

**FEDERAL RESERVE SYSTEM****Formations of, Acquisitions by, and Mergers of Bank Holding Companies**

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 20, 2006.

**A. Federal Reserve Bank of St. Louis**  
(Glenda Wilson, Community Affairs Officer) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Citizens First Corporation*, Bowling Green, Kentucky; to acquire 100 percent of the voting shares of Kentucky Banking Centers, Inc., Glasgow, Kentucky.

Board of Governors of the Federal Reserve System, September 20, 2006.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E6-15660 Filed 9-22-06; 8:45 am]

**BILLING CODE 6210-01-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Agency for Healthcare Research and Quality****Request for Measures of Consumers' Home Health Care Experiences**

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), DHHS.

**ACTION:** Notice of request for measures.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) is soliciting the submission of instruments or items that measure perceptions of patients and their informal caregivers regarding the quality of home health care these patients received from home health care providers, stakeholders, vendors, researchers who include home health care as part of their research, and other interested parties. This initiative is in response to the need to develop a new CAHPS® home health care survey. The Centers for Medicare & Medicaid Services is interested in incorporating this survey as part of its Home Health Quality Initiative which is intended to empower consumers with quality of care information to make more informed decisions about their health care while also encouraging Medicare certified home health agencies to improve the quality of care they deliver to all patients regardless of payer source. The survey is likely to assess the quality of care and services provided by nurses, therapists, home health aides, medical social workers, and home health agency administrative staff.

Based on the agency's prior consumer assessment of health care work, there are several functional areas that this instrument could assess such as: Communication; courtesy and respect; information provided and shared decision making; coordination/integration of care; time related issues (e.g., arrived and departed according to schedule, amount of time spent, visit frequency); competence; influence/control over care giver activities; unmet need issues, and customer service.

**DATES:** Please submit instruments and supporting information on or before October 25, 2006. AHRQ will not respond individually to submitters, but will consider all submitted instruments and publicly report the results of the review of the submissions in aggregate.

**ADDRESSES:** Submissions should include a brief cover letter, a copy of the instrument or items for consideration and supporting information as specified under the Submission Criteria below. Submissions may be in the form of a

letter or e-mail, preferably with an electronic file as an E-mail attachment. Responses to this request should be submitted to: Charles Darby, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Phone: (301) 427-1324, Fax: (301) 427-1341, E-mail: [charles.darby@ahrq.hhs.gov](mailto:charles.darby@ahrq.hhs.gov).

To facilitate handling of submissions, please include full information about the instrument developer and/or a designated contact: (a) Name, (b) title, (c) organization, (d) mailing address, (e) telephone number, (f) fax number, and (g) e-mail address. Also, please submit a copy of the instrument or items for consideration, and evidence that meets the criteria below. It is requested that citation of a peer-reviewed journal article pertaining to the instrument to include the title of the article, author(s), publication year, journal name, volume, issue, and page numbers where article appears, be included, but is not required. Submitters must also provide a statement of willingness to grant to AHRQ the right to use and authorize others to use submitted measures and their documentation as part of a CAHPS®-trademarked instrument. This final CAHPS® instrument for collecting patient perspectives on the quality of home health care and services will be made publicly available, free of charge. Electronic submissions are encouraged.

**FOR FURTHER INFORMATION CONTACT:** Charles Darby, at the address above.

**Submission Criteria**

Instruments submitted should focus on home health care or closely related care areas (e.g., home care; personal assistant services/community based care) and address areas of interest such as: communication, information provided and shared decision making, courtesy and respect, coordination/integration, time related issues (e.g., arrival and departed according to schedule, amount of time spent; visit frequency competence) influence/control over care giver activities, unmet need issues, and customer service.

