

1. *Chittenden Corporation*, Burlington, Vermont; to acquire 100 percent of the voting shares of, and thereby merge with Merrill Merchants Bancshares, Inc. and thereby indirectly acquire Merrill Merchants Bank, all located in Bangor, Maine.

In connection with this application, Applicant also has applied to acquire at least 5 percent of the voting shares of M&M Consulting Limited Liability Company, Bangor, Maine, and thereby engage in providing internal audits, loan reviews and regulatory compliance consulting services, generally under one to two year contracts, to New England-based financial institutions, pursuant to sections 225.28(b)(2)(vi) and (b)(9)(i)(A)(1) of Regulation Y, and indirectly acquire Profit Protection LLC, and thereby engage in providing anti-money laundering and bank security seminars/training sessions in Florida and across the country and the publication of banking-related training manuals, pamphlets, video tapes and similar materials, pursuant to section 225.28(b)(9)(i)(A)(1) of Regulation Y.

**B. Federal Reserve Bank of Chicago** (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Minier Financial, Inc. Employee Stock Ownership Plan w/401(k) Provisions*, Minier, Illinois; to increase its ownership of Minier Financial, Inc., Minier, Illinois, from 26.12 percent to no more than 51 percent, and thereby increase its indirectly ownership of First Farmers State Bank, Minier, Illinois.

Board of Governors of the Federal Reserve System, March 6, 2007.

**Jennifer J. Johnson,**

*Secretary of the Board.*

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**BILLING CODE 6210-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institute for Occupational Safety and Health; Notice of Public Input Opportunity

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) announces the following availability of opportunity for the public to provide input regarding the draft document, "Explosion Pressure Design Criteria for New Seals in U.S. Mines."

NIOSH is the Federal agency responsible for conducting research and

making recommendations for the prevention of occupational injuries and illnesses, including those occurring in the mining industry. Federal Mine Safety and Health Act, 30 U.S.C. 951.

Seals are dam-like structures constructed in underground coal mines throughout the U.S. to isolate abandoned mining panels or groups of panels from the active workings. Historically, mining regulations required seals to withstand a 140 kPa (20 psi) explosion pressure; however, the 2006 MINER Act requires MSHA to increase this design standard by the end of 2007. This report provides a sound scientific and engineering justification to recommend a three-tiered explosion pressure design criteria for new seals in coal mines in response to the MINER Act. Much of the information contained in this report also applies to existing seals.

A copy of the draft document can be found at: <http://www.cdc.gov/niosh/review/public/mineseal/>.

Comments should be submitted to the NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway, M/S C-34, Cincinnati, OH 45226, telephone 513/533-8450, fax 513/533-8285, [nioshdocket@cdc.gov](mailto:nioshdocket@cdc.gov). Comments may also be submitted directly through the Web site <http://www.cdc.gov/niosh/review/public/mineseal/comments.html>.

The document will remain available for comment until March 12, 2007. Comments should reference docket number NIOSH-100 in the subject heading.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, Room 111, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

#### FOR FURTHER INFORMATION CONTACT:

Jeffery Kohler, PhD, NIOSH Associate Director for Mining and Construction, 626 Cochran Mill Road, Pittsburgh, PA 15236, 412-386-6544.

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

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**BILLING CODE 4160-17-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-265-94 and CMS-460]

#### 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:* Extension of a currently approved collection; *Title of Information Collection:* Independent Renal Dialysis Facility Cost Report and supporting regulations 42 CFR 413.20 and 42 CFR 413.24; *Form No.:* CMS-265-94 (OMB# 0938-0236); *Use:* Providers of services participating in the Medicare program are required under sections 1815(a), 1833(e), 1861(v)(1)(A) and 1881(b)(2)(B) of the Social Security Act to submit annual information to achieve reimbursement for health care services rendered to Medicare beneficiaries. The Form CMS-265-94 cost report is needed to determine the amount of reasonable cost due to the providers for furnishing medical services to Medicare beneficiaries.

