

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.

[FR Doc. 07-3219 Filed 6-27-07; 3:32 pm]

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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.

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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 IVa 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

Universal, Selective or Indicated. SAMHSA has designed the State Prevention Framework State Incentive Grand (SPF SIG) competitive program and funded contracts in States without a SPF SIG to support data driven prevention planning by Substance Abuse State Agencies. This application has been modified to encourage the

States to use the State level data collected with support from these programs in the planning in section III of this SAPT Block grant application.

The addition of on-going provider performance monitoring (page 90–7) and the narratives describing State Performance Management and Leadership (page 93) begin the process of aligning the application with the

performance management criteria embodied in the OMB PART program.

In the coming 12 months, SAMHSA will continue to work with the States to assess the feasibility and usefulness of pre-populating the following sections of the application with data extracted from SAMHSA data sets to further reduce respondent burden:

Form 6	Entity Inventory	National Survey of Substance Abuse Treatment Services data set
Form 7 a & b	Treatment Utilization Matrix	DASIS/TEDS/SOMMS
Form 8	Treatment Needs Assessment	NSDUH, State, and sub-State
Forms T109T7	Treatment Performance Measures	DASIS/SOMMS
Form P109P15	Prevention Performance Measures	NSDUH

In addition, NSDUH estimates of persons (1) needing, (2) needing and seeking, and (3) needing, seeking and not receiving treatment will be examined for application to the planning requirements of PART requirements.

SAMHSA will also code all application content against PART requirements to insure that all requirements are appropriately addressed by applicants and Federal staff.

In December 2004, SAMHSA and the States agreed on the goal of having all States reporting the NOMs measures as defined at the meeting by the end of a 3-year implementation period starting in FY 2005 and concluding at the end of FY 2007. By January 2006, supportive technical assistance on information technology design and payment for data submitted became available by the State Outcomes Measurement and Management System (SOMMS) program. States who have participated in the SOMMS/NOMs subcontracts may choose to have their data pre-populated which would significantly reduce their reporting burden for this application. During the next 12 months, SAMHSA in partnership with the States and all other SAPT Block Grant stakeholders will develop standards for analyzing and responding to the results of NOMs data appropriate to each level of block grant fund administration including Federal, State, and Provider roles and responsibilities.

SAMHSA and the States also recognized that States would require technical assistance in information technology and software purchasing to implement the new NOMs data set and SAMHSA agreed to realign resources to contract for this specialized technical assistance. This technical assistance first became available in September 2006 and the first project was just completed.

Thirty-eight States are currently reporting all or some of the NOM measures and 46 States have State or SAMHSA support contracts in place to develop and operationalize the necessary data infrastructure to report all NOMs.

So long as States are progressing toward achieving this goal by currently reporting some or all NOM data and are partnering with SAMHSA to install the necessary infrastructure to report all NOMs, because of the delay securing the necessary information technology technical assistance or the extent to which hardware and software had to be purchased, SAMHSA will continue to accept data submitted as part of the uniform application as meeting the NOMs reporting requirement of the 2008 Presidents Budget.

Revisions to the previously-approved application resulting from such stakeholder input reflect the following changes: (1) In Section I, *Form 2*, “Table of Contents,” was revised to appropriately enumerate the specific items within each section; (2) In Section II, the *Narrative description of certain maintenance of effort and expenditure base calculations* was simplified to require submission of such information only if it represented a revision from previous years’ submissions. This section was also moved to its more appropriate place in the application immediately preceding reporting on maintenance of efforts; (3) In Section II, *Form 4*, “Substance Abuse State Agency Spending Report,” was amended to use consistent language for services expenditure reporting and planning across Forms 4, 6, and 11. On Form 4 and Form 11, Row 1, the activity to be reported on is entitled: SAPT Block Grant funds for Substance Abuse Prevention (other than primary prevention) and Treatment Services to be consistent with the terminology used in Form 6, Column 5; (4) In Section II,

Form 6, “Entity Inventory,” instructions were clarified to communicate that information on all substance abuse prevention and treatment service providers funded through the SSA was sought; (5) In Section II, *Form 7A*, “Treatment Utilization Matrix,” instructions were clarified to communicate that information on persons admitted and served within the specific reporting period was sought to enable the SAPT Block Grant Program to address the recommendations of the FY 2003 OMB PART analysis; (6) In Section II, *Form 7B*, “Number Of Persons Served (Unduplicated Count) For Alcohol And Other Drug Use In State Funded Services,” instructions were clarified in a similar manner as Form 7A and a separate data cell was added to accommodate States’ desires to report on clients admitted in a prior reporting period but also continuing to be served within the current reporting period; (7) In Section II, *Table I (Maintenance)*, “Single State Agency (SSA) Expenditures for Substance Abuse” was amended to reflect the appropriate State fiscal year and the corresponding instructions were amended; (8) In Section II, *Table II (Maintenance)*, “Statewide Non-Federal Expenditures or Tuberculosis Services to Substance Abusers in Treatment,” was amended to reflect the appropriate State fiscal year and the corresponding instructions were amended; (9) In Section II, *Table III (Maintenance)*, “Statewide Non-Federal Expenditures for HIV Early Intervention Services to Substance Abusers in Treatment,” was amended to allow States to enter the appropriate State fiscal year and the corresponding instructions were amended; (10) In Section II, *Table IV (Maintenance)*, “SSA Expenditures for Women’s Services,” was amended to reflect the appropriate fiscal year and the corresponding instructions were amended; (11) In Section III, *Form 11*,

