371954, Pittsburgh, PA 15250–7945, (202) 512–1800. You may also access this information at the following Web site; http://www.healthypeople.gov/Publications.

The IHS is focusing efforts on three Health Initiatives that, linked together, have the potential to achieve positive improvements in the health of AI/AN people. These three initiatives are Health Promotion/Disease Prevention, Management of Chronic Disease, and Behavioral Health. Further information is available at the Health Initiatives Web site: http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm.

Dated: March 24, 2008.

Robert G. McSwain,

Acting Director, Indian Health Service. [FR Doc. E8–6409 Filed 3–28–08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

RIN 0917-ZA22

Reimbursement Rates for Calendar Year 2008

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is given that the Director of Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001 (a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2008 for Medicare and Medicaid beneficiaries and beneficiaries of other Federal programs. The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment may be available to the extent that those services meet applicable requirements. Public Law 106-554, section 432, dated December 21, 2000, authorized IHS facilities to file Medicare Part B claims with the carrier for payment for physician and certain other practitioner services provided on or after July 1, 2001.

INPATIENT HOSPITAL PER DIEM RATE (EXCLUDES PHYSICIAN/PRACTI-TIONER SERVICES)

[Calendar Year 2008]

Lower 48 States	\$1,81 ⁻²
Outpatient per Visit Rate (Excluding	y Medicare
Lower 48 States	\$250 420
Outpatient per Visit Rate (Med	licare)
Lower 48 States	\$215 365
Medicare Part B Inpatient Ancillary Rate	per Diem

Outpatient Surgery Rate (Medicare)

\$373

650

Lower 48 States

Alaska

Established Medicare rates for freestanding Ambulatory Surgery Centers

Effective Date for Calendar Year 2008 Rates

Consistent with previous annual rate revisions, the Calendar Year 2008 rates will be effective for services provided on/or after January 1, 2008 to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: November 29, 2007.

Robert G. McSwain,

Acting Director, Indian Health Service.

Editorial Note: This document was received at the Office of the Federal Register on March 25, 2008.

[FR Doc. E8–6431 Filed 3–28–08; 8:45 am] BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Tribal Self-Governance Program; Negotiation Cooperative Agreement

Announcement Type: New.

Funding Announcement Number: HHS-2008-IHS-TSGP-0001.

Catalog of Federal Domestic Assistance Numbers(s): 93.210.

Key Dates: Application Deadline Date: April 28, 2008.

Review Date: May 8-9, 2008.

Earliest Anticipated Start Date: June 1, 2008.

I. Funding Opportunity Description

The purpose of the program is to award cooperative agreements that provide negotiation resources to Tribes interested in participating in the Tribal Self-Governance Program (TSGP) as authorized by Title V, Tribal Self-Governance Amendments of 2000 of the Indian Self-Determination and Education Assistance Act of Public Law (Pub. L.) 93-638, as amended. There is limited competition under this announcement because the authorizing legislation, Public Law 106-260, Title V, restricts eligibility to Tribes that meet specific criteria (Refer to Section III.l.A., **ELIGIBLE APPLICANTS in this** announcement). The TSGP is designed to promote self-determination by allowing Tribes to assume more control of Indian Health Service (IHS) programs and services through compacts negotiated with the IHS. The Negotiation Cooperative Agreement provides Tribes with funds to help cover the expenses involved in preparing for and negotiating with the IHS and assists eligible Indian Tribes to prepare Compacts and Funding Agreements (FAs). This program is described at 93.210 in the Catalog of Federal Domestic Assistance (CFDA).

The Negotiation Cooperative Agreement provides resources to assist Indian Tribes to conduct negotiation activities that include but are not limited to:

- 1. Determine what programs, services, functions, and activities (PSFAs) will be negotiated.
- 2. Identification of Tribal shares that will be included in the FA.
- 3. Development of the terms and conditions that will be set forth in the FA.

The award of a Negotiation Cooperative Agreement is not required as a prerequisite to enter the TSGP. Indian Tribes that have completed comparable health planning activities in previous years using Tribal resources but have not received a Tribal selfgovernance planning award are also eligible to apply.

II. Award Information

Type of Awards: Cooperative Agreement.

Estimated Funds Available: The total amount identified for Fiscal Year (FY) 2008 is \$240,000 for approximately twelve (12) Tribes. Awards under this announcement are subject to the availability of funds.

Anticipated Number of Awards: The estimated number of awards under the program to be funded is approximately 12.