The data collected will be used for the following additional purposes: (a) Determination of reimbursement rates for renal dialysis treatments, self-dialysis training, and other reasonable and medically necessary services rendered in connection with these treatments; (b) justification of requests for adjustments or exceptions in the reimbursement rates; and, (c) accumulation of data for overall evaluation. Worksheet B, Worksheet C

and Worksheet D have been modified to implement provisions of the Medicare Prescription Drug Improvement and Modernization Act of 2003. On Worksheet B, the allocation of Administrative and General cost to Separately Billable Drugs was eliminated. On Worksheet C, two columns were sub-divided to identify services before, on or after 4/1/2005. A line was added to Worksheet D to report bad debts for dual eligible beneficiaries. None of these changes request new information; rather, the changes require reporting of data in greater detail than was previously reported. *Frequency: Reporting—Annually; Affected Public: Business or other for-profit, Not-for-profit institutions; Number of Respondents: 4,885; Total Annual Responses: 4,885; Total Annual Hours: 957,460.*

**2. Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Medicare Participating Physician or Supplier Agreement; **Form No.:** CMS-460 (OMB# 0938-0373); **Use:** The CMS-460 is the agreement a physician, supplier or their authorized official signs to participate in Medicare Part B. By signing the agreement to participate in Medicare, the physician, supplier or their authorized official agrees to accept the Medicare-determined payment for Medicare covered services as payment in full and to charge the Medicare Part B beneficiary no more than the applicable deductible or coinsurance for the covered services. For purposes of this explanation, the term a supplier means any person or entity that may bill Medicare for Part B services (e.g. DME supplier, nurse practitioner, supplier of diagnostic tests) except a Medicare provider of services (e.g. hospital), which must participate to be paid by Medicare for covered care.

There are additional benefits associated with payment for services paid under the Medicare fee schedule. Payments made under the Medicare fee schedule for physician services to participating physicians and suppliers are based on 100 percent of the Medicare fee schedule amount, while the Medicare fee schedule payment for physician services by nonparticipating physicians and suppliers is based on 95 percent of the fee schedule amount. Physicians and suppliers who do not participate in Medicare are subject to limits on their actual charges for unassigned claims for physician services. These limits, known as limiting charges, cannot exceed 115 percent of the non-participant fee schedule, which is set at 95 percent of

the full fee schedule amount. In addition, if a physician or supplier does not accept assignment on a claim for Medicare payment, the physician or supplier must collect payment from the beneficiary. If the physician or supplier accepts assignment on the claim, Medicare pays its share of the payment directly to the physician or supplier, resulting in faster and more certain payment. *Frequency: Reporting, Other—when starting a new business; Affected Public: Business or other for-profit; Number of Respondents: 6000; Total Annual Responses: 6000; Total Annual Hours: 1500.*

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](mailto: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 at the address below, no later than 5 p.m. on May 8, 2007. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—B, Attention: William N. Parham, III, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 2, 2007.

**Michelle Shortt,**

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

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**BILLING CODE 4120-01-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Administration for Children and Families**

#### **Submission for OMB Review; Comment Request**

*Title:* Evaluation of the Mentoring Children of Prisoners (MCP) Program.  
*OMB No.:* New Collection.

*Description:* The Promoting Safe and Stable Families Amendments, as reauthorized (2006), amended Title IV-B of the Social Security Act (42 U.S.C. 629-629e) providing funding for nonprofit agencies that recruit, screen, train, and support mentors for children with an incarcerated parent or parents. The Family and Youth Services Bureau

(FYSB) of the Administration for Children and Families, United States Department of Health and Human Services, administers the Mentoring Children of Prisoners (MCP) program. The MCP program provides children of prisoners with caring adult mentors, supporting one-to-one mentoring relationships. Research in other populations has shown that such relationships can lead to reductions in risk behaviors and improvements in academic, behavioral and psychological outcomes in children and youth. Although the MCP program was developed based on research documenting the efficacy of mentoring as a general intervention strategy, it is not yet known whether or not this particular intervention yields positive outcomes for the children of prisoners population. Little is known about how mentoring relationships work for these youth, and how effective mentoring relationships for children of prisoners differ from effective mentoring relationships for other youth. In addition, little is known about children of prisoners in general and thus a survey of MCP program youth has the potential to provide important data about this relatively unstudied population.

The evaluation and data collection proposed in this notice are to fulfill the statutory requirement under Section 8, subsection h(1) of the Child and Family Services Improvement Act of 2006, as amended, that the Secretary of the Department of Health and Human Services evaluate outcomes of the MCP program and report to Congress on the findings. The proposed data collections will support a study of the MCP program that measures the program's child outcomes and compares these outcomes in similar programs. The data collection also will provide general information about youth in the program. Finally, the study will include an administrative survey of grantees participating in the study. The proposed study will include baseline and follow-up surveys (to be administered approximately 12 months apart) of youth ages 9-16 in the MCP program and will compare changes in key behaviors for program youth against changes in behaviors of similar youth not enrolled in mentoring programs. By comparing changes for youth in the MCP program against changes for youth not in the program, we will be able to determine if MCP youths' behaviors are closer to the norm for their age group at follow-up than at program intake. If MCP youths' behaviors and outcomes are shown to improve relative to other groups, the MCP program has