

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Members of REACH U.S. Communities.	Screening Interview .....	100,200	1	2/60	3,340
	REACH U.S. Risk Factor Survey.	26,100	1	15/60	6,525
Total .....	.....	.....	.....	.....	9,865

Dated: November 9, 2007.

**Maryam I. Daneshvar,**

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

[FR Doc. E7-22421 Filed 11-15-07; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-07-07BS]

#### Proposed Data Collections Submitted for Public Comment and Recommendations; Correction Centers for Disease Control and Prevention; Notice; Correction

The Centers for Disease Control and Prevention published a document in the **Federal Register** concerning a retraction of a previously published 60-day **Federal Register** Notice. The document contained the incorrect **Federal Register** Notice number.

#### FOR FURTHER INFORMATION CONTACT:

Maryam Daneshvar, 404-639-4604.

#### Correction

In the **Federal Register** of November 7, 2007, Volume 72, Number 215, in FR Doc. E7-21864 page 62857, under the agency name correct the **Federal Register** notice number 60 Day-07-07BS to read: 60 Day-07-06BS.

Dated: November 7, 2007.

**Maryam I. Daneshvar,**

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

[FR Doc. E7-22420 Filed 11-15-07; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10230]

#### 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:* New collection; *Title of Information Collection:* PACE Audit Guide Version 1; *Use:* CMS conducts a comprehensive annual on-site review of Programs of All-Inclusive Care for the Elderly (PACE) program provider operations in order to assure contract compliance during the first three years (the trail period) with CMS and the State administering agency. Onsite monitoring continues at least every 2 years after the first 3-year trial period ends. The purpose of the guide is oversight, monitoring, compliance and auditing of the activities necessary to ensure quality provision of the Medicare Parts A, B and D benefits to beneficiaries. *Form Number:* CMS-10230 (OMB#: 0938-New); *Frequency:*

Yearly; *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 22; *Total Annual Responses:* 22; *Total Annual Hours:* 6,336.

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 *January 15, 2008*. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development-C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 8, 2007.

**Michelle Shortt,**

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

[FR Doc. E7-22255 Filed 11-15-07; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-382]

#### 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:** ESRD Beneficiary Selection and Supporting Regulations Contained in 42 CFR 414.330; **Use:** Section 2145 amended section 1881 of the Social Security Act and changes the way the Medicare program pays for home dialysis services. Medicare patients who currently receive dialysis in a facility but later become home dialysis patients must complete the CMS-382 form at the time they go to the home setting. Facilities are required to have all Medicare home dialysis patients choose one of two payment methods. Under Method I, the dialysis facility assumes responsibility for patient care and the facility provides all dialysis equipment and supplies needed to dialyze at home. The facility is required to order, store, deliver, and pay the manufacturers and suppliers for these items. Under Method II, the beneficiary makes his/her own arrangement for securing the necessary supplies and dialysis equipment. Then, the supplier bills the Medicare program (Carrier) for payment.

**Form Number:** CMS-382 (OMB#: 0938-0372); **Frequency:** Reporting—Yearly; **Affected Public:** Individuals or households; **Number of Respondents:** 7400; **Total Annual Responses:** 7400; **Total Annual Hours:** 617.

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 by the OMB desk officer at the address below, no later than 5 p.m. on December 17, 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: November 7, 2007.

**Michelle Shortt,**

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

[FR Doc. E7-22268 Filed 11-15-07; 8:45 am]

**BILLING CODE 4120-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

**Title:** Computerized Support Enforcement Systems—NPRM.  
**OMB No.:** 0980-0271.

**Description:** The information being collected is mandated by Section 454(16) of the Social Security Act (the Act), which provides for the establishment and operation by State agencies, in accordance with an initial and annually updated Advance Planning Document (APD) approved under section 452(d) of the Act, of a statewide system meeting the requirements of section 454A of the Act. In addition, section 454A(e)(1) of the Act requires that States create a State Case Registry (SCR) within their statewide automated child support systems to include information on IV-D cases and non-IV-D orders established or modified in the State on or after October 1, 1998. Section 454A(e)(5) of the Act requires States to regularly update their cases in the SCR.

This notice reflects the new transaction set for SCR to Federal Case Registry (FCR) transactions where States are encouraged, but not required, to submit child data from their SCR to the FCR.

The data being collected for the APD are a combination of narratives, budgets and schedules, which are used to provide funding approvals on an annual basis and to monitor and oversee systems development. Child support has separate regulations under 45 CFR 307.15 related to submittal of APDs because the program had supplemental authority for enhanced funding for systems development, a requirement for Independent Validation and Verification (IV&V) reviews for high risk projects, waiver authority, and has substantial penalties for non-compliance with the statutory deadline of October 1, 2000. This information collection reflects the fact that 52 States and Territories are now certified as meeting the automation requirements of the Family Support Act of 1988 (FSA) and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), leaving only two States that are not yet PRWORA systems certified and only one State that has not submitted an Implementation APD for compliance with PRWORA automation. The two States not yet certified have a requirement for ongoing IV&V, i.e., that up to five States will require semiannual IV&V services related to their plans to develop entirely new CSE systems to replace their legacy systems and that one State is operating under a waiver for an Alternative Systems Configuration which requires additional information to be provided on an annual basis. States and Territories that opted to keep their APD for child support systems are covered under a separate Information Collection, OMB No. 0992-0005, for 45 CFR Part 95 Subpart F.

The data being collected for the SCR is used to transmit mandatory data elements to the FCR where it is used for matching against other databases for the purposes of location of individuals, assets, employment and other child support related activities.

**Respondents:** State and Territorial Child Support Agencies.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
307.15(b)(1)(IV&V), Ongoing .....	2	12	16	384
307.15(b)(1) (IV&V), Semiannual .....	5	2	16	160
307.5(b), Waiver Option .....	1	1	80	80