“Intended Use Plan,” was amended to use consistent language for services expenditure reporting and planning; (12) In Section IV, subparts IV-A and IV-B, “Voluntary Treatment Performance Measures” and “Voluntary Prevention Performance Measures” all references to the term Voluntary are deleted as reporting on these measures will no longer be voluntary; (13) In Section IV-A, “Treatment Performance Measures,” the general instructions were amended to implement mandatory reporting on performance measure

Forms T1-T7 and a narrative requirement is proposed to collection information on States internal practices to use performance measure data to manage their systems; (14) In Section IV-A, “Treatment Performance Measures” Forms T1-T7 data specifications replaced State detail sheet narrative requirements for Forms T1-T7 to reduce the burden of reporting and improve the uniformity of data quality information being collected; (15) The Section IV-A, “Treatment Performance Measures” T6 on infectious disease

control efforts was deleted because it was determined to be duplicative of information requirements in Section II of the application; (16) In Section IV, subpart IV-B, “Prevention Performance Measures” Forms P5 and P6 were removed, P1-P15 were substituted for the previous Forms P1-P4 and the instructions were amended to address pre-population of prevention performance data.

The total annual reporting burden estimate is shown below:

	Number of respondents	Responses per respondent	Number hours per response	Total hours
Sections I-III—States and Territories	60	1	470	28,200
Section IV-A	60	1	40	2,400
Section IV-B	60	1	42.75	2,565
Recordkeeping	60	1	16	960
Total	60			34,125

Written comments and recommendations concerning the proposed information collection should be sent by August 1, 2007 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OBM's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to 202-395-6974.

Dated: June 25, 2007.

Elaine Parry,

Acting Director, Office of Program Services.

[FR Doc. 07-3207 Filed 6-29-07; 8:45 am]

BILLING CODE 4162-20-M

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[CGD08-07-013]

Gulf of Mexico Area Maritime Security Committee; Vacancies

AGENCY: Coast Guard, DHS.

ACTION: Solicitation for membership.

SUMMARY: The Coast Guard seeks applications for membership in the Gulf of Mexico Area Maritime Security Committee (GOMAMSC). The Committee assists the Captain of the Port/Federal Maritime Security Coordinator (Commander, Eighth Coast Guard District) for the portion of the Gulf of Mexico that is within the Eighth Coast Guard District and outside of state

waters in developing, reviewing, exercising, and updating the Area Maritime Security Plan.

DATES: Requests for membership should reach Commander, Eighth Coast Guard District on or before August 1, 2007.

ADDRESSES: Requests for membership should be submitted to the following address: Commander, Eighth Coast Guard District(dxc), *Attn:* Mr. Guy Tetreau, Hale Boggs Federal Building, 500 Poydras Street, Rm 1341, New Orleans, LA 70130-3310.

FOR FURTHER INFORMATION CONTACT: Mr. Guy Tetreau at (504) 671-2155.

SUPPLEMENTARY INFORMATION:

The Committee

The Gulf of Mexico Area Maritime Security Committee (GOMAMSC) is established under, and governed by, 33 CFR part 103, subpart C. The functions of the Committee include, but are not limited to, the following:

- (1) Identifying critical port infrastructure and operations;
- (2) Identifying risks (i.e. threats, vulnerabilities, and consequences);
- (3) Determining mitigation strategies and implementation methods;
- (4) Developing and describing the process to continually evaluate overall port security by considering consequences and vulnerabilities, how they may change over time, and what additional mitigation strategies can be applied;

(5) Advising and assisting the Captain of the Port in developing, reviewing, and updating the Area Maritime Security Plan under 33 CFR part 103, subpart E.

(6) Participating in the development and evaluation of the required annual exercise of the Area Maritime Security Plan.

Positions Available on the Committee

Up to seven persons may be selected for the committee. Members may be selected from:

- (1) The Federal, Territorial, or Tribal government;
- (2) The State government and political subdivisions of the State;
- (3) Local public safety, crisis management, and emergency response agencies;
- (4) Law enforcement and security organizations;
- (5) Maritime industry, including labor;
- (6) Other port stakeholders having a special competence in maritime security; and
- (7) Port stakeholders affected by security practices and policies.

In support of the Coast Guard's policy on gender and ethnic diversity, we encourage qualified women and members of minority groups to apply.

Qualification of Members

Members should have at least 5 years of experience related to maritime or port security operations. Applicants may be required to pass an appropriate security background check prior to appointment to the committee.

Normal terms of office will be 5 years; however, some members may receive shorter terms to establish a reasonable rotation to avoid a major turnover every five years. Members may serve