

2612(b)(3), and Part C section 2651(c)(3)), regardless of whether such services are funded by the Ryan White HIV/AIDS Program, are available within 30 days for all identified and eligible individuals with HIV/AIDS in the service area;

3. Evidence that a public process was conducted to seek public input on availability of core medical services;

4. Evidence that receipt of the core medical services waiver is consistent with the grantee's Ryan White HIV/AIDS Program application (e.g., "Description of Priority Setting and Resource Allocation Processes" and "Unmet Need Estimate and Assessment" sections of the application for Parts A, "Needs Assessment and

Unmet Need" section of the application under Part B, and "Description of the Local HIV Service Delivery System," and "Current and Projected Sources of Funding" sections of the application under Part C).

The estimated annual burden is as follows:

Application	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Waiver Request	20	1	20	6.5	130
Total	20		20		130

Dated: June 27, 2007.

Alexandra Huttinger,
Acting Director, Division of Policy Review and Coordination.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year; Correction

AGENCY: Indian Health Service, HHS.
ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document *Federal Register* on June 20, 2007, concerning rates for inpatient and outpatient medical care provided by Indian Health Service facilities for Calendar Year 2007 for Medicare and Medicaid beneficiaries of other Federal Programs. The document contained five incorrect rates.

FOR FURTHER INFORMATION CONTACT: Mr. Elmer Brewster, Special Assistant, Office of Resource Access and Partnerships, Indian Health Service, 801 Thompson Avenue, Suite 360, Rockville, MD 20852, Telephone 301-443-2419. (This is not a toll-free number.)

Corrections

In the *Federal Register* of June 20, 2007, in FR Doc. 07-3037, on page 34018, in the third column, under the heading "Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)" "Lower 48 States: \$1725. Alaska: \$2,208." should read "Lower 48 States: \$1726. Alaska: \$2215." Under the heading, "Outpatient Per Visit Rate (Excluding Medicare)" "Alaska: \$398." should read "Alaska: \$405." Under the heading, "Outpatient Per Visit Rate

(Medicare)" "Alaska: \$356." should read "Alaska: \$354." Under the heading, "Medicare Part B Inpatient Ancillary Per Diem Rate" "Alaska: \$613." should read "Alaska: \$625."

Dated: June 25, 2007.

Phyllis Eddy,
Deputy Director for Management Operations, Indian Health Service.
[FR Doc. 07-3203 Filed 6-29-07; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under the Office of management and Budget's (OMB) review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application Guidance and Instructions FY 2008-2010 and Regulations (OMB No. 0930-0080)—Revision.

Sections 1921 through 1935 of the Public Health Service Act (U.S.C. 300x-21 to 300x-35) provide for annual allotments to assist States to plan, carry out and evaluate activities to prevent and treat substance abuse and for related activities. Under the provisions of the law, States may receive allotments only after an application is submitted and approved by the Secretary, DHHS. For the Federal fiscal

year (FY) 2008-2010 Substance Abuse prevention and Treatment (SAPT) Block Grant application cycles, SAMHSA will provide States with revised application guidance and instructions to implement changes made in accordance with the recommendations of OMB's Program Assessment Rating Tool (PART) analysis. In addition, SAMHSA has incorporated recommendations from the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and their member States in the revisions and clarification of data reporting requirements and instructions.

During the negotiations with the States resulting in agreement on the National Outcome Measures (NOMs) for substance abuse treatment and prevention, SAMHSA pledged to the States to:

1. Reduce respondent burden;
2. work with the States to improve performance management of the SAPT Block Grant;
3. improve the availability, timeliness, and quality of data available to Federal, State, and provider administrators of block grant funded programs.

This revision of the Uniform Application and Regulation for the SAPT Block Grant takes initial steps toward implementing these commitments. Individual States may reduce their respondent burden by selecting the option of using SAMHSA pre-populated tables for Section IV a and b. The data for these tables would be drawn from SAMHSA data sets known as Drug and Alcohol Services Information System (DASIS) Treatment Episode Data Set (TEDS) and National Survey on Drug Use and Health (NSDUH) by SAMHSA and provided to the States. SAMHSA is providing the States with the option of reporting on prevention expenditures utilizing the six prevention strategies or utilizing the Institute of Medicine classification of