

CENTERS FOR MEDICARE & MEDICAID SERVICES
Office of Strategic Operations and Regulatory Affairs (OSORA)
PAPERWORK REDUCTION ACT (PRA)
RECORD OF INFORMATION COLLECTION CLEARANCES

Sections I through IV must be completed by the Center/Office before OSORA/PRA can process your PRA package.

SECTION I –GENERAL PACKAGE INFO

Center/Office: OEDA/DIDG	Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Non-substantive Change*
Center/Office POC (inc. phone #): Rebecca Dorman, 410-786-2095	<input type="checkbox"/> Revision <input type="checkbox"/> Discontinuation and Justification <input type="checkbox"/> Extension <input type="checkbox"/> Emergency <input type="checkbox"/> Reinstatement with change <input type="checkbox"/> Reinstatement without change (no changes needed to package) <i>*Will not extend an expiration date.</i>
Alternate POC (inc. phone #): James Krometis, 410-786-0340	OMB Expiration Date (does not apply to New packages):
Group Director: James Krometis	Deadline for OMB Approval: April 30, 2025
CMS ID #:	OMB Control #:
Collection Title: Data Use Agreement (DUA) Forms for Limited Data Set and Research Identifiable Files 1. Attachment A – Limited Data Set (LDS) DUA Request Application 2. Research Identifiable (RIF) Extension 3. LDS DUA Signature Addendum 4. RIF DUA Signature Addendum 5. Contractor DUA Signature Addendum 6. NDTR DUA Signature Addendum 7. QE DUA Signature Addendum	

SECTION II – JUSTIFICATION (*FOR DISCONTINUATION ONLY*)

SECTION III - SPECIAL HANDLING

1. Is this PRA package related to any rulemaking (proposed, interim final, or final)? ☐ Y ☒ N
If so, please identify the regulation file code and title:
2. The normal PRA process can take 5-6 months from start to finish. If you are requesting OMB approval sooner than 6 months, please explain why? What are the consequences of not obtaining approval by your requested deadline?
3. Does the package include any web-based collection instruments? ☐ Y ☒ N
4. Does the package revise any existing collection instruments or instructions? ☐ Y ☒ N
5. Is the package associated with a State Medicaid Director (SMD) or State Health Official (SHO) letter? ☐ Y ☒ N
6. Does the package reduce burden regarding any PRA-related requirements that are currently approved under an existing OMB control number? ☐ Y ☒ N

SECTION IV – CLEARANCES

Sec. 508 Compliance Officer Signature: _____

Printed: _____

Director (Deputy Director) Signature: _____ ____/____/____

Printed: _____

Center/Office Director (or Deputy) Signature is required for all “New,” “Revision,” “Reinstatement,” “Emergency,” and “Discontinuation” collections.

A Group Director (or Deputy) may sign for collections seeking an “Extension” or “Nonsubstantive Change.”

SECTION V- TO BE COMPLETED BY OSORA

60-day & Emergency FR notices
(Signature/Date)

30-day FR notices
(Initials/Date)

RDG PRA Analyst:

/

/

/

RDG PRA Technical Advisor:

/

/

/

RDG Director/Deputy Director:

/

/

/