formulation and execution; provides liaison on personnel management activities with the OPHS, and the Program Support Center; and is responsible for implementing the Congressional, international health, national (regional) components for the OWH mission. The Office will also provide scientific analyses for all initiatives.

2. *Division of Program Coordination (ACB2).* The Division of Program Coordination (DPC), headed by the Division Director, advises the OWH Director on the development of strategic and operational plans and provides staff support to and liaison with program staff in coordinating, integrating, and articulating these plans; advises the OWH Director on policy issues; develops plans for evaluating the focus and impact of ongoing programs and the development of new programs and policies; and provides analytical reports of program trends and future forecasts.

3. *Division of Outreach and Collaboration (ACB3).* The Division of Outreach and Collaboration (DOB), headed by the Division Director, provides oversight and direction to the OWH's communication programs consistent with policy direction established by the Office of the Assistant Secretary for Public Affairs; systematically captures, assesses, and disseminates information on scientific and policy developments relating to women's health research results and current or emerging trends and issues; manages the OWH information, education and awareness activities both within the Department and externally; coordinates, assigns, develops, researches, and prepares briefing materials on women's health for OWH Director and other HHS offices; manages public information activities and media and press relations; plans and coordinates efforts to promote the OWH's programs and policies in the voluntary and corporate sectors; manages exhibits; and develops visual and other graphic materials for the OWH.

II. Under Chapter AC, Office of Public Health and Science, Section AC.20 Functions, at the end of Paragraph A, ''Immediate Office (ACA),'' add the following statement:

(19) Provide administrative and management support to the President's Council on Bioethics.

Dated: October 1, 2007.

**Joe W. Ellis,**

*Assistant Secretary for Administration and Management.*

[FR Doc. 07–5046 Filed 10–11–07; 8:45 am]

**BILLING CODE 4150–33–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Update of A Public Health Action Plan To Combat Antimicrobial Resistance

The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH) announce an open meeting concerning antimicrobial resistance.

*Name:* Update of A Public Health Action Plan To Combat Antimicrobial Resistance.

*Times and Dates:* 8:30 a.m.–6 p.m., December 12, 2007; 8 a.m.–3 p.m., December 13, 2007.

*Place:* Grand Hyatt Atlanta in Buckhead, 3300 Peachtree Road, Atlanta, Georgia, USA 30305. Tel: +1 404/237–1234, Fax: +1 404/233–5686.

*Status:* Open to the public, limited only by the space available.

*Purpose:* To solicit input from invited consultants to update A Public Health Action Plan To Combat Antimicrobial Resistance that, when published in 2001, provided a blueprint for activities of Federal agencies to combat antimicrobial resistance. The Plan was developed by consultants from multi-disciplines and the Antimicrobial Resistance Task Force, composed of Federal personnel from ten Federal agencies and departments, co-chaired by CDC, FDA, and NIH. The revised Plan will not be limited to domestic activities.

*Matters To Be Discussed:* The agenda will focus on updates and revisions of existing action items or the addition of new items to the Plan. Action items in A Public Health Action Plan To Combat Antimicrobial Resistance are presented in four major topics:

1. Surveillance.
2. Prevention and Control.
3. Research.
4. Product Development.

Comments and suggestions from the consultants for updates of specific action items in the Action Plan or addition of new action items in these topics will be taken under advisement by the Task Force. The Task Force may also utilize other sources of information in updating the Action Plan. The agenda does not include development of consensus positions, guidelines, or discussions or endorsements of specific commercial products. Agenda items are subject to change as priorities dictate. Limited time will be available for oral comments and suggestions from the public. Written comments and suggestions from the public are encouraged and should be received by the contact person listed below by December 3, 2007.

Persons anticipating attending the meeting are requested to send written notification by December 3, 2007, including name, organization (if applicable), address, phone, fax, and email addresses to the contact below.

*For Further Information Contact:* Gregory J. Anderson, Centers for Disease Control and Prevention (CDC), Office of Antimicrobial Resistance, Mailstop A–07, 1600 Clifton Road, NE., Atlanta, Georgia 30333. Telephone +1 404/639–3539, fax +1 404/639–7444, e-mail: *gca5@cdc.gov.*

Dated: October 4, 2007.

**James D. Seligman,**

*Chief Information Officer, Centers for Disease Control and Prevention.*

[FR Doc. E7–20125 Filed 10–11–07; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–10185, CMS–10137, CMS–10240, CMS–10237 and 10214, CMS–855, and CMS–R–39]**

