

Science Board, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, 200 Independence Ave, SW., Room 638G, Washington, DC 20201; 202-205-3815; fax: 202-205-0613; e-mail address: [leigh.sawyer@hhs.gov](mailto:leigh.sawyer@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Pursuant to section 319M of the Public Health Service Act (42 U.S.C. 247d-7f) and section 222 of the Public Health Service Act (42 U.S.C. 217a), the Department of Health and Human Services established the National Biodefense Science Board. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to the Department of Health and Human Services regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary on other matters related to public health emergency preparedness and response.

*Background:* The National Biodefense Science Board (NBSB) has been asked to provide feedback to the Department of Health and Human Services on the review of the National Disaster Medical System (NDMS) and national medical surge capacity as required by the Pandemic and All-Hazards Preparedness Act of 2006 and as specified by Paragraph 28 of Homeland Security Presidential Directive 21. To accomplish this task, the request for review was forward to the Disaster Medicine Working Group of the NBSB. The Disaster Medicine Working Group convened a NDMS Assessment Panel to consider these issues. The NDMS Assessment Panel is comprised of several NBSB members and includes a wide range of government, public, and private sector subject matter experts on the NDMS and surge capacity.

The purpose of the September 23, 2008 meeting is for the NBSB to consider the final report of the NDMS Assessment Panel and to provide recommendations to the Secretary of the U.S. Department of Health and Human Services. The public meeting will include a report from the NDMS Assessment Panel.

*Availability of Materials:* The draft agenda and other materials will be posted on the NBSB Web site at <http://www.hhs.gov/aspr/omsph/nbsb/index.html> prior to the meeting.

*Procedures for Providing Public Input:* Public participation in NBSB meetings is encouraged. Interested members of the public may attend the meeting in

person or participate by public teleconference. Any member of the public wishing to obtain information regarding participation by teleconference should contact CAPT Leigh A. Sawyer. Members of the public may submit relevant written or oral information for the NBSB to consider.

*Oral Statements:* In general, individuals or groups requesting an oral presentation at a public NBSB teleconference will be limited to three minutes per speaker, with no more than a total of one half hour for all speakers. To be placed on the public speaker list, interested parties should contact CAPT Leigh A. Sawyer, in writing (preferably via e-mail), by September 12, 2008. *Written Statements:* In general, individuals or groups may file written comments with the committee. All written comments must be received prior to September 12, 2008 and should be sent by e-mail with "NBSB Public Comment" as the subject line or by regular mail to the Contact person listed above. Individuals needing special assistance should notify the designated contact person by September 12, 2008.

Dated: August 8, 2008.

**RADM William C. Vanderwagen,**

*Assistant Secretary for Preparedness and Response U.S. Department of Health and Human Services.*

[FR Doc. E8-19505 Filed 8-21-08; 8:45 am]

**BILLING CODE 4150-37-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Request for Planning Ideas for Development of an AHRQ Innovations Research Portfolio

##### *Correction*

In notice document E8-18671 appearing on page 47952 in the issue of Friday, August 15, 2008, make the following correction:

On page 47952, in the first column, under **FOR FURTHER INFORMATION CONTACT:**, in the second line, "francis.chesley@ahrq.hhs.gov" should read "francis.chesley@ahrq.hhs.gov".

[FR Doc. Z8-18671 Filed 8-21-08; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-381, CMS-1893 and 1856, CMS-10249, CMS-10264, CMS-10266, and CMS-855S]

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

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection;

*Title of Information Collection:* Identification of Extension Units of Outpatient Physical Therapy (OPT)/ Outpatient Speech Pathology (OSP) Providers;

*Use:* Medicare requires OPT/OSP providers to be surveyed to determine compliance with Federal regulations. All locations where OPT/OSP providers furnish services must meet these requirements. The CMS-381 is the form used to identify all the OPT/OSP locations.

*Form Number:* CMS-381 (OMB# 0938-0273);

*Frequency:* Yearly;  
*Affected Public:* State, Local, or Tribal Governments;

*Number of Respondents:* 495;  
*Total Annual Responses:* 495;  
*Total Annual Hours:* 866.

