ARIA ADJUSTMENTS TO FMAP Q2 FY10—Continued

<table>
<thead>
<tr>
<th>State</th>
<th>FY08 original FMAP</th>
<th>FY09 original FMAP</th>
<th>FY10 original FMAP</th>
<th>Hold harmless FY10</th>
<th>Hold harmless FY10 FMAP with 6.2% point increase</th>
<th>3-month average unemploy. ending Dec 2009</th>
<th>Minimum unemploy.</th>
<th>Unemploy- ment difference</th>
<th>Unemploy- ment tier</th>
<th>Unemployment adjustment FY10 FMAP unemployment adjustment</th>
<th>2nd quarter FY10 FMAP unemployment adjustment</th>
<th>2nd quarter FY10 FMAP unemployment hold harmless</th>
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<tbody>
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<td>South Carolina</td>
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<td>70.07</td>
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<td>70.32</td>
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<td>12.3</td>
<td>5.5</td>
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<td>5.2</td>
<td>1.98</td>
<td>70.80</td>
<td>70.90</td>
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<td>South Dakota</td>
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<td>62.55</td>
<td>62.72</td>
<td>62.72</td>
<td>66.98</td>
<td>4.7</td>
<td>2.7</td>
<td>2.0</td>
<td>5.5</td>
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<td>4.7</td>
<td>11.5</td>
<td>5.39</td>
<td>61.59</td>
<td>61.59</td>
</tr>
</tbody>
</table>

E-mail: Bob.Stephenson@samhsa.hhs.gov.

SUPPLEMENTARY INFORMATION: On November 25, 2008, HHS published a Final Notice of Revisions to the Mandatory Guidelines for Federal Workplace Drug Testing Programs in the Federal Register (73 FR 71858). A correction providing the effective date of May 1, 2010, was published in the Federal Register on December 10, 2008 (73 FR 75122). The Mandatory Guidelines establish the scientific and technical guidelines for Federal workplace drug testing programs and establish standards for certification of laboratories engaged in drug testing for Federal agencies under authority of section 503 of Public Law 100–71, 5 U.S.C. Section 7301 note and Executive Order (E.O.) 12564. The revisions to the Mandatory Guidelines address the collection and testing of urine specimens, the requirements for certification of Instrumented Initial Test Facilities (IITF), and the role of and standards for collectors and Medical Review Officers (MRO).

The Department of Transportation (DOT) publishes the Procedures for Transportation Workplace Drug and Alcohol Testing Programs at 49 Code of Federal Regulations (CFR) Part 40. This DOT regulation requires the drug and alcohol testing of safety-sensitive employees in certain DOT-regulated industries. Consistent with the Omnibus Transportation Employee Testing Act of 1991, the DOT utilizes the HHS laboratory procedures set forth in the Mandatory Guidelines in its regulations.

On February 4, 2010, DOT published a notice of proposed rulemaking (NPRM) in the Federal Register (75 FR 5722) announcing revised procedures for transportation workplace drug and alcohol testing programs. DOT’s final rule based on this NPRM will not be completed by May 1, 2010. It is anticipated that DOT’s rule will be issued in time to go into effect by October 1, 2010.

Without this change of effective date for the Mandatory Guidelines, laboratories certified under the Mandatory Guidelines would be required to maintain a dual system for testing using the revised Mandatory Guidelines, and testing for DOT-regulated entities covered by the current Mandatory Guidelines, until DOT rules are issued. Further, the National Laboratory Certification Program would be required to certify laboratories utilizing different sets of requirements. The new effective date of October 1, 2010 will allow time for related training in Federal and federally-regulated workplace drug testing programs and will be consistent with the beginning of the new Fiscal Year for Federal agencies.

The Department’s implementation of this rule without opportunity for public comment, effective immediately upon publication today in the Federal Register, is based on the good cause exemptions in 5 U.S.C. section 553(b)(3)(B) and 553(d)(3), to the extent that 5 U.S.C. title 5 applies. This delay in the effective date is temporary, and necessary to avoid requiring DOT-regulated industries to comply with a different set of rules than federal workplace drug testing programs, which would create a confusing and unfair situation in which similarly situated employees would be treated inconsistently.

The new implementation date will also avoid the unnecessary expenditure of scarce resources on compliance with different standards; allow time for related training in Federal and federally-regulated workplace drug testing programs, including HHS coordination with testing laboratories on implementing new procedures to be used in the federal workplace testing...
programs; and be consistent with the
beginning of the new fiscal year for
Federal agencies. Given the imminence
of the current effective date, seeking
prior public comment on this temporary
delay would be impractical. Further,
given the risk of inconsistency and
confusion from the imposition of
divergent requirements across federal
agencies, it has been determined that
seeking prior comment on this
temporary delay would be contrary to
the public interest. The imminence of
the effective date is also good cause for
making this rule effective immediately
upon publication.

DOT’s rule is expected to issue in
time to go into effect by October 1, 2010;
however, should it later appear that
DOT regulations may not issue in time
for an October 1, 2010 implementation,
SAMHSA will undertake notice and
comment rulemaking to delay the
effective date further.

No other changes to the Mandatory
Guidelines have been made. The new
effective date for the revisions to the
HHS Mandatory Guidelines is October 1,
2010.

Pamela S. Hyde,
Administrator, Substance Abuse and Mental
Health Services Administration.
Kathleen Sebelius,
Secretary.

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: Hospital and
Health Care Complexes Cost Report and
supporting Regulations in 42 CFR
413.20 and 413.24; Use: Part A
institutional providers must provide
adequate cost data to receive Medicare
reimbursement (42 CFR 413.24(a)).
Providers must submit the cost data to
their Medicare Fiscal Intermediary (FI)/
Medicare Administrative Contractor
(MAC) through the Medicare cost report
(MCR). The primary function of the cost
report is to determine the
reimbursement of providers for services
rendered to program beneficiaries. The
FI/MAC uses the cost report to make
settlement with the provider for the fiscal
period covered by the cost report.
Furthermore, the FI/MAC uses the cost
report to determine the necessity and
scope of an audit of the records of the
provider. CMS uses the data collected
on the MCR to project future Medicare
expenditures, determine adequate
deductibles and premiums, and develop
and update provider market baskets
mandated for use in updating Medicare
payment rates. CMS also uses the data
to offer public use data files. Revisions
made to update the forms currently in
use are incorporated within this request
for approval. Form Number: CMS–
2552–10 (OMB#: 0938–0050);
Frequency: Yearly; Affected Public:
Business or other for-profits and not-for-
profit institutions; Number of
Respondents: 6,174; Total Annual
Responses: 6,174; Total Annual Hours:
4,155,102. (For policy questions
regarding this collection contact Nadia
Massuda at 410–786–5834. For all other
issues call 410–786–1326.)

To obtain copies of the supporting
statement and any related forms for the
proposed paperwork collections
referred 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 June 1, 2010.

OMB, Office of Information and
Regulatory Affairs, Attention: CMS
Desk Officer.
Fax Number: (202) 395–6074.
E-mail: OIRA_submission@omb.eop.gov.


DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Medicare & Medicaid
Services

Agency Information Collection
Activities: Proposed Collection;
Comment Request

AGENCY: Centers for Medicare &
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In compliance with the requirement
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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: Electronic
Health Records Demonstration System
(EHRDS)—practice application and
profile update system; Use: In 2008, the
Secretary of the Department of Health
and Human Services directed the
Centers for Medicare & Medicaid
Services to develop a new
demonstration initiative using Medicare
waiver authority to reward the delivery
of high-quality care supported by the