

Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 18, 2011.

A. Federal Reserve Bank of Richmond (Adam M. Drimer, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *Capital One Financial Corporation*, McLean, Virginia; to acquire 100 percent of the voting shares of ING Bank, FSB, Wilmington, Delaware, and indirectly acquire voting shares of Sharebuilder Advisors, LLC, and ING Direct Investing, Inc., both in Seattle, Washington, and thereby engage in operating a Federal savings bank, and investment financial advisory and securities brokerage service activities, pursuant to sections 225.28(b)(4)(ii), (b)(6)(i), and (b)(7)(i) of Regulation Y.

Board of Governors of the Federal Reserve System, July 19, 2011.

Robert deV. Frierson,
Deputy Secretary of the Board.

[FR Doc. 2011-18530 Filed 7-21-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10380]

Agency Information Collection Activities: Submission for OMB Review; 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), 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:* Revision of a currently approved collection; *Title of Information Collection:* Rate Review Grants to States and Territories Cycle I and II Funding Opportunity Announcement Application and Reporting; *Use:* Under the Section 1003 of the Affordable Care Act (Section 2794 of the Public Health Service Act), the Secretary, in conjunction with the States and territories, is required to establish a process for the annual review, beginning with the 2010 plan year, of unreasonable increases in premiums for health insurance coverage. Section 2794(c) requires the Secretary to establish Premium Review Grants to States to assist States to implement this provision.

The U.S. Department of Health and Human Services (HHS) released the Rate Review Grants Cycle I funding opportunity twice; first to States (and the District of Columbia) in June 2010 and then to the territories and the five States that did not apply during the first release, (http://www.hhs.gov/ociio/initiative/final_premium_review_grant_solicitation.pdf). The second release was due to the decision that the territories were subject to provisions of the ACA and hence eligible for the Rate Review Grants. 46 States and 5 U.S. territories plus the District of Columbia were awarded grants. CCIIO is seeking to publish the Cycle II Funding Opportunity Announcement and associated grantee reporting requirements consisting of (4) quarterly reports, rate review transaction data (quarterly), (1) annual report per year, and (1) final report from all grantees. This information collection is required for effective monitoring of grantees and

to fulfill statutory requirements under Section 2794(b)(1)(a) that requires grantees, as a condition of receiving a grant authorized under Section 2794(c), to report to The Secretary information about premium increases. *Form Number:* CMS-10380 (OCN: 0938-1121); *Frequency:* Annually, On Occasion; *Affected Public:* Public Sector: State and Territory Governments; *Number of Respondents:* 107; *Number of Responses:* 1,075; *Total Annual Hours:* 42,872. (For policy questions regarding this collection, contact Jacqueline Roche at 301-492-4171. 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, 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 August 22, 2011.

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

Dated: July 15, 2011.

Michelle Shortt,

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

[FR Doc. 2011-18365 Filed 7-21-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10403]

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:* Community-based Care Transitions Program (CCTP) Implementation and Monitoring; *Use:* The Medicare Community-Based Care Transitions Program (CCTP), authorized by Section 3026 of the 2010 Affordable Care Act, is a major component of the Partnership for Patients initiative, one goal of which is to decrease preventable complications during transition from a care setting, such as a hospital, to home, community, or another care setting. Appendix A contains a copy of the relevant portion of the legislation.

The CCTP will provide funding to test models for improving care transitions from the hospital to the community for high-risk Medicare beneficiaries. The Centers for Medicare & Medicaid Services (CMS) initiated the CCTP in early 2011 and will operate the program for five years. Congress has authorized \$500 million to cover the cost of the program. CMS expects that program agreements will be in place to authorize community-based organizations (CBOs), in partnership with acute care hospitals, to begin providing care transition services in September 2011 and, if successful, continue doing so for up to five years. The planned collection of a participant experience survey is part of the implementation and monitoring strategy that will review the performance of organizations contracted to provide transitional care services under the CCTP. This clearance package seeks approval for the participant experience survey. *Form Number:* CMS-10403 (OMB # 0938-New); *Frequency:* Once; *Affected Public:* Individuals or Households; *Number of Respondents:* 50,000; *Total Annual Responses:* 50,000; *Total Annual Hours:* 12,500. (For policy questions regarding this collection contact Juliana Tiongson at 410-786-0342. 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

at <http://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp#TopOfPage> 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 at 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 *September 20, 2011*:

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: July 15, 2011.

Michelle Shortt,

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

[FR Doc. 2011-18366 Filed 7-21-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1355-CN]

RIN 0938-AQ31

Medicare Program; Hospice Wage Index for Fiscal Year 2012; Correction

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

ACTION: Correction of notice of CMS ruling.

SUMMARY: This document corrects technical errors that appeared in the notice of CMS ruling published in the **Federal Register** on May 9, 2011 entitled "Hospice Wage Index for Fiscal Year 2012".

DATES: *Effective Date:* This document is effective on May 9, 2011.

FOR FURTHER INFORMATION CONTACT: Lori Anderson, (410) 786-6190. Randy Thronset, (410) 786-0131.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2011-10694 of May 9, 2011 (76 FR 26731), there were technical errors that are identified and corrected in the Correction of Errors section below. The provisions in this correction notice are effective as if they had been included in the notice of CMS ruling published in the **Federal Register** on May 9, 2011. Accordingly, the corrections are effective May 9, 2011.

II. Summary of Errors

The title of the notice of CMS Ruling published in the **Federal Register** on May 9, 2011 (76 FR 26731) was incorrectly titled as "Hospice Wage Index for Fiscal Year 2012". We note that the title should have been "Hospice Appeals for Review of an Overpayment Determination", to coincide with the ruling posted on our CMS Web site on April 14, 2011. In addition, the effective date of the notice of CMS Ruling was incorrectly listed. We are correcting the date by changing it from "April 14, 2011" to "May 9, 2011", the date it was published in the **Federal Register**.

III. Correction of Errors

In FR Doc. 2011-10694 of May 9, 2011 (76 FR 26731), make the following corrections:

1. On page 26731, in the second column, in the heading, change the title of the notice of CMS ruling from "Hospice Wage Index for Fiscal Year 2012" to "Hospice Appeals for Review of an Overpayment Determination".

2. On page 26731, in the second column, under "Dates: Effective Date:" change the effective date from "April 14, 2011" to "May 9, 2011".

Therefore, for reasons noted below, we find good cause to waive proposed rulemaking and the 30 day delayed effective date for the technical corrections in this notice. This notice merely provides technical corrections to the title and the effective date of the Notice of CMS ruling that was published in the **Federal Register** on May 9, 2011, and does not make substantive changes to the notice or to the CMS Ruling. Specifically, this correction notice corrects the title of the notice of CMS ruling from "Hospice Wage Index for Fiscal Year 2012" to "Hospice Appeals for Review of an Overpayment Determination," to conform the title of the notice of CMS ruling to the title of CMS Ruling 1355-R; it also corrects the effective date of the notice of CMS ruling from the date the Ruling was signed to the date the notice of CMS ruling was published in the **Federal Register**. Since this notice