

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
General public	Screeners	240	1	5/60	20
General public	Survey	200	1	55/60	183
Total					203

Dated: July 18, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7-14283 Filed 7-23-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control/Initial Review Group

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meetings of the aforementioned review group:

Times and Dates:

1 p.m.-3 p.m., August 8, 2007 (Closed).

2 p.m.-2:30 p.m., August 10, 2007 (Open).

2:30 p.m.-5 p.m., August 10, 2007 (Closed).

3 p.m.-4 p.m., August 15, 2007 (Closed).

Place: Teleconference.

Status: Portions of the meetings will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5, U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to section 10(d) of Public Law 92-463.

Purpose: This group is charged with providing advice and guidance to the Secretary, Department of Health and Human Services, and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of individual research grant

and cooperative agreement applications submitted in response to two Fiscal Year 2007 Requests for Applications related to the following individual research announcements: TS07-0002, Program for Computational Toxicology Methods to Assess Health Effects from Exposures to Hazardous Substances; RFA-CE-05-020, Youth Violence Prevention through Community-Level Change.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Felix Rogers, Ph.D., M.P.H., Telephone (770) 488-4334, and Jane Suen, DrPH, M.S., Telephone (770) 488-4281, NCIPC/ERPO, CDC, 4770 Buford Highway, NE., M/S K02, Atlanta, Georgia 30341-3724. The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 17, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7-14319 Filed 7-23-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-179, CMS-R-53, CMS-10207, CMS-10233, and CMS-10234]

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: Extension without change of a currently approved collection; **Title of Information Collection:** Transmittal and Notice of Approval of State Plan Material and Supporting Regulations in 42 CFR 430.10-430.20 and 440.167; **Use:** The CMS-179 is used by State agencies to transmit State plan material to the Centers for Medicare & Medicaid Services (CMS) for approval prior to amending their State plan. The State plan is the method in which States inform staff of State policies, standards, procedures and instructions. The CMS-179 is currently used by State agencies administering the Medicaid program and CMS regional offices (RO). State agencies use the form to submit State plan amendments (SPAs) (including supporting documentation) to the CMS RO for review and approval prior to amending their plan in accordance with 42 CFR 430.10-430.20. The CMS-179 includes instructions for completing the form. The inclusion of instructions is to assist State agencies in completing the form, thereby ensuring a more uniform and timely plan amendment approval process. The CMS-179 is the only source available to State agencies for submittal/approval of SPAs. This plan amendment approval process is necessary to ensure the State plan continues to meet statutory and regulatory requirements and thereby ensure the State's eligibility for Federal financial participation. CMS will use

this information to track the estimated Federal budget impact associated with the SPAs. This information may result in more accurate Federal Medicaid expenditure estimates; *Form Number*: CMS-179 (OMB#: 0938-0193); *Frequency*: Reporting: Occasionally; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 56; *Total Annual Responses*: 10; *Total Annual Hours*: 560.

2. *Type of Information Collection*

Request: Extension without change of a currently approved collection; *Title of Information Collection*: Imposition of Cost Sharing Charges Under Medicare and Supporting Regulations Contained in 42 CFR Section 447.53; *Use*: The purpose of this collection is to ensure that States impose nominal cost sharing charges upon categorically and medically needy individuals as allowed by law and implementing regulations. States must identify in their State plan the following: (1) The service for which the charge is made; (2) The amount of the charge; (3) The basis for determining the charge; (4) The method used to collect the charge; (5) The basis for determining whether an individual is unable to pay the charge and the way in which the individual will be identified to providers; and, (6) The procedures for implementing and enforcing the exclusions from cost sharing; *Form Number*: CMS-R-0053 (OMB#: 0938-0429); *Frequency*: Reporting: Occasionally; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 56; *Total Annual Responses*: 2; *Total Annual Hours*: 20.

3. *Type of Information Collection*

Request: Extension of a currently approved collection; *Title of Information Collection*: Physician Self-Referral Exceptions for Electronic Prescribing and Electronic Health Records (CMS-1303-F); *Form Number*: CMS-10207 (OMB#: 0938-1009); *Use*: Section 101 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) directs the Secretary to create an exception to the physician self-referral prohibition in section 1877 of the Act for certain arrangements in which a physician receives compensation in the form of items, services (nonmonetary remuneration not including cash or cash equivalents) that is necessary and used solely to receive and transmit electronic prescription information. In addition, using our separate legal authority under section 1877(b)(4) of the Act, the regulation CMS-1303-F (71 FR 45140) created a separate regulatory exception for certain arrangements involving the provision of nonmonetary remuneration in the form of electronic health records

software or information technology and training services necessary and used predominantly to create, maintain, transmit, or receive electronic health records. These exceptions are consistent with the President's goal of achieving widespread adoption of interoperable electronic health records to improve the quality and efficiency of health care while maintaining the levels of security and privacy that consumers expect.

The conditions for both exceptions require that arrangements for the items and services provided must be set forth in a written agreement, be signed by the parties involved, specify the items or services being provided and the cost of those items or services, and cover all of the electronic prescribing and/or electronic health records technology to be provided by the donating entity. We have suggested that, instead of one master agreement that is updated with each new donation, the parties may choose to create a specific new contract and then reference other agreements or cross-reference a master list of agreements.