2. *Type of Information Collection Request:* Extension of a currently approved collection;

*Title of Information Collection:* Outpatient Physical Therapy Speech Pathology Survey Report and

Supporting Regulations in 42 CFR 485.701–485.729.

*Use:* The Medicare program requires OPT providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the results of the on-site survey.

*Form Number:* CMS–1856 and 1893 (OMB# 0938–0065);

*Frequency:* Yearly and occasionally;  
*Affected Public:* State, Local, or Tribal Governments;

*Number of Respondents:* 495;

*Total Annual Responses:* 495;

*Total Annual Hours:* 866.

### 3. Type of Information Collection

*Request:* New Collection;

*Title of Information Collection:* Administrative Requirements for Section 6071 of the Deficit Reduction Act of 2005 (DRA);

*Use:* CMS will use an Operational Protocol Instruction Guide and template for the development of Operational Protocols for the States selected to participate in the Money Follows the Person (MFP) Rebalancing

Demonstration. The guide will provide instruction on the required elements of the State's Operational Protocol, which must be submitted and approved before a State may enroll individuals in the State's demonstration program or begin to claim service dollars. Section 6071(c)(9) of the DRA requires the States to provide information and assurances that total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for fiscal year 2005 or any succeeding fiscal year before the first of the year of the MFP demonstration project. Accordingly, States are required to submit Maintenance of Effort (MOE) forms and MFP Budget forms on an annual basis. Additionally, in order to receive enhanced FMAP, States are required to submit the MFP

Demonstration Financial Forms on a quarterly basis. Section 6071(g) of the DRA requires a national evaluation of the MFP demonstration project and a final report to the President and Congress. For the national evaluation, States will be required to submit semi-annual reports that describe their progress in implementing their MFP programs and rebalancing their long-term care systems. In addition, States will be required to submit on a quarterly basis an MFP Finders File, which will include eligibility records for all MFP

participants, and an MFP Services File, which will include records for each service funded with MFP grant funds. (NOTE: This collection package has been revised since the 60-day **Federal Register** notice published on August 31, 2007. The 30-day collection package includes two additional instruments: (1) MFP Quality of Life (QOL) Survey; and, (2) MFP Semi-annual Progress Report. The MFP QOL Survey is a collection of qualitative data from MFP participants, and the MFP Semi-annual Progress Report is a mechanism for CMS Project Officers to monitor MFP grantees.)

*Form Number:* CMS–10249 (OMB# 0938–NEW);

*Frequency:* Reporting—Yearly, Quarterly, Semi-annually and Once;  
*Affected Public:* States, Local or Tribal Governments;

*Number of Respondents:* 31;

*Total Annual Responses:* 360;

*Total Annual Hours:* 9,360.

### 4. Type of Information Collection

*Request:* New collection;

*Title of Information Collection:* Medicare Registration Summary and Medication History Personal Health Record Evaluation;

*Use:* In 2006, the American Health Information Community (AHIC) Consumer Empowerment Workgroup (CEWG) made a recommendation to CMS to pilot programs that measure and demonstrate the value of Personal Health Records (PHRs) for patients with chronic diseases and their clinicians. For this information collection, CMS has proposed to evaluate the uptake, use, and perceived value of a Registration Summary and Medication History PHR tool for Medicare Managed Care and/or Part D Drug Plan Beneficiaries. Seven commercial health plans volunteered to integrate the PHR pilot tool within their existing PHRs, and these plans are offering the tool to member beneficiaries at no cost. CMS will examine how the PHRs were used by the beneficiaries, caregivers and providers and if they were perceived to improve the quality of the beneficiary/provider communication; timeliness of preventive screenings; and ease of use or value of information to individuals with chronic conditions.

*Form Number:* CMS–10264 (OMB# 0938–New);

*Frequency:* Once;

*Affected Public:* Individuals or households, Private Sector;

*Number of Respondents:* 2,167;

*Total Annual Responses:* 2,167;

*Total Annual Hours:* 1083.5.

### 5. Type of Information Collection

*Request:* New collection;

*Title of Information Collection:* Conditions of Participation:

Requirements for Approval and Reapproval of Transplant Centers to Perform Organ Transplants and Supporting Regulations in 42 CFR 482.74, 482.94, 482.100, 482.102, 488.61;

*Use:* The Conditions of Participation and accompanying requirements specified in the regulations are used by our surveyors as a basis for determining whether a transplant center qualifies for approval or re-approval under Medicare. CMS and the healthcare industry believe that the availability to the facility of the type of records and general content of records is standard medical practice and is necessary in order to ensure the well-being and safety of patients and professional treatment accountability.

