

physics expertise for all division public health assessment activities, and serves as the division's liaison to radiation disaster response teams; (5) coordinates within and across branch and divisional units to provide technical expertise for a wide-range of activities that support the division and agency's public health mandates and priorities; (6) issues public health assessments, health consultations, public health advisories, and provides technical assistance; and (7) develops programmatic goals and objectives, and contributes to policy formation and guidance in program planning and development.

*Cooperative Agreement and Program Evaluation Branch (JAACE).* (1) Plans, directs, coordinates, and manages ATSDR's Site-Specific Cooperative Agreement Program; (2) collaborates with other program areas within ATSDR to develop annual plans of work with each of the cooperative agreement partners; (3) monitors the progress of work plan activities and reviews and evaluates