### 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:* Medicare Part D

Reporting Requirements and Supporting Regulations under 42 CFR section 423.505; *Form Number:* CMS–10185 (OMB#: 0938–0992); *Use:* 42 CFR 423.514, requires each Part D Sponsor to have an effective procedure to provide statistics indicating: The cost of its operations, the patterns of utilization of its services, the availability, accessibility, and acceptability of its services, information demonstrating it has a fiscally sound operation and other matters as required by CMS. In addition, § 423.505 of the regulation, establishes a contract provision that Part D Sponsors must comply with the reporting requirements for submitting drug claims and related information to CMS. Data collected via Medicare Part D Reporting Requirements will be an integral resource for oversight, monitoring, compliance and auditing activities necessary to ensure quality provision of the Medicare Prescription Drug Benefit to beneficiaries. Refer to the ''Revisions from 60-day Comment Period to CY 2008 Part D Reporting Requirements'' document to view a list of current changes. *Frequency:* Reporting—Monthly, Annually, Quarterly and Semi-annually; *Affected Public:* Business or other for-profit; *Number of Respondents:* 4,857; *Total Annual Responses:* 330,276; *Total Annual Hours:* 287,132.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Application for Prescription Drug Plans (PDP); Application for Medicare Advantage Prescription Drug (MA–PD); Application for Cost Plans to Offer Qualified Prescription Drug Coverage; Application for Employer Group Waiver Plans to Offer Prescription Drug Coverage; Service Area Expansion Application for Prescription Drug Coverage; *Use:* Collection of this information is mandated in Part D of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The application requirements are codified in Subpart K of 42 CFR 423. Coverage for the prescription drug benefit is provided through prescription drug plans (PDPs) that offer drug-only coverage, or through Medicare Advantage (MA) organizations that offer integrated prescription drug and health care coverage (MA–PD plans). PDPs must offer a basic drug benefit. Medicare Advantage Coordinated Care Plans (MA–CCPs) must offer either a basic benefit or may offer broader coverage for no additional cost. Medicare Advantage Private Fee for Service Plans (MA–PFFS) may choose to offer a Part D benefit. Cost Plans that are regulated under Section 1876 of the Social Security Act, and Employer Group Plans may also provide a Part D benefit. If any of the contracting organizations meet basic requirements, they may also offer supplemental benefits through enhanced alternative coverage for an additional premium.

The information will be collected under the solicitation of proposals from PDP, MA–PD, Cost Plan, and Employer Group Waiver Plans applicants. The collected information will be used by CMS to: (1) Insure that applicants meet CMS requirements, and (2) support the determination of contract awards.

Refer to the ''High-Level Summary of Changes in Employer/Union Group Waiver Plan Part D Applications'' and ''High-Level Summary of All Part D Application Revisions from 2008 Solicitation for the 2009 Solicitation'' documents to review a list of changes from 2008 to 2009; *Form Number:* CMS–10137 (OMB#: 0938–0936); *Frequency:* Reporting: Once; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 455; *Total Annual Responses:* 455; *Total Annual Hours:* 11,890.

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Data Collection for the Nursing Home Value-Based Purchasing (NHVBP) Demonstration; *Use:* The NHVBP Demonstration is a CMS ''pay-for-performance'' initiative to improve the quality of care furnished to Medicare beneficiaries residing in nursing homes. Under this three-year demonstration project, CMS will assess the performance of nursing homes based on selected quality measures, and then make additional payments to those nursing homes that achieve a higher performance based on those measures. In the first year of the demonstration, quality will be assessed based on the following four domains: Staffing, appropriate hospitalizations, outcome measures from the minimum data set (MDS), and survey deficiencies. Additional quality measures may be added in the second and third years of the demonstration as deemed appropriate.

The main purpose of the NHVBP data collection effort is to gather information that will enable CMS to determine which nursing homes will be eligible to receive incentive payments under the NHVBP Demonstration. All measures included in the MDS outcomes, survey deficiency, and appropriate hospitalization domains can be calculated from existing secondary data sources, such as the MDS, annual nursing home certification surveys, and Medicare claims data. However, for the staffing domain, no satisfactory alternative source for these data has been identified. Therefore, CMS will collect payroll-based staffing and resident census information to help assess the quality of care in participating nursing homes. CMS will additionally collect data on two measures, staff immunization status and use of resident care experience surveys, which may be included in the payment determination during the second and third years of the demonstration. Refer to the ''Summary of Changes to Data collection for the Nursing Home Value-Based Purchasing (NHVBP) Demonstration'' documents to review a list of changed items. *Form Number:* CMS–10240 (OMB#: 0938–New); *Frequency:* Reporting: Once; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 1,250; *Total Annual Responses:* 2,000; *Total Annual Hours:* 49,170.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Advantage (MA) Applications—Part C; *Use:* An entity seeking a contract as an MA organization must be able to provide Medicare's basic benefits plus meet the organizational requirements set out in regulations at 42 CFR Part 422. An applicant must demonstrate that it can meet the benefit and other requirements within the specific geographic area it is requesting. The application forms are designed to give CMS the information they need about the health plan to determine compliance with Federal regulations at 42 CFR Part 422 in an efficient manner. The cited regulations outline the MA application process that begins with submission of an application in the form and manner that the Secretary provides. The MA application forms will be used by CMS to determine whether an entity is eligible to enter into a contract to provide services to Medicare beneficiaries. Refer to the ''High Level Summary of Key Changes Between The 2008 Part C Applications and The 2009 Part C Applications'' and the ''High-Level Summary of Changes in Employer/Union-Only Group Waiver Plan MAO Applications'' documents to review a list of the changes. *Form Number:* CMS–10237 and 10214 (OMB#: 0938–0935); *Frequency:* Reporting: Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 241; *Total Annual*

*Responses:* 241; *Total Annual Hours:* 5858.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Enrollment Application; *Form Number:* CMS–855 (OMB#: 0938–0685); *Use:* The primary function of the Medicare enrollment application is to gather information from a provider or supplier that tells us who it is, whether it meets certain qualifications to be a health care provider or supplier, where it practices or renders its services, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment. The goal of evaluating and revising the Medicare enrollment applications is to simplify and clarify the information collection without jeopardizing our need to collect specific information.

