I. Background

Section 1886(d)(4)(D) of the Social Security Act (the Act) requires the Secretary to select, by October 1, 2007, at least two conditions that: (1) Are high cost or high volume or both; (2) result in the assignment of a case to a Medicare Severity Diagnosis-Related Group (MS–DRG) that has a higher payment when present as a secondary diagnosis; and (3) could reasonably have been prevented through the application of evidence-based guidelines.

For discharges occurring on or after October 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions occurring during hospitalization was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present. Section 1886(d)(4)(D) of the Act provides that we can revise the list of conditions from time to time, as long as it contains at least two conditions.

We have discussed the selection of hospital-acquired conditions (HAC) in the inpatient prospective payment systems (IPPS) fiscal year (FY) 2007 (71 FR 23996 and 71 FR 47870), FY 2008 (72 FR 24680 and 72 FR 47130), and FY 2009 (73 FR 23528 and 73 FR 48434) proposed and final rules, respectively. For discharges occurring on or after October 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions occurring during hospitalization was not present on admission. That is, the case would be paid as though the secondary diagnosis was not present. Section 1886(d)(4)(D) of the Act provides that we can revise the list of conditions from time to time, as long as it contains at least two conditions. In addition, we discussed the expansion of the principles behind the hospital outpatient healthcare-associated conditions (HOP–HACs) payment provision in the outpatient prospective payment systems (OPPS) calendar year (CY) 2009 proposed rule (73 FR 41416).

II. Listening Session Format

This listening session is being held as a joint partnership between the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC). The listening session will begin at 10 a.m. e.s.t. with an overview of the objectives for the session. A brief overview regarding the implementation strategy for selecting the IPPS HAC's will then be presented. Next, we will present a review of the regulatory language included in the FY 2009 IPPS final rule followed by a public comment session. There will be a lunch break from approximately 12:30 p.m. e.s.t. to 1:30 p.m. e.s.t. Following lunch, we will review the CY 2009 OPPS final rule that discussed the expansion of the principles behind the HOP–HACs payment provision to the outpatient setting. An additional public comment period will follow the afternoon presentations. The meeting will conclude by 5 p.m. e.s.t.

We note that, due to time constraints, telephone participants will be allowed to make verbal comments during the meeting as time permits. We also note that any interested party, irrespective of participation at the listening session, may submit written comments to the address listed in the **ADDRESSES** section by the date specified in the **DATES** section of this notice.

III. Registration Instructions

For security reasons, space limitations, and limited availability of teleconference lines, any persons wishing to attend this meeting or listen via teleconference must register by the date listed in the **DATES** section of this notice. Persons interested in attending the meeting or listening by teleconference must register by completing the on-line registration located at *http://registration.intercall.com/go/cms2.* The on-line registration system will generate a confirmation page to indicate the completion of your registration. Please print this page as your registration receipt.

The number of call-in lines will be limited for individuals participating in the listening session by teleconference. The call-in number will be provided upon confirmation of registration.

An audio download of the listening session will be available through the CMS Hospital-Acquired Conditions Web site at *http://www.cms.hhs.gov/HospitalAcqCond/01_Overview.asp* after the listening session.

IV. Security, Building, and Parking Guidelines

This meeting will be held in a Federal government building; therefore, Federal security measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security. The on-site check-in for visitors will begin at 9:15 a.m. e.s.t. Please allow sufficient time to complete security checkpoints.

Security measures include the following:

- Presentation of government-issued photographic identification to the Federal Protective Service or Guard Service personnel.
- Interior and exterior inspection of vehicles (this includes engine and trunk inspection) at the entrance to the grounds. Parking permits and instructions will be issued after the vehicle inspection.
- Passing through a metal detector and inspection of items brought into the building. We note that all items brought to CMS, whether personal or for the purpose of demonstration or to support a demonstration, are subject to inspection.

We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety, or timely arrival of any personal belongings or items used for demonstration or to support a demonstration.

Note: Individuals who are not registered in advance will not be permitted to enter the building and will be unable to attend the meeting. The public may not enter the building earlier than 45 minutes prior to the convening of the meeting.

All visitors must be escorted in areas other than the lower and first floor levels in the Central Building. Seating capacity is limited to the first 550 registrants.

Authority: Section 1886(d)(4)(D) of the Act.

Dated: October 23, 2008.

Kerry Weems,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E8–25833 Filed 10–29–08; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Allotment Percentages to States for Child Welfare Services State Grants

AGENCY: Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services.

ACTION: Biennial publication of allotment percentages for States under the Title IV–B subpart 1, Child Welfare Services State Grants Program (CFDA No. 93.645).