Measures submitted must meet these criteria to be considered: capture the patients' experience of home health care workers and agency administrative and demonstrate a high degree of reliability and validity. Submitters' willingness to grant to AHRQ the right to use and authorize others to the instrument or item means that the CAHPS® trademark will be applied to a new instrument combining the best features of all the submissions as well as any ideas that may develop from reviewing them. This will ensure free access to the

instrument, and free access to the instrument's supportive/administrative information. AHRQ, in collaboration with CAHPS grantees, and in consultation with CMS, will evaluate all submitted instruments or items. As the CAHPS instrument is constructed, one or more instruments may be selected, either in whole or in part, or items may be modified prior to testing them.

Submitters will relinquish ownership of any items that appear in the final instrument. However, item ownership will be protected during testing of the survey.

The final instrument(s) will bear the CAHPS® trademark and they will be made freely available for use by all interested parties. As a matter of quality control, there will be warnings that the CAHPS® identification may not be used if any changes are made to the instrument or the final measure set or the methodology or instructions, without review and permission of the agency.

Each submission should include the following information: the name of the instrument, domains included, language(s) the instrument is available in, evidence of cultural/cross group comparability, if any, instrument reliability (internal consistency, test-retest, etc.), validity (content, construct, criterion-related), response rates, methods and results of cognitive testing and field-testing and description of sampling strategies (including payer type) and data collection protocols, including such elements as mode of administration, use of advance letters, timing and frequencies of contacts. In addition, a list of where the instrument has been fielded should also be included in the submission. Submission of copies of existing report formats developed to disclose findings to consumers and providers is desirable, but not required. Additionally, information about existing database(s) for collecting results gathered using the instrument(s) or items submitted is helpful, but not required for submission. Evidence of the criteria should be demonstrated through submission of peer-reviewed journal article(s) or through the best evidence available at the time of submission.

#### **SUPPLEMENTARY INFORMATION:**

##### **Background**

The CAHPS program was initiated in 1995 to develop a survey and report on consumers' perspectives on the quality of their health plans. Since that time the CAHPS program, in partnership with CMS and others, has expanded its scope and developed surveys and reports

regarding patient assessments of care received from individual clinicians, group practices, in-center hemodialysis services, nursing homes and hospitals. Now, CMS has asked the CAHPS team to develop a survey to obtain the consumer's perspective on home health care and services.

One of the top priorities of the Centers for Medicare & Medicaid Services is to increase the transparency in healthcare by providing quality and cost information to the public. One of the critical components missing from the current measurement set for home health agencies is information from the consumer perspective on the quality of care provided. The proposed instrument described above will address this need for useful patient assessments.

Dated: September 19, 2006.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 06-8183 Filed 9-22-06; 8:45 am]

**BILLING CODE 4160-90-M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[30Day-06-0237]

#### **Agency Forms Undergoing Paperwork Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### **Proposed Project**

The 2007-2008 National Health and Nutrition Examination Survey NHANES—(0920-0237)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically since 1970 and continuously since 1999 by the National Center for Health Statistics, CDC. Participants will receive a

household interview, a physical examination, a telephone dietary interview and a telephone interview. The telephone interview, as well as selected questions in the household interview will be referred to as the Flexible Consumer Behavior Survey (FCBS) and will include questions on food expenditures, diet and health knowledge and other food and nutrition topics. Of the over 13,000 individuals who will be screened, it is estimated that approximately 5,000 participants will be examined annually. Participation in the survey is completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as asthma, osteoporosis, infectious diseases, diabetes, eye disease, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, physical activity, environmental exposures, and diet. NHANES data are used to establish the norms for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in the blood. Data from NHANES can be compared to those from previous surveys to monitor changes in the health of the U.S. population. NHANES will also establish a national probability sample of genetic material for future genetic research for susceptibility to disease.

Users of NHANES data include Congress; the World Health Organization; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and/or evaluate recommended dietary allowances, food fortification policies, environmental exposures, immunization guidelines and health education and disease prevention programs. The current submission requests approval for three years.

There is no net cost to respondents other than their time. Respondents are reimbursed for any out-of-pocket costs such as transportation to and from the examination center. The total estimated annualized burden hours are 59,864.