We are proposing revisions to the CMS–855B to incorporate changes adopted in CMS–1321–FC (71 FR 69624), ''Revisions to Payment Policies and Five-Year Review of Relative Value Units Under the Physician Fee Schedule for CY 2007 and Other Changes to Payment Under Part B; Revisions to Ambulance Fee Schedule; Ambulatory Inflation Factor Update for CY 2007.'' Specifically, CMS is revising the CMS–855B to:

- Add instructions to Attachment 2 that explain the independent diagnostic testing facility (IDTF) liability insurance requirements in 42 CFR § 410.33(g)(6).
- Require that an IDTF submit copies of its comprehensive liability insurance policy in Section 17.
- List all of the new IDTF standards on a separate page in Attachment 2.
- Remove the supplier type ''Voluntary Health/Charitable Agency'' from Section 2A.

In addition, we are trying to enhance our ability to identify whether a hospital qualifies as a ''specialty hospital.'' To this end, we propose to revise the CMS–855A to include a specific box that specialty hospitals must check when completing the application. Instructions explaining the definition of a ''specialty hospital'' will also be added to the form. We also provide clarification of the term ''primary practice location'' in the instructions in Section 4 of the CMS–855A. This clarification does not change any data elements on the form. We are also removing the data element ''Medicare Year-End Cost Report Date'' in Section 2 of the CMS–855A, as this information is no longer needed. *Frequency:* Recordkeeping and Reporting—On occasion; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 400,000; *Total Annual Responses:* 400,000; *Total Annual Hours:* 1,001,503.33.

6. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Home Health Conditions of Participation (CoP) Information Collection Requirements and Supporting Regulations in 42 CFR 484.10, 484.12, 484.16, 484.18, 484.36, 484.48, 484.52; *Form Numbers:* CMS–R–39 (OMB#: 0938–0365); *Use:* The information collection requirements contained in this request are part of the requirements classified as the conditions of participation (CoPs) which are based on criteria prescribed in law and are standards designed to ensure that each facility has properly trained staff to provide the appropriate safe physical environment for patients. These particular standards reflect comparable standards developed by industry organizations such as the Joint Commission on Accreditation of Healthcare Organizations, and the Community Health Accreditation Program. The primary users of this information will be State agency surveyors, the regional home health intermediaries, CMS and home health agencies (HHAs) for the purpose of ensuring compliance with Medicare CoPs as well as ensuring the quality of care provided by HHA patients. *Frequency:* Recordkeeping and Reporting—Annually, On occasion; *Affected Public:* Business or for-profits, Not-for-profit institutions, and State, Local or Tribal governments; *Number of Respondents:* 9,354; *Total Annual Responses:* 9,354; *Total Annual Hours:* 1,048,483.5.

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.

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 *November 13, 2007.*

OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: October 4, 2007.

**Michelle Shortt,**

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

[FR Doc. E7–20150 Filed 10–11–07; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children And Families

### Administration on Children, Youth, and Families, Children's Bureau; Single-Source Permanent Replacement Grant

**AGENCY:** Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families; Department of Health and Human Services.

**ACTION:** Single-Source Permanent Replacement Grant.

*CFDA#:* 93.648.

*Legislative Authority:* Child Welfare Training [Section IV–B, section 426 (a) 1 (C) of the Social Security Act]

*Amount of Award:* $200,000 per year for one year.

*Project Period:* 9/30/2007–9/29/2008.

*Justification for the Exception to Competition:* Sonoma State University, California Institute on Human Services, Rohnert Park, CA, (the grantee) has relinquished their grant entitled, ''Training for Effective Child Welfare Practice in Rural Communities,'' funded under the Child Welfare Training program. San Jose State University Research Foundation, San Jose, CA, has been authorized as permanent successor grantee for this project. The Project Director under the former grantee will continue in the same capacity with San Jose State University Research Foundation. Awarding these funds will allow the project to complete their goals and objectives as originally approved.

**FOR FURTHER INFORMATION CONTACT:** Jan P. Shafer, Children's Bureau, Portals Building, Suite 800, 1250 Maryland Avenue, SW., Washington, DC 20024. Telephone: 202–205–8172.

Dated: October 3, 2007.

**Joan E. Ohl,**

*Commissioner, Administration on Children, Youth and Families.*

[FR Doc. E7–20094 Filed 10–11–07; 8:45 am]

**BILLING CODE 4184–01–P**