

ESTIMATED ANNUALIZED BURDEN—Continued

Type of respondent	Instrument name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Principal	Baseline implementation survey	49	1	15/60
	Mid-implementation survey	32	1	15/60
	End-of-school-year implementation survey	49	1	15/60
Prevention coordinator.	Baseline implementation survey	49	1	15/60
	Mid-implementation survey	32	1	15/60
	End-of-school-year implementation survey	49	1	15/60
	Follow-up implementation survey	49	1	5/60
Teacher	Baseline implementation survey	98	1	15/60
	Cost survey	49	11	20/60
	Fifth session mid-implementation survey	98	2	25/60
	Ninth session mid-implementation survey	98	2	25/60

Dated: November 9, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Office of the Chief Science Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-08-08AC]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

Racial and Ethnic Approaches to Community Health (REACH) U.S. Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

REACH U.S. is an effort to meet the Healthy People 2010 goal of eliminating health disparities in the health status of racial and ethnic minorities. After initial review of the national data, a study approach was adopted on the statistical techniques of "excess deaths" to define the difference in minority health in relation to non-minority health. The analysis of excess deaths revealed that several specific health areas accounted for the majority of the higher annual proportion of minority deaths. Because of these sobering statistics, and the overarching goals of Healthy People 2010, REACH U.S. is being launched as a national multi-level community intervention program that serves communities with African American,

American Indian, Hispanic American, Asian American, and Pacific Islander citizens. The REACH U.S. program supports community coalitions in designing, implementing, and evaluating community-driven strategies to eliminate health disparities in several priority areas: Cardiovascular diseases, diabetes, asthma, infant mortality, breast and cervical cancer screening and management, and adult immunization.

As part of the evaluation of the REACH U.S. initiative, CDC proposes to conduct risk factor surveys by computer-assisted telephone interview (CATI) in 29 communities participating in REACH U.S. activities. Surveys will be available in English, Spanish, Vietnamese, Khmer, and Mandarin Chinese. The target number of surveys for each community is 900 adults, aged 18 and older, who belong to the racial/ethnic group served by the community-based program intervention. In communities that focus on breast and cervical cancer interventions, approximately 250 of the 900 interviews will involve women aged 40-64 years. Respondents will be identified through list-assisted random-digit dialing methods. The surveys will help to assess the prevalence of various risk factors associated with chronic diseases, deficits in breast and cervical cancer screening and management, and deficits in adult immunizations. The surveys will also assess progress towards the national goal of eliminating health disparities within the communities.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Members of REACH U.S. Communities.	Screening Interview	100,200	1	2/60	3,340
	REACH U.S. Risk Factor Survey.	26,100	1	15/60	6,525
Total	9,865

Dated: November 9, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-07-07BS]

Proposed Data Collections Submitted for Public Comment and Recommendations; Correction Centers for Disease Control and Prevention; Notice; Correction

The Centers for Disease Control and Prevention published a document in the **Federal Register** concerning a retraction of a previously published 60-day **Federal Register** Notice. The document contained the incorrect **Federal Register** Notice number.

FOR FURTHER INFORMATION CONTACT:

Maryam Daneshvar, 404-639-4604.

Correction

In the **Federal Register** of November 7, 2007, Volume 72, Number 215, in FR Doc. E7-21864 page 62857, under the agency name correct the **Federal Register** notice number 60 Day-07-07BS to read: 60 Day-07-06BS.

Dated: November 7, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7-22420 Filed 11-15-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10230]

Agency Information Collection Activities: Proposed Collection; 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) 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:* New collection; *Title of Information Collection:* PACE Audit Guide Version 1; *Use:* CMS conducts a comprehensive annual on-site review of Programs of All-Inclusive Care for the Elderly (PACE) program provider operations in order to assure contract compliance during the first three years (the trail period) with CMS and the State administering agency. Onsite monitoring continues at least every 2 years after the first 3-year trial period ends. The purpose of the guide is oversight, monitoring, compliance and auditing of the activities necessary to ensure quality provision of the Medicare Parts A, B and D benefits to beneficiaries. *Form Number:* CMS-10230 (OMB#: 0938-New); *Frequency:*

Yearly; *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 22; *Total Annual Responses:* 22; *Total Annual Hours:* 6,336.

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, 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 at the address below, no later than 5 p.m. on *January 15, 2008*. CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development-C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 8, 2007.

Michelle Shortt,

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

[FR Doc. E7-22255 Filed 11-15-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-382]

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