The requirements associated with the exception for electronic prescribing items and services are limited to donations made by hospitals to members of their medical staffs; by group practices to their physician members; and by PDP sponsors and MA organizations to prescribing physicians. The requirements associated with the exception for electronic health records software or information technology and training services include donations by entities furnishing DHS to physicians. The paperwork burden is the creation and execution of the written agreements. The burden associated with the written agreement requirement is the time and effort necessary for documentation of the agreement between the parties, including the signatures of the parties. *Frequency*: Recordkeeping and Reporting—On occasion; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 27,440; *Total Annual Responses*: 54,730; *Total Annual Hours*: 17,545.

4. *Type of Information Collection*

Request: New collection; *Title of Information Collection*: Regional Preferred Provider Organization (RPPO) Reconciliation Cost Report; *Form Number*: CMS-10233 (OMB#: 0938-New); *Use*: The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Title II, Subtitle C (Offering of Medicare Advantage Regional Plans; Medicare Advantage Competition) provided for the establishment of Medicare Advantage Regional Plans. Subsequently, the

Regional Preferred Provider Organization (RPPO) program was developed and began contracting with Managed Care Organizations (MCOs) and enrolling beneficiaries for the 2006 contract year. Section 1858 of the Social Security Act provides for risk sharing with RPPOs to be in place for contract years 2006 and 2007. The Code of Federal Regulations at 42 CFR 422.458 provides specific direction with respect to how the Centers for Medicare and Medicaid Services (CMS) will share risk with the RPPOs. The regulations require CMS to collect Allowable Cost data, and to compare this data to Target Amounts. If the comparison demonstrates that there were either savings or losses in the contract year, the regulations provide specific risk corridors to be used in determining the Risk Sharing Reconciliation amount due to either the plan or CMS. The Risk Sharing Reconciliation cost report will be used to collect the information necessary to accurately reconcile the payments made to RPPOs for the 2006 and 2007 contract years. *Frequency*: Reporting—Annually; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 14; *Total Annual Responses*: 14; *Total Annual Hours*: 1,120.

5. *Type of Information Collection*

Request: New collection; *Title of Information Collection*: State Plan Pre-print implementing Section 6087 of the Deficit Reduction Act: Optional Self-Direction Personal Assistance Services (PAS) Program (Cash and Counseling); *Form Number*: CMS-10234 (OMB#: 0938-New); *Use*: Information submitted via the State Plan Amendment (SPA) pre-print will be used by the Centers for Medicare & Medicaid Services (CMS) Central and Regional Offices to analyze a State's proposal to implement Section 6087 of the Deficit Reduction Act (DRA). State Medicaid Agencies will complete the SPA pre-print, and submit it to CMS for a comprehensive analysis. The pre-print contains assurances, check-off items, and areas for States to describe policies and procedures for subjects such as quality assurance, risk management, and voluntary and involuntary disenrollment; *Frequency*: Reporting—Once; *Affected Public*: State, Local, or Tribal Government; *Number of Respondents*: 56; *Total Annual Responses*: 30; *Total Annual Hours*: 600.

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, or call the Reports Clearance Office on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: July 18, 2007.

Michelle Shortt,

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

[FR Doc. 07-3641 Filed 7-23-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Low Income Home Energy Assistance Program (LIHEAP) Carryover and Reallotment Report.

OMB No.: 0970-0106.

Description: The LIHEAP statute and regulations require LIHEAP grantees to report certain information to HHS concerning funds forwarded and funds subject to reallotment. The 1994 reauthorization of the LIHEAP statute, the Human Service Amendments of 1994 (Public Law 103-252), requires that the Carryover and Reallotment Report for one fiscal year be submitted

to HHS by the grantee before the allotment for the next fiscal year may be awarded. The Administration for Children and Families is requesting no changes in the collection of data with the Carryover and Reallotment Report for FY 20_, a form for the collection of data, and the Simplified Instructions for Timely Obligations of FY_ LIHEAP Funds and Reporting Funds for Carryover and Reallotment. The form clarifies the information being requested and ensures the submission of all the required information. The form facilitates our response to numerous queries each year concerning the amounts of obligated funds. Use of the form is voluntary. Grantees have the option to use another format.

Respondents: State Governments, Tribal Governments, Insular Areas, the District of Columbia, and the Commonwealth of Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per	Average burden hours per response	Total burden hours
Carryover and Reallotment	192	1	3	576

Estimated Total Annual Burden Hours: 576.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: July 18, 2007.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 07-3568 Filed 7-23-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Refugee Resettlement Program Estimates: CMA, ORR-1.

OMB No.: 0970-0030.

Description: The Office of Refugee Resettlement (ORR) reimburses, to the extent of available appropriations, certain non-Federal costs for the provision of cash and medical assistance to refugees, along with allowable expenses in the administration of the Refugee Resettlement Program. ORR needs sound State estimates of likely

expenditures for refugee cash, medical, and administration (CMA) expenditures so that it can anticipate Federal costs in upcoming quarters. If Federal costs are anticipated to exceed budget allocations, ORR must take steps to reduce Federal expenses, such as limiting the number of months of eligibility for Refugee Cash Assistance and Refugee Medical Assistance.

To meet the need for reliable State estimates of anticipated expenses, ORR has developed a single-page form in which State estimate the average number of recipients for each category of assistance, the average unit cost over the next 12 months, and the expense for the overall administration of the program. This form, the ORR-1, must be submitted prior to the beginning of each Federal fiscal year. Without this information, ORR would be out of compliance with the intent of its legislation and otherwise unable to estimate program costs adequately.

In addition, the ORR-1 serves as the State's application for reimbursement of its CMA expenses. Submission of this form is thus required by section 412(a)(4) of the Immigration and Nationality Act, which provides that "no grant or contract may be awarded under this section unless an appropriate proposal and application * * * are