

Board of Governors of the Federal Reserve System, December 4, 2007.

Margaret McCloskey Shanks,

Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10232, CMS-10120, CMS-10241, CMS-370, 377 and 378]

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:* New Collection; *Title of Information Collection:* State Plan Pre-print for Integrated Medicare and Medicaid Programs; *Use:* Information submitted via the State Plan Amendment (SPA) pre-print will be used by CMS Central and Regional Offices to analyze a State's proposal to implement integrated Medicare and Medicaid programs. The pre-print is an optional document for use by States to highlight the arrangements between a State and Medicare Advantage Special Needs Plans that are also providing Medicaid services. State Medicaid Agencies will complete the SPA pre-print and submit it to CMS for a comprehensive analysis. The pre-print provides the opportunity for States to confirm that their integrated care model complies with both federal statutory and

regulatory requirements. The pre-print contains assurances, check-off items, and areas for States to describe policies and procedures for subjects such as enrollment, marketing and quality assurance. *Form Numbers:* CMS-10251 (OMB#: 0938-NEW); *Frequency:* Reporting—Once; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 30; *Total Annual Hours:* 600.

2. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* 1932 State Plan Amendment Template, State Plan Requirements and Supporting Regulations in 42 CFR 438.50; *Form No.:* CMS-10120 (OMB#: 0938-0933); *Use:* The State Medicaid Agencies will complete the template. CMS will review the information to determine if the State has met all the requirements under Section 1932(l)(1)(A) of the Social Security Act and 42 CFR 438.50. Once all requirements are met, the State will be allowed to enroll Medicaid beneficiaries on a mandatory basis into managed care entities without section 1115 or 1915(b) waiver authority; *Frequency:* On occasion; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 56; *Total Annual Responses:* 10; *Total Annual Hours:* 100.

3. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* Annual State Report and Annual State Performance Rankings; *Use:* The Deficit Reduction Act of 2005 (DRA) requires CMS to contract with a vendor to conduct a monthly national survey of retail prescription drug prices and to report the prices to the States. These national average prices will be used as a benchmark by the States for the management of their prescription drug programs. The law also requires that States report their drug utilization rates for non-innovator multiple source drugs, their payment rates under their State plan, and their dispensing fees. A template will be used to facilitate data collection. The States' rankings are to be presented to the Congress and the States. *Form Number:* CMS-10241 (OMB#: 0938-NEW); *Frequency:* Reporting—Yearly; *Affected Public:* States, Local or Tribal Governments; *Number of Respondents:* 51; *Total Annual Responses:* 51; *Total Annual Hours:* 765.

4. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Health Insurance Benefit Agreement,

Ambulatory Surgical Centers (ASC) Request for Certification in the Medicare Program, ASC Survey Report Form and ASC Conditions of Coverage; *Use:* The Health Insurance Benefit Agreement is utilized for the purpose of establishing for payment under Title XVIII of the Social Security Act. The ASC Request for Certification form is utilized as an application for facilities wishing to participate in the Medicare program as an ASC. This form initiates the process of obtaining a decision as to whether the conditions for coverage are met. It also promotes data retrieval from the Online Data Input Edit (ODIE) system, a subsystem of the Online Survey Certification and Report (OSCAR) system by CMS Regional Offices (ROs). The ASC Report Form is an instrument used by the State survey agency to record data collection in order to determine supplier compliance with individual conditions for coverage and report it to the Federal Government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ODIE/OSCAR system at the CMS ROs. This form includes basic information on compliance (i.e., met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself. *Form Numbers:* CMS-370, 377, 378 (OMB#: 0938-0266); *Frequency:* Reporting—Occasionally (initially and then every 3 years); *Affected Public:* States, Local or Tribal Governments; *Number of Respondents:* 5123; *Total Annual Responses:* 1707; *Total Annual Hours:* 2,787.

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 January 7, 2008.

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

Dated: November 30, 2007.

Michelle Shortt,

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

[FR Doc. E7-23746 Filed 12-6-07; 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: Voluntary Establishment of
Paternity.
OMB No.: 0970-0175.
Description: Section 466(a)(5)(C) of
the Social Security Act requires States

to pass laws ensuring a simple civil
process for voluntarily acknowledging
paternity under which the State must
provide that the mother and putative
father must be given notice, orally and
in writing, of the benefits and legal
responsibilities and consequences of
acknowledging paternity. The
information is to be used by hospitals,
birth record agencies, and other entities
participating in the voluntary paternity
establishment program.

Respondents: State and Tribal IV-D
agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
None	1,025,521	Variable	.166	170,236

*Estimated Total Annual Burden
Hours:* 170,236.

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: November 30, 2007.
Robert Sargis,
Reports Clearance Officer.
[FR Doc. 07-5964 Filed 12-6-07; 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:

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Head Start Program Information Report	2,690	1	4	10,760

*Estimated Total Annual Burden
Hours:* 10,760.

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 Information Services,

Title: Head Start Program Information
Report.

OMB No.: 0980-0017.

Description: The Office of Head Start
within the Administration for Children
and Families, United States Department
of Health and Human Services, is
proposing to renew authority to collect
information using the Head Start
Program Information Report (PIR). The
PIR provides information about Head
Start and Early Head Start services
received by the children and families
enrolled in Head Start programs. The
information collected in the PIR is used
to inform the public about these
programs and to make periodic reports
to Congress about the status of children
in Head Start programs as required by
the Head Start Act.

Respondents: Head Start and Early
Head Start program grant recipients.

370 L'Enfant Promenade, SW.,
Washington, DC 20447, *Attn:* ACF
Reports Clearance Officer. All requests
should be identified by the title of the
information collection.

The Department specifically requests
comments on: (a) Whether the proposed