

Recovery Act establishes 100 percent Federal financial participation (FFP) as reimbursement to States for making incentive payments to providers for meaningful use of certified electronic health record technology and 90 percent FFP for administering these payments. Additionally, States are required to conduct oversight of this program and ensure no duplicate payments; thus, CMS is requiring States to submit information to CMS for prior approval before drawing down funding. These documents, if States choose to implement these flexibilities, will require a collection of information to effectuate these changes.

The State Medicaid agencies will complete the templates. CMS will review the information to determine if the State has met all of the requirements of the Recovery Act provisions the States choose to implement. If the requirements are met, CMS will approve the amendments giving the State the authority to implement their Health Information Technology (HIT) strategy and implementation plans. For a State to receive Medicaid Title XIX funding, there must be an approved State Medicaid HIT Plan, Planning Advance Planning Document and Implementation Advance Planning Document; *Form Number:* CMS-10292 (OMB#: 0938-1088); *Frequency:* Yearly, Once, Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 56. (For policy questions regarding this collection contact Sherry Armstead at 410-786-4342. For all other issues call 410-786-1326.)

**8. Type of Information Collection Request:** Extension without change of a currently approved collection; **Title of Information Collection:** Provider Enrollment, Chain and Ownership System (PECOS) Security Consent Form; **Use:** The primary function of the Medicare enrollment application is to obtain information about the provider or supplier and whether the provider or supplier meets Federal and/or State qualifications to participate in the Medicare program. In addition, the Medicare enrollment application gathers information regarding the provider or supplier's practice location, the identity of the owners of the enrolling organization, and information necessary to establish the correct claims payment. In establishing a Web based application

process, we allow providers and suppliers the ability to enroll in the Medicare program via the Internet. For these applicants, no security consent form is needed to enroll or make a change in their Medicare enrollment information. These applicants receive complete access to their own enrollments through Internet-based Provider Enrollment, Chain and Ownership System (PECOS).

In order to allow a provider or supplier to delegate the Medicare credentialing process to another individual or organization, it is necessary to establish a Security Consent Form for those providers and suppliers who choose to have another individual or organization access their enrollment information and complete enrollments on their behalf. These users could consist of administrative staff, independent contractors, or credentialing departments and are represented as Employer Organizations. Employer Organizations and its members must request access to enrollment data through a Security Consent Form. The security consent form replicates business service agreements between Medicare applicants and organizations providing enrollment services.

We are proposing two different versions of the Security Consent Form. The form, once signed, mailed and approved, grants an employer organization or its member's access to all current and future enrollment data for the Medicare provider. *Form Number:* CMS-10220 (OMB#: 0938-1035); *Frequency:* Occassionaly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 197,500; *Total Annual Responses:* 197,500; *Total Annual Hours:* 49,375. (For policy questions regarding this collection contact Alisha Banks at 410-786-0671. 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 E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto: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 March 21, 2011.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, *E-mail:* [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

**Martique Jones,**

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

[FR Doc. 2011-3748 Filed 2-17-11; 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:* Strengthening Communities Fund (SCF) Performance Management and Evaluation Support.

*OMB No.:* New Collection.

*Description:* This proposed information collection activity is to obtain information from participants in two Strengthening Communities Fund (SCF) programs: The Nonprofit Capacity Building Program and the State, Local, and Tribal Government Capacity Building Program. Both programs are designed to contribute to the economic recovery as authorized in the American Recovery and Reinvestment Act of 2009 (ARRA). The SCF evaluation is an important opportunity to examine outcomes achieved by the Strengthening Communities Fund and progress toward the objective of improving the capacity of organizations served by program grantees to address broad economic recovery issues in their communities.

The evaluation will be designed to assess progress and measure increased organizational capacity of each participating organization. The purpose of this request is to receive approval of the data collection instruments that will be used in this study.

A significant amount of information is already being collected through program-specific OMB-approved PPR forms or is available through secondary sources. Proposed surveys and phone interviews are very brief to reduce the burden on respondents.

*Respondents:*

## ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
On-line Survey of SCF Grantees .....	84	1	0.25	21
Telephone Interview of SCF Grantees .....	84	1	1.5	126
On-line Survey of Faith-based and Community Organizations (FBCOs) .....	1,000	1	0.5	500

Estimated Total Annual Burden Hours: 647.

**Additional Information:** Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 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. E-mail address: [infocollection@acf.hhs.gov](mailto: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, E-mail:  
[OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV),  
Attn: Desk Officer for the  
Administration for Children and  
Families.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2011-3745 Filed 2-17-11; 8:45 am]

**BILLING CODE 4184-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Income Withholding for Support (IWO).

*OMB No.:* 0970-0154.

#### Description

Use of the OMB-approved Income Withholding for Support form falls under the authority of section 466 of the Act, 42 U.S.C. 666. Section 466(b)(6)(A)(ii) of the Act requires that the notice given to the employer for income withholding in IV-D cases shall be in a standard format prescribed by the Secretary, and contain only such information as may be necessary for the employer to comply with the withholding order for all IV-D cases. Section 466(a)(8)(B)(iii) of the Act requires that section 466(b)(6)(A)(ii) of the Act be applicable also to non-IV-D income withholding orders. These provisions clearly require all individuals and entities to use a form developed by the Secretary of HHS to notify employers of the income withholding order for child support in all IV-D and non-IV-D cases.

OCSE requires States' automated systems to be able to automatically generate and download data to the OMB approved income withholding form. If child support orders are established by the child support agency, necessary information is already contained within the automated system for downloading

into income withholding orders. If a court or other tribunal has issued a child support order, then agency staff enter the terms of the order into the automated system for use in issuing income withholding orders. Copies of the income withholding order are made for all necessary parties, and copies are transmitted to the employer/income withholder by mail or through the OCSE electronic income withholding order (e-IWO) portal.

The Income Withholding for Support form and instructions were updated for consistency and clarity in light of numerous comments suggesting changes, based on comments received during the 60-day comment period of the 1st **Federal Register** Notice publication.

**Respondents:** Non-IV-D Custodial Parties and Employers.

Previous iterations of the IWO omitted employers and non-IV-D CPs or their representatives, including attorneys or other entities issuing IWOs on behalf of CPs, as respondents; however, upon further review it has been determined that the impact on employers and non-IV-D CPs should be included in this information collection. This is based on the requirement that employers complete the "Notification of Termination/Income Status" section of the IWO and that non-IV-D CPs or their representative issuing IWOs do not have the information required to complete the IWO contained in an automated system and therefore are required to manually issue IWOs to employers/income withholders. The annual burden estimates for employers and CPs is captured in number 12.

## ANNUAL BURDEN ESTIMATES

Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (min)	Total burden hours
Employers .....	1,232,622	8	2	312,264
Non-IV-D CPs .....	1,969,044	1	5	164,087