Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate 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 function; (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:* Extension of a currently approved collection; Title of Information Collection: Model Application Template for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program, and Model Application Template and Instructions; *Use:* States are required to submit Title XXI plans and amendments for approval by the Secretary pursuant to Section 2102 of the Social Security Act in order to receive funds for initiating and expanding health insurance coverage for uninsured children. The model application template is used to assist States in submitting a State Child Health Plan and amendments to that plan; *Form Number:* CMS–R–211 (OMB#: 0938–0707); *Frequency:* Quarterly and annually; *Affected Public:* State, local or tribal government; *Number of Respondents:* 40; *Total Annual Responses:* 40; *Total Annual Hours:* 3,200.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Restraint and Seclusion Standards for Psychiatric Residential Treatment Facilities; *Use:* Psychiatric residential treatment facilities are required to report deaths, serious injuries and attempted suicides to State Medicaid Agency and Protection and Advocacy Organization. They are also required to provide residents restraint and seclusion policy in writing, and to document resident record of all activities involving use of restraint and seclusion. *Form Number:* CMS–R–306 (OMB#: 0938–0833); *Frequency:* On occasion; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 500; *Total Annual Responses:* 1,199,000; *Total Annual Hours:* 713,250.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Granting and Withdrawal of Deeming Authority to Private Nonprofit Accreditation Organizations and of State Exemption Under State Laboratory Program and Supporting Regulations in 42 CFR 493.551–493.557; *Use:* The information required is necessary to determine whether a private accreditation organization's or State licensure program's standards and accreditation/licensure process is equal to or more stringent than those of CLIA; *Form Number:* CMS–R–185 (OMB#: 0938–0686); *Frequency:* As needed; *Affected Public:* Not-for-profit institutions, business or other for-profit, and State, local or tribal government; *Number of Respondents:* 8; *Total Annual Responses:* 76; *Total Annual Hours:* 768.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Inpatient Psychiatric Services for Individuals Under Age 21 and Supporting Regulations in 42 CFR 441.151 and 441.152; *Use:* Certification requirements in Section 441.152 require that the certification of need for inpatient psychiatric services include documented clinical evidence that serves as the basis for the certification of need for inpatient psychiatric care. Section 1905(h)(1)(B) requires physicians and other personnel qualified to make determinations, with respect to mental health conditions and the treatment thereof, certify the need for care which they have determined to be necessary on an inpatient basis; *Form Number:* CMS–R–238 (OMB#: 0938–0754); *Frequency:* Recordkeeping; *Affected Public:* State, local or tribal government, not-for-profit institutions and business or other for-profit; *Number of Respondents:* 80,000; *Total Annual Responses:* 80,000; *Total Annual Hours:* 1.

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/regulations/pra/*, or e-mail 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.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 4, 2005.

John P. Burke, III,

CMS Paperwork Reduction Act Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group.

[FR Doc. 05–4886 Filed 3–10–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10143, CMS–R–295, CMS–R–79, and CMS–R–10]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate 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.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Monthly State File of Medicaid/Medicare Dual Eligible Enrollees and Supporting Regulations in 42 CFR 423.900 through 423.910; *Use:* The monthly file of dual eligible enrollees will be used to determine those duals with drug benefits for the phased-down State contribution process required by the Medicare Modernization Act of 2003 (MMA). Section 103(a)(2) of the MMA addresses the phased-down State contribution (PDSC) process for the Medicare program. The reporting of the Medicare/Medicaid dual eligibles on

a monthly basis is necessary to implement those provisions, and to Support Part D subsidy determinations and auto-assignment of individuals to Part D plans. The PDSC is a partial recoupment from the States of ongoing Medicaid drug costs for dual eligibles assumed by Medicare under MMA, which absent the MMA would have been paid for by the States; *Form Number:* CMS–10143 (OMB#: 0938–NEW); *Frequency:* Recordkeeping and Monthly reporting; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 51; *Total Annual Responses:* 612; *Total Annual Hours:* 10,710.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare CAHPS Disenrollment Surveys and Supporting Regulations in 42 CFR 417.126, 417.470, 422.64, and 422.210; *Use:* This survey helps Medicare track a variety of consumer satisfaction measures relating to Medicare beneficiaries who leave their MA plans. The Centers for Medicare & Medicaid Services (CMS) has a responsibility to its Medicare beneficiaries to require that care provided by managed care organizations under contract to CMS is of high quality. One way of ensuring high quality care is through the development of performance measures and standardized satisfaction surveys that enable CMS to gather the data needed to evaluate the care provided to Medicare beneficiaries; *Form Number:* CMS–R–295 (OMB#: 0938–0779); *Frequency:* Quarterly; *Affected Public:* Individuals or Households; *Number of Respondents:* 44,200; *Total Annual Responses:* 41,697; *Total Annual hours:* 17,823.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Payment Adjustment for Sole Community Hospitals and Supporting Regulations in 42 CFR 412.92; Form No.: CMS–R–79 (OMB# 0938–0477); Use: This collection provides that if a hospital that is classified as a sole community hospital (SCH) experiences, due to circumstances beyond its control, a decrease of more than 5 percent in its total number of discharges compared to the immediately preceding cost reporting period, the hospital may apply for a payment adjustment. To qualify for this adjustment to its payment rate an SCH must submit documentation, including cost information as requested by CMS, to the intermediary; *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, Business or other for-profit, and State, Local or Tribal Government; *Number of Respondents:* 40; Total Annual Responses: 40; Total Annual Hours: 160.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Information Collection Requirements Contained in BPD–718: Advance Directives (Medicare and Medicaid) and Supporting Regulations in 42 CFR 417.436, 417.801, 422.128, 430.12, 431.20, 431.107, 438.6, 440.170, 483.10, 484.10, and 489.102; Form No.: CMS–R–10 (OMB# 0938–0610); Use: Steps have been taken at both the Federal and State level, to afford greater opportunity for the individual to participate in decisions made concerning the medical treatment to be received by an adult patient in the event that the patient is unable to communicate to others, a preference about medical treatment. The individual may make his preference known through the use of an advance directive, which is a written instruction prepared in advance, such as a living will or durable power of attorney. This information is documented in a prominent part of the individual's medical record. Advance directives as described in the Patient Self-Determination Act (enacted in 1991) have increased the individual's control over decisions concerning medical treatment. The advance directives requirement was enacted because Congress wanted individuals to know that they have a right to make health care decisions and to refuse treatment even when they are unable to communicate.; *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 33,096; *Total Annual Responses:* 33,096; *Total Annual Hours:* 924,120.

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/regulations/pra/*, or e-mail 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.

Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Reduction Act Reports Clearance Officer designated at the addressbelow:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Melissa Musotto, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: March 4, 2005.

John P. Burke, III,

CMS Paperwork Reduction Act Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group.

[FR Doc. 05–4887 Filed 3–10–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information shall have practical utility; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Evaluation of Universal Newborn Hearing Screening and Intervention Program—(NEW)

The purpose of the universal newborn hearing screening and intervention evaluation project is to describe the efficacy, or lack thereof, of a national program to assure that all newborn infants are screened for hearing loss before discharge from the newborn nursery, and that those infants who do not pass the initial screening procedures have timely and appropriate follow-up,