Lawndale, Sierra Madre, San Fernando, San Gabriel, Carson, Artesia, and Hawthorne. Communities being considered for participation in the study as comparison communities include Temple City, Hawaiian Gardens, Monrovia, Maywood, Alhambra, La Puente, Monterey Park, Inglewood, and San Dimas.

The availability of both intervention and comparison communities will enable use of a quasi-experimental, baseline and follow-up study design for examining the impact of smoke-free policies in MUH. Over a period of two years, a sample of 500 MUH residents and 130 MUH operators will be selected from intervention cities and a comparable sample of 500 MUH residents and 130 MUH operators will be selected from comparison cities. Baseline and follow-up surveys will be conducted involving MUH operators, MUH residents, and parents of children who reside in MUH facilities. Also, MUH residents will be recruited to collect environmental air quality data, and both parents and children who reside in MUH facilities will be recruited to provide saliva samples. These samples will be analyzed for the presence of cotinine, a biomarker of exposure to SHS.

The second component of the study will involve focus groups in Maine, Minnesota, and Florida—states have adopted and implemented smoke-free MUH policies for a longer period of time, either as a response to local regulations or voluntarily. A one-time survey of MUH operators will be conducted, and a sample of 12 MUH operators will be selected from communities in Minnesota, Maine, and Florida. In addition, a total of 120 residents will be selected to participate in short focus groups, with a maximum of 4 focus groups per state. The primary data sources for this component of the study will be (a) quantitative data obtained from interviews with 12 MUH operators (4 operators in the three study locations, using the same questionnaire as Los Angeles County); (b) qualitative data from participants from up to 12 focus groups (an expected total of 120 residents); and (c) quantitative data on the same residents from pre-focus group questionnaires. Results from studies in these three geographic areas and from cities in Los Angeles County, will provide insights more useful at the national population level than results based solely on information collected in Los Angeles County.

OMB approval is requested for two years, with first data collection beginning approximately May 2012. Participation is voluntary. The only cost to respondents is their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| MUH Operators in Los Angeles County. | Telephone Script for Recruitment of MUH Operators in Los Angeles County. | 130 | 1 | 5/60 | 11 |
| | MUH Operators Survey | 130 | 2 | 75/60 | 325 |
| MUH Operators in Minnesota, Maine and Florida. | Telephone Script for Recruitment of MUH Operators in MN, ME, FL. | 6 | 1 | 10/60 | 1 |
| | MUH Operators Survey | 6 | 1 | 75/60 | 8 |
| MUH Residents in Los Angeles County. | MUH Residents Survey-Core | 500 | 2 | 45/60 | 750 |
| | MUH Residents Survey-Supplement—Survey of Child's Health. | 250 | 2 | 15/60 | 125 |
| | Saliva Cotinine Samples (Adult) | 500 | 2 | 10/60 | 167 |
| | Saliva Cotinine Samples (Child) | 250 | 2 | 10/60 | 83 |
| | Airborne Particle Monitoring Diary | 100 | 1 | 75/60 | 125 |
| MUH Residents in Minnesota, Maine and Florida. | Telephone Screening Interview Script for MUH Resident Focus Groups. | 60 | 1 | 10/60 | 10 |
| | Resident Pre-Focus Group Demographic and Attitudinal Survey. | 60 | 1 | 5/60 | 5 |
| | MUH Resident Focus Group Guide—Process Oriented. | 60 | 1 | 1 | 60 |
| | MUH Resident Focus Group Guide—Outcome Oriented. | 60 | 1 | 1 | 60 |
| Total | | | | | 1,730 |

Dated: March 19, 2012.

**Ron A. Otten,**

*Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2012–7024 Filed 3–22–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60-Day–12–11EC]**

### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Ron Otten, at 1600 Clifton

Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

*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. Written comments should be received within 60 days of this notice.

**Proposed Project**

Epidemiologic Study of Health Effects Associated With Low Pressure Events in Drinking Water Distribution Systems—New—National Center for Emerging and Zoonotic Infectious Diseases—Office of Infectious Diseases—Centers for Disease Control and Prevention

*Background and Brief Description*

In the United States (U.S.), drinking water distribution systems are designed to deliver safe, pressurized drinking water to our homes, hospitals, schools and businesses. However, the water distribution infrastructure is 50–100 years old in much of the U.S. and an estimated 240,000 water main breaks occur each year. Failures in the distribution system such as water main breaks, cross-connections, back-flow, and pressure fluctuations can result in potential intrusion of microbes and other contaminants that can cause health effects, including acute gastrointestinal and respiratory illness.

Approximately 200 million cases of acute gastrointestinal illness occur in the U.S. each year, but we lack reliable data to assess how many of these cases are associated with drinking water. Further, data are even more limited on the human health risks associated with exposure to drinking water during and after the occurrence of low pressure events (such as water main breaks) in drinking water distribution systems. A study conducted in Norway from 2003–2004 found that people exposed to low pressure events in the water distribution system had a higher risk for gastrointestinal illness. A similar study is needed in the United States.

The purpose of this data collection is to conduct an epidemiologic study in the U.S. to assess whether individuals exposed to low pressure events in the water distribution system are at an increased risk for acute gastrointestinal or respiratory illness. This study would be, to our knowledge, the first U.S. study to systematically examine the association between low pressure events and acute gastrointestinal and respiratory illnesses. Study findings will inform the Environmental Protection Agency (EPA), CDC, and other drinking water stakeholders of the potential health risks associated with low pressure events in drinking water distribution systems and whether additional measures (e.g., new standards, additional research, or policy development) are needed to reduce the risk for health effects associated with low pressure events in the drinking water distribution system.