SUMMARY: As required by section 423(c) of the Social Security Act (42 U.S.C. 623(c)), the Department is publishing the allotment percentage for each State under the Title IV–B Subpart 1, Child Welfare Services State Grants Program. Under section 423(a), the allotment percentages are one of the factors used

in the computation of the Federal grants awarded under the Program.

DATES: *Effective Date:* The allotment percentages shall be effective for Fiscal Years 2010 and 2011.

FOR FURTHER INFORMATION CONTACT: Deborah Bell, Grants Fiscal Management Specialist, Office of Grants Management, Office of Administration, Administration for Children and Families, telephone (202) 401–4611.

SUPPLEMENTARY INFORMATION: The allotment percentage for each State is determined on the basis of paragraphs (b) and (c) of section 423 of the Act. These figures are available on the ACF homepage on the Internet: *http://www.acf.dhhs.gov/programs/cb/*. The allotment percentage for each State is as follows:

State	Allotment percentage
Alabama	57.84
Alaska	48.05
Arizona	56.38
Arkansas	61.11
California	46.00
Colorado	45.84
Connecticut	29.80
Delaware	47.41
District of Columbia	30.00
Florida	49.99
Georgia	55.97
Hawaii	49.58
Idaho	58.77
Illinois	47.38
Indiana	56.49
Iowa	54.98
Kansas	53.08
Kentucky	59.84
Louisiana	57.58
Maine	55.90
Maryland	39.77
Massachusetts	36.86
Michigan	54.78
Minnesota	46.78
Mississippi	63.23
Missouri	55.60
Montana	57.46
Nebraska	53.19
Nevada	47.38
New Hampshire	46.11
New Jersey	36.67
New Mexico	60.11
New York	40.20
North Carolina	55.99
North Dakota	54.67
Ohio	54.92
Oklahoma	55.55
Oregon	54.50
Pennsylvania	49.89
Rhode Island	48.70
South Carolina	59.40
South Dakota	54.49
Tennessee	56.26
Texas	52.11
Utah	60.33
Vermont	52.12
Virginia	45.62
Washington	47.36
West Virginia	62.02
Wisconsin	52.98
Wyoming	41.29
American Samoa	70.00
Guam	70.00
N. Mariana Islands	70.00
Puerto Rico	70.00
Virgin Islands	70.00

Dated: October 21, 2008.

Joan E. Ohl,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. E8–25843 Filed 10–29–08; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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) ways to enhance 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.

Proposed Project: SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence Screening and Brief Intervention Evaluation—New

Since 2001, SAMHSA's Center for Substance Abuse Prevention has been operating the SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence. The purpose of the FASD Center is to prevent FASD and improve the treatment of FASD. The FASD Center's activities include providing training, technical assistance, and subcontracts to increase the use of effective evidence-based interventions.

The FASD Center will be integrating Screening and Brief Intervention (SBI) for pregnant women through service delivery organizations and will be evaluating the results. Seven sites will implement the SBI program operated through WIC or Healthy/Health Start. Using the protocol developed by O'Connor and Whaley, each of the participating WIC and Healthy Start programs will be screening pregnant women to identify those who are currently drinking. The SBI focuses on 10- to 15-minute sessions of counseling by a counselor who will use a scripted manual to guide the intervention. Participants in the SBI will be assessed at each visit (to monitor alcohol use), referred for additional services to support their efforts to stop drinking, and will be provided with the 10–15 minute intervention. Clients will be followed up until their 36th week of pregnancy.

At baseline, a screening tool will be administered by the WIC or Healthy/Health Start counselor to assess pregnant women at the participating sites or health care delivery programs. Women will be assessed for risk using the T–ACE or TWEAK screening instruments which have been used successfully with pregnant women. Both quantity and frequency of drinking will be assessed. In addition, basic demographic data will be collected (age, race/ethnicity, education, and marital status) at baseline by participating sites but no personal identification information will be transmitted to SAMHSA.

On a monthly basis, as clients return for their WIC or Healthy/Health Start program counseling session, follow-up data will be collected by the WIC or Healthy Start counselor. At each monthly follow-up visit, the quantity and frequency of drinking will be assessed and the client's goals for drinking will be recorded. In addition, process level variables will be assessed to understand how the program is being implemented (e.g., whether SBI was delivered; what referrals were made; which referral services were received). At the 36th week of pregnancy, the client will be asked for permission to place her record from this program into her infant's medical record (upon delivery) and quantity and frequency of drinking will be assessed.

The data collection is designed to evaluate the implementation of the proposed Screening and Brief