TABLE 1—FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2012–SEPTEMBER 30, 2013 (FISCAL YEAR 2013)—Continued

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Kansas	56.51	69.56
Kentucky	70.55	79.39
Louisiana	61.24	72.87
Maine	62.57	73.80
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	66.39	76.47
Minnesota	50.00	65.00
Mississippi	73.43	81.40
Missouri	61.37	72.96
Montana	66.00	76.20
Nebraska	55.76	69.03
Nevada	59.74	71.82
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	69.07	78.35
New York	50.00	65.00
North Carolina	65.51	75.86
North Dakota	52.27	66.59
Northern Mariana Islands*	55.00	68.50
Ohio	63.58	74.51
Oklahoma	64.00	74.80
Oregon	62.44	73.71
Pennsylvania	54.28	68.00
Puerto Rico*	55.00	68.50
Rhode Island	51.26	65.88
South Carolina	70.43	79.30
South Dakota	56.19	69.33
Tennessee	66.13	76.29
Texas	59.30	71.51
Utah	69.61	78.73
Vermont	56.04	69.23
Virgin Islands*	55.00	68.50
Virginia	50.00	65.00
Washington	50.00	65.00
West Virginia	72.04	80.43
Wisconsin	59.74	71.82
Wyoming	50.00	65.00

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum.
** The values for the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, the percentage for DC is 50.00, unless otherwise specified by law.

TABLE 2—FISCAL YEAR 2013 DISASTER-RECOVERY ADJUSTED FMAP RATES

A	B	C	D	E	F
State	FY13 FMAP	FY12 Disaster-recovery adjusted FMAP	Difference in FMAP	Disaster-recovery adjustment increase	FY13 Disaster-recovery adjusted FMAP
			Col C–B	25% × Col D	Col C + E
Louisiana	61.24	69.78	8.54	2.14	71.92

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mandatory Guidelines for Federal Workplace Drug Testing Programs

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

ACTION: HHS Approval of Entities That Certify Medical Review Officers (MRO).

SUMMARY: The current version of the Department of Health and Human Services (HHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines), effective on October 1, 2010, addresses the role and qualifications of Medical

Review Officers (MROs) and HHS approval of entities that certify MROs.

Subpart M—Medical Review Officer (MRO), Section 13.1(b), ''Who may serve as an MRO?'' states as follows: ''Nationally recognized entities that certify MROs or subspecialty boards for physicians performing a review of Federal employee drug testing results that seek approval by the Secretary must submit their qualifications and a sample examination. Based on an annual objective review of the qualifications and content of the examination, the Secretary shall publish a list in the **Federal Register** of those entities and boards that have been approved.''

HHS has completed its review of entities that train and certify MROs, in accordance with requests submitted by such entities to HHS.

(1) The HHS Secretary approves the following MRO certifying entities that offer both MRO training and certification through examination:

American Association of Medical Review Officers (AAMRO), P.O. Box 12873, Research Triangle Park, NC 27709, *Phone:* (800) 489–1839, *Fax:* (919) 490–1010, *Email:* cferrell@aamro.com, *Web site: http://www.aamro.com/*.

Medical Review Officer Certification Council (MROCC), 836 Arlington Heights Road, #327, Elk Grove Village, IL 60007, *Phone:* (847) 631–0599, *Fax:* (847) 483–1282, *Email:* mrocc@mrocc.org, *Web site: http://www.mrocc.org/*.

(2) The HHS Secretary lists the following entities that offer MRO training as a prerequisite for MRO certification:

American College of Occupational and Environmental Medicine (ACOEM), 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007–1030, *Phone:* (847) 818–1800, *Fax:* (847) 818–9266, *Contact Form: http://www.acoem.org/contactacoem.aspx*, *Web site: http://www.acoem.org/*.

American Society of Addiction Medicine (ASAM), 4601 N. Park Avenue, Upper Arcade #101, Chevy Chase, MD 20815, *Phone:* (301) 656–3920, *Fax:* (301) 656–3815, *Email:* email@asam.org, *Web site: http://www.asam.org/*.

DATES: HHS approval is effective November 30, 2011.

FOR FURTHER INFORMATION CONTACT: Jennifer Fan, Pharm.D., J.D., Division of Workplace Programs (DWP), Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), 1 Choke Cherry Road, Room 2–1031, Rockville, MD 20857; *Telephone:* (240) 276–1759; Email: *jennifer.fan@samhsa.hhs.gov*.

Dated: November 21, 2011.

Kathleen Sebelius,

Secretary.

[FR Doc. 2011–30846 Filed 11–29–11; 8:45 am]

BILLING CODE ;P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–12–0666]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666 exp. 3/31/2012)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and to promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. Healthcare institutions that participate in NHSN voluntarily report their data to CDC using a web browser based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks.

This revision submission includes an amended Assurance of Confidentiality, which required an update of the Assurance of Confidentiality language on all forms included in the NHSN surveillance system. The scope of NHSN dialysis surveillance is being expanded to include all outpatient dialysis centers so that the existing Dialysis Annual Survey can be used to facilitate prevention objectives set forth in the HHS HAI tier 2 Action Plan and to assess national practices in all Medicare-certified dialysis centers if CMS re-establishes this survey method (as expected). The Patient Safety (PS) Component is being expanded to include long term care facilities to facilitate HAI surveillance in this setting, for which no standardized reporting methodology or mechanism currently exists. Four new forms are proposed for this purpose. A new form is proposed to be added to the Healthcare Personnel Safety (HPS) Component to facilitate summary reporting of influenza vaccination in healthcare workers, which is anticipated to be required by CMS in the near future. In addition to this new form, the scope of the HPS Annual Facility Survey is being expanded to include all acute care facilities that would enroll if CMS does implement this requirement. The NHSN Antimicrobial Use and Resistance module is transitioning from manual web entry to electronic data upload only, which results in a significant decrease to the reporting burden for this package. Finally, there are many updates, clarifications, and data collection revisions proposed in this submission.

CDC is requesting to delete four currently approved forms that are no longer needed by the NHSN and add five new forms

The previously-approved NHSN package included 47 individual data collection forms. If all proposed revisions are approved, the reporting burden will decrease by 1,258,119 hours, for a total estimated burden of 3,914,125 hours and 48 total data collection tools.

Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. There is no cost to respondents other than their time. The total estimated annual burden hours are 3,914,125.