 53 to 54.

Five questions will be added to the NQDW Intake Questionnaire to collect information about pregnancy, insurance status, type of health insurance, mental health, and language of service. The estimated burden per response for a complete intake interview is 10 minutes. The complete intake interview is only administered to callers who request information or assistance for themselves. A short version of the

intake interview will be administered to any caller who contacts a quitline on behalf of another person. The short version of the intake interview consists of a subset of four questions. The estimated burden per response for these callers is one minute.

The Seven-Month Follow-up Questionnaire will be discontinued for all callers except those who receive services through the ASQ.

Individual-level data (intake and 7-month follow-up) are submitted to CDC electronically through a secure FTP server or via U.S. mail. The burden table for the NQDW includes allocations for the caller intake and follow-up interviews, and an allocation for quitlines to prepare and submit the de-identified aggregate files.

The information collected in the NQDW will be used to determine the

role Quitlines play in promoting tobacco use cessation, measure the number of tobacco users being served by state quitlines, determine reach of Quitlines to high-risk populations (e.g., racial and ethnic minorities and the medically underserved), measure the number using each state quitline who quit, determine whether some combinations of services contribute to higher quit rates than others, and improve the timeliness, access to, and quality of data collected by quitlines.

OMB approval is requested for three years. During this period there is a net reduction in total estimated annualized burden hours due to adjustments in the estimated number of Quitline callers. There are no costs to respondents other than their time. The total estimated annualized burden hours are 80,708.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Quitline callers who contact the quitline for help for themselves.	NQDW Intake Questionnaire (English-complete).	478,638	1	10/60
	ASQ Intake Questionnaire (Chinese, Korean, or Vietnamese-complete).	803	1	10/60
	ASQ Seven-Month Follow-up Questionnaire	659	1	7/60
Caller who contacts the Quitline on behalf of someone else.	NQDW Intake Questionnaire (English-subset).	26,007	1	1/60
	ASQ Intake Questionnaire (Chinese, Korean, or Vietnamese-subset).	116	1	1/60
	Submission of NQDW Intake Questionnaire Electronic Data File to CDC.	54	4	1
Tobacco Control Manager or their Designee/Quitline Service Provider.	Submission of NQDW (ASQ) Seven-Month Follow-up Electronic Data File to CDC.	1	1	1
	NQDW Quitline Services Survey	54	4	20/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10079]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Department of Health and Human Services.

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 December 8, 2015.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. 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-10079 Hospital Wage Index Occupational Mix Survey and Supporting Regulations in 42 CFR, Section 412.64

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:* Hospital Wage Index Occupational Mix Survey and Supporting Regulations in 42 CFR, Section 412.64; *Use:* Section 304(c) of Public Law 106-554 amended section 1886(d) (3) (E) of the Social Security Act to require CMS to collect data every three years on the occupational mix of employees for each short-term, acute care hospital participating in the Medicare program, in order to construct an occupational mix adjustment to the wage index, for application beginning October 1, 2004 (the FY 2005 wage index). The purpose of the occupational mix adjustment is to control for the effect of hospitals' employment choices on the wage index. For example, hospitals may choose to employ different combinations of registered nurses, licensed practical nurses, nursing aides, and medical assistants for the purpose of providing nursing care to their patients. The varying labor costs associated with these choices reflect hospital management decisions rather than geographic differences in the costs of labor. The FY 2016 survey will provide for the collection of hospital-specific wages and hours data for calendar year 2016 (that is, payroll periods ending between January 1, 2016 and December 31, 2016). The 2016 Medicare occupational mix survey will be applied beginning with the FY 2019 wage index. *Form Number:* CMS-10079 (OMB control number: 0938-0907); *Frequency:* Yearly; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit institutions), State, Local and Tribal Governments; *Number of Respondents:* 3,400; *Total Annual Responses:* 3,400; *Total Annual Hours:* 1,632,000. (For policy questions regarding this collection contact Noel Manlove at 410-786-5161.

Dated: October 6, 2015.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Title IV-E Plan for Foster Care, Adoption Assistance, and, Optional, Guardianship Assistance Programs.

OMB No.: 0970-0433.

Description: A title IV-E plan is required by section 471, part IV-E of the Social Security Act (the Act) for each public child welfare agency requesting Federal funding for foster care, adoption assistance and guardianship assistance under the Act. Section 479B of the Act provides for an Indian tribe, tribal organization or tribal consortium (Tribe) to operate a title IV-E program in the same manner as a State with minimal exceptions. The Tribe must have an approved title IV-E Plan. The title IV-E plan provides assurances the programs will be administered in conformity with the specific requirements stipulated in title IV-E. The plan must include all applicable State or Tribal statutory, regulatory, or policy references and citations for each requirement as well as supporting documentation. A title IV-E agency may use the pre-print format prepared by the Children's Bureau of the Administration for Children and Families or a different format, on the condition that the format used includes all of the title IV-E plan requirements of the law.

Respondents: Title IV-E agencies administering or supervising the administration of the title IV-E programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Title IV-E Plan	17	1	16	272

Estimated Total Annual Burden Hours: 272.

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