*Form Number:* CMS–10266 (OMB# 0938–New);

*Frequency:* Yearly;

*Affected Public:* Business or other for-profits and not-for-profit institutions;

*Number of Respondents:* 514;

*Total Annual Responses:* 3,270;

*Total Annual Hours:* 9,334.

### 6. Type of Information Collection

*Request:* New collection;

*Title of Information Collection:* Medicare Enrollment Application—Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Suppliers and Supporting Regulations in 42 CFR 424.57 and 424.58;

*Use:* CMS is revising the CMS–855 Medicare Enrollment Applications Package (OMB No. 0938–0685) to remove the CMS–855S application from its collection. CMS has found that the regulations governing the standards required of suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) are revised and increased more frequently than the other provider types reimbursed by Medicare. Consequently, CMS must revise the CMS 855S application for DMEPOS suppliers more often than the CMS 855A, CMS 855B, CMS 855I and CMS 855R enrollment applications. The ability to revise the CMS 855S separately from the other CMS 855 enrollment applications will lessen the burden on both CMS and the public as only one subset of suppliers will be affected by CMS 855S revisions. CMS intends to maintain the continuity of the CMS 855 enrollment applications by using the same formats and lay-out of the current CMS 855 enrollment applications, regardless of the separation of the CMS 855S from the collective enrollment application package. The primary function of the CMS 855S DMEPOS supplier enrollment application is to gather

information from a supplier that tells us who it is, whether it meets certain qualifications to be a health care supplier, where it renders its services or supplies, the identity of the owners of the enrolling entity, and information necessary to establish the correct claims payment.

*Form Number:* CMS-855S (OMB# 0938-New);

*Frequency:* Yearly;

*Affected Public:* Business or other for-profits and not-for-profit institutions;

*Number of Respondents:* 126,134;

*Total Annual Responses:* 126,134;

*Total Annual Hours:* 149,234.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on September 22, 2008.

OMB Human Resources and Housing Branch, *Attention:* OMB Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503, *Fax Number:* (202) 395-6974.

Dated: August 14, 2008.

**Michelle Shortt,**

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. E8-19393 Filed 8-21-08; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-179]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment.

Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

#### 1. Type of Information Collection

*Request:* Revision of a currently approved collection; *Title of Information Collection:* Transmittal and Notice of Approval of State Plan Material and Medicaid State Plan—Base Plan, Attachments and Supplemental Pages and Supporting Regulations in 42 CFR 430.10-430.20 and 440.167; *Use:* The Medicaid State base plan pages and attachments are documents utilized by State and territorial agencies which have the responsibility for administering the Medicaid program. The Medicaid State plan is comprised of “pages” and organized by subject matter which includes Medicaid eligibility services, payment for services, and general, financial and personnel administration. When States seek to change selected pages of their State plans, the page(s) are transmitted to CMS for review and approval by the CMS Central and Regional Offices prior to amending its State plan. *Form Number:* CMS-179 (OMB# 0938-0193); *Frequency:* Once and as needed; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 4,681; *Total Annual Hours:* 9,271.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by October 21, 2008:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the

instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_\_\_\_, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 14, 2008.

**Michelle Shortt,**

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. E8-19395 Filed 8-21-08; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1417-NC]

#### Medicare and Medicaid Programs; Announcement of Applications From Hospitals Requesting Waiver for Organ Procurement Service Area

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice with comment period.

**SUMMARY:** This notice announces three hospitals' requests for a waiver from entering into an agreement with their designated Organ Procurement Organization (OPO), in accordance with section 1138(a)(2) of the Social Security Act (the Act). This notice requests comments from OPOs and the general public for our consideration in determining whether we should grant the requested waivers.

**DATES:** *Comment Date:* To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on October 21, 2008.

**ADDRESSES:** In commenting, please refer to file code CMS-1417-NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on specific issues in this regulation to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” and enter the filecode to find the document accepting comments.