

Dated: June 26, 2009.

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

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**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: 2010 National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119)—Revision**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) will conduct the 2010 N-MHSS. This national survey will update the previous biennial mental health facility survey conducted in 2008—the National Survey of Mental Health Treatment Facilities (NSMHTF) under OMB No. 0930-0119. Similar in design to the 2008 NSMHTF, the 2010 N-MHSS will survey all mental health service locations, instead of surveying each mental health organization as a whole. These separate mental health service locations (facilities) are in contrast to mental health organizations which may include multiple facilities (service locations). This survey will be (a) A 100-percent enumeration of all known facilities nationwide that specialize in mental health treatment services, (b) more consumer-oriented in describing services available at each facility location, and (c) patterned after SAMHSA's Office of Applied Studies National Survey of Substance Abuse

Treatment Services (OMB No. 0930-0106).

The 2010 N-MHSS will utilize one questionnaire for all mental health facility types including hospitals, residential treatment centers, outpatient clinics, and multi-setting facilities. The information collected will include: intake telephone numbers for services, types of services offered, sources of payment for services, facility caseload characteristics, and facility bed counts, if applicable. This survey will use a multi-mode approach to data collection—mail and Web with telephone follow-up.

The resulting database will be used to provide both State and national estimates of facility types and their patient caseloads. Information from the 2010 survey will also be used to update SAMHSA's online Mental Health Facility Locator for use by consumers. In addition, data derived from the survey will be published by CMHS in SAMHSA publications such as *Mental Health, United States* and in professional journals such as *Psychiatric Services* and the *American Journal of Psychiatry*. The publication, *Mental Health, United States*, is used by the general public, State governments, the U.S. Congress, university researchers, mental health service providers, and mental health care professionals. The following Table summarizes the estimated response burden for the survey.

ESTIMATED TOTAL RESPONSE BURDEN FOR THE 2010 N-MHSS

Facility type	Number of respondents	Responses per respondent	Average hours per response	Total hour burden
Public Psychiatric Hospitals .....	304	1	1	304
Private Psychiatric Hospitals .....	534	1	1	534
General Hospitals .....	1,712	1	1	1,712
Residential Treatment Centers for Children .....	1,186	1	1	1,186
Residential Treatment Centers for Adults .....	829	1	1	829
Outpatient Clinics .....	6,266	1	1	6,266
Multi-Setting Facilities .....	2,115	1	1	2,115
<b>Total Facilities .....</b>	<b>12,946</b>	<b>1</b>	<b>1</b>	<b>12,946</b>

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 and e-mail her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: June 29, 2009.

**Elaine Parry,**  
Director, Office of Program Services.

[FR Doc. E9-15914 Filed 7-2-09; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Notice Correction; Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information from NCI Cancer Information Service (CIS) Clients (NCI)**

The **Federal Register** notices published on May 1, 2009 (74 FR 20320)

and July 1, 2009 (74 FR 31445) announcing the submission to OMB of the project titled, "Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information from NCI Cancer Information Service (CIS) Clients (NCI)" was submitted with errors. The "Type of Information Collection Request" was incorrectly listed as a revision. This submission should be considered an extension. Additionally, the total annual burden hours was reported as 2,524 hours.

Instead, the estimated total annual burden is 2,492 hours.

Dated: July 1, 2009.

**Vivian Horovitch-Kelley,**

*NCI Project Clearance Liaison, National Institutes of Health.*

[FR Doc. E9-15955 Filed 7-2-09; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1412-N]

#### Medicare Program; Second Semi-Annual Meeting of the Advisory Panel on Ambulatory Payment Classification Groups—August 5–7, 2009

**AGENCY:** Centers for Medicare & Medicaid Services, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), this notice announces the second semi-annual meeting of the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel) for 2009. The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of the Department of Health and Human Services (the Secretary) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) (the Administrator) concerning the clinical integrity of the APC groups and their associated weights. We will consider the Panel's advice as we address comments and complete the final rule that updates the hospital Outpatient Prospective Payment System (OPPS) for CY 2010.

**DATES: Meeting Dates:** We are scheduling the second semi-annual meeting in 2009 for the following dates and times:

- Wednesday, August 5, 2009, 1 p.m. to 5 p.m. (e.s.t.)<sup>1</sup>
- Thursday, August 6, 2009, 8 a.m. to 5 p.m. (e.s.t.)<sup>1</sup>
- Friday, August 7, 2009, 8 a.m. to 12 noon (e.s.t.)<sup>2</sup>

**Deadlines:**

<sup>1</sup> The times listed in this notice are approximate times; consequently, the meetings may last longer than listed in this notice—but will not begin before the posted times.