We will conduct a cohort study among households that receive water from five water utilities across the U.S. The water systems will be geographically diverse and will include both chlorinated and chloraminated systems. These water utilities will provide information about low pressure events that occur during the study period using a standardized form (approximately 12 events per utility). Utilities will provide address listings of households in areas exposed to the low pressure event and comparable households in an unexposed area to CDC staff, who will randomly select participants and send them an introductory letter and questionnaire. Consenting household respondents will be asked about symptoms and duration of any recent gastrointestinal or respiratory illness, tap water consumption, and other exposures including international travel, daycare attendance or employment, consumption of under-cooked or unpasteurized food, animal contacts, and recreational water exposures. Study participants may choose between two methods of survey response: A mail-in paper survey and a web-based survey. Participation in this study will be voluntary. No financial compensation will be provided to study participants. The study duration is anticipated to last 24 months. An estimated 5,200 individuals will be contacted and we anticipate 2,080 utility customers (18 years of age or older) will consent to participate in this study. We will conduct a pilot study (duration 3 months) prior to launching the full epidemiologic study. An estimated 1,000 individuals will be contacted and we anticipate 400 adults (18 years of age or older) will consent to participate in the pilot study. The total estimated annualized hours associated with this study, including the pilot, is expected to be 467.

There are no costs to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per respondent (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| Full Study: | | | | | |
| Households | Introductory letter | 2,600 | 1 | 1/60 | 44 |
| | Web-based questionnaire | 624 | 1 | 12/60 | 125 |
| | Paper-based questionnaire | 416 | 1 | 12/60 | 84 |
| Utility employees | Household Listing | 5 | 6 | 15/60 | 6 |
| | Water sample collection | 5 | 6 | 1 | 30 |
| | Low pressure event form | 5 | 6 | 4 | 120 |
| Pilot Study Households | Introductory letter | 500 | 1 | 1/60 | 8 |
| | Web-based questionnaire | 120 | 1 | 12/60 | 24 |
| | Paper-based questionnaire | 80 | 1 | 12/60 | 16 |
| Utility employees | Household Listing | 1 | 2 | 15/60 | 1 |
| | Water sample collection | 1 | 2 | 1 | 2 |
| | Low pressure event form | 1 | 2 | 4 | 8 |
| Total (Full & Pilot) | | | | | 467 |

Dated: March 19, 2012.

**Ron A. Otten,**

*Director, Office of Scientific Integrity, Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2012–7020 Filed 3–22–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–179 and CMS–R–74]**

### 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:* State Plan Under Title XIX of the Social Security Act (Base plan pages, Attachments, Supplements to attachments); *Use:* State Medicaid agencies complete the plan pages and CMS reviews the information to determine if the State has met all of the provisions that the State has chosen to implement. If the requirements are met, CMS will approve the amendments to the State's Medicaid plan giving the State the authority to implement the flexibilities. For a State to receive Medicaid Title XIX funding, there must be an approved Title XIX State plan. In addition to the revisions associated with the 60-day notice that published on December 16, 2011 (76 FR 78264), additional changes have been made to the Pre-Print (Attachment 4.19–B) subsequent to the publication of that notice; *Form Number:* CMS–179 (OCN 0938–0193); *Frequency:* Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 1,120; *Total Annual Hours:* 400. (For policy questions regarding this collection contact Falecia Smith at 202–260–5991. For all other issues call 410–786–1326.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Income and Eligibility Verification System (IEVS) Reporting and Supporting Regulations Contained in 42 CFR 431.17, 431.306, 435.910, 435.920, and 435.940–960; *Use:* The information collected is used to verify the income and eligibility of Medicaid applicants and recipients, as required by section 1137 of the Social Security Act. Under Section 1137, States must request applicants' Social Security Numbers and use that number to verify the income and eligibility information contained on each application through data matches with specified agencies and entities. The State must use information collected by unemployment compensation agencies and the Internal Revenue Service to the extent useful.

The Qualifying Individual Program Supplemental Funding Act of 2008 amended section 1903(r) of the Social Security Act to incorporate the requirement that States include data matching through the Public Assistance Reporting Information System (PARIS) in their Income and Eligibility Verification Systems (IEVS). PARIS is a system for matching data from certain public assistance programs, including State Medicaid programs, with selected Federal and State data for purposes of facilitating appropriate enrollment and retention in public programs. States are required to sign an agreement to participate in PARIS as a condition of receiving Medicaid funding for automated data systems (including the Medicaid Management Information System).

States can use the PARIS data match to ensure that individuals enrolled in Medicaid or other public assistance benefits in one State are not receiving duplicate benefits based on simultaneous enrollment in the Medicaid program or other public benefit programs in another State. In certain circumstances, PARIS may also be used as a tool to identify individuals who have not applied for Medicaid coverage, but who may be eligible based on their income.

Subsequent to the publication of the 60-day notice that published on January 4, 2012 (77 FR 291), a State Plan Amendment template has been added to the PRA package and the burden estimate and Supporting Statement have been revised; *Form Number:* CMS–R–74 (OCN 0938–0467); *Frequency:* Monthly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 54; *Total Annual Responses:* 54; *Total Annual Hours:* 134,865. (For policy questions regarding this collection contact Barbara Washington at 410–786–9964. 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 April 23, 2012.

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

Dated: March 19, 2012.

**Martique Jones,**

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

[FR Doc. 2012–7066 Filed 3–22–12; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[CMS–2901–FN]**

### Medicare and Medicaid Programs; Approval of the Application by the American Association for Accreditation of Ambulatory Surgery Facilities for Deeming Authority for Rural Health Clinics

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

**ACTION:** Final notice.

**SUMMARY:** This final notice announces our decision to approve the American Association for Accreditation of Ambulatory Surgery Facilities