<sup>2</sup> If the business of the Panel concludes on Thursday, August 6, 2009, there will be no Friday (August 7, 2009) meeting.

**Deadline for Hardcopy Comments/Suggested Agenda Topics—5 p.m. (e.s.t.), Wednesday, July 22, 2009.**

**Deadline for Hardcopy Presentations—5 p.m. (e.s.t.), Wednesday, July 22, 2009.**

**Deadline for Attendance Registration—5 p.m. (e.s.t.), Wednesday, July 29, 2009.**

**Deadline for Special Accommodations—5 p.m. (e.s.t.), Wednesday, July 29, 2009.**

**Submission of Materials to the Designated Federal Officer (DFO):**

Because of staffing and resource limitations, we cannot accept written comments and presentations by FAX, nor can we print written comments and presentations received electronically for dissemination at the meeting.

Only hardcopy comments and presentations can be reproduced for public dissemination. All hardcopy presentations *must be accompanied by Form CMS-20017 (revised 01/07)*. The form is now available through the CMS Forms Web site. The Uniform Resource Locator (URL) for linking to this form is as follows: <http://www.cms.hhs.gov/cmsforms/downloads/cms20017.pdf>.

Presenters must use the most recent copy of CMS-20017 (updated 01/07) at the above URL. Additionally, presenters must *clearly* explain the action(s) that they are requesting CMS to take in the appropriate section of the form. They must also clarify their relationship to the organization that they represent in the presentation.

**Note:** Issues that are vague, or that are outside the scope of the APC Panel's purpose, will not be considered for presentations and comments. There will be no exceptions to this rule. We appreciate your cooperation on this matter.

We are also requiring electronic versions of the written comments and presentations, in addition to the hardcopies.

In summary, presenters and/or commenters must do the following:

- Send both electronic and hardcopy versions of their presentations and written comments by the prescribed deadlines.
- Send electronic transmissions—preferably in PowerPoint presentation format—to the e-mail address below.
- Do not send pictures of patients in any of the documents unless their faces have been blocked out.
- Do not send documents electronically that have been archived.
- Mail (or send by courier) to the DFO all hardcopies, accompanied by Form CMS-20017 (revised 01/07), if they are presenting, as specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

• Commenters are *not* required to send Form CMS-20017 with their written comments.

**ADDRESSES:** The meeting will be held in the Auditorium, CMS Central Office, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

**FOR FURTHER INFORMATION CONTACT:** For further information, contact: Shirl Ackerman-Ross, DFO, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4-05-17, Baltimore, MD 21244-1850. *Phone:* (410) 786-4474.

**Note:** We recommend that you advise couriers of the following information: When delivering hardcopies of presentations to CMS, if no one answers at the above phone number, please call (410) 786-4532 or (410) 786-9316.

E-mail addresses for comments, presentations, and registration requests are [CMSAPCPanel@cms.hhs.gov](mailto:CMSAPCPanel@cms.hhs.gov), or [SAckermanross@cms.hhs.gov](mailto:SAckermanross@cms.hhs.gov).

**Note:** There is NO underscore in the APC Panel e-mail address; there is a SPACE between CMS and APCPanel.

News media representatives must contact our Public Affairs Office at (202) 690-6145.

**Advisory Committees' Information Lines:** The phone numbers for the CMS Federal Advisory Committee Hotline are 1-877-449-5659 (toll free) and (410) 786-9379 (local).

**Web Sites:** The following information is available on the CMS Web site at [http://www.cms.hhs.gov/FACA/05\\_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage](http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage) in order to obtain the following information:

**Note:** There is an UNDERSCORE after FACA/05(like this \_); there is no space.

- Additional information on the APC meeting agenda topics,
- Updates to the Panel's activities,
- Copies of the current Charter, and
- Membership requirements.

You may also search information about the APC Panel and its membership in the FACA database at the following URL: <https://www.fido.gov/facadatabase/public.asp>.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

The Secretary is required by section 1833(t)(9)(A) of the Social Security Act (the Act) to consult with an expert, outside advisory panel on the clinical integrity of the Ambulatory Payment Classification (APC) groups and weights established under the Medicare hospital Outpatient Prospective Payment System (OPPS).

The APC Panel meets up to three times annually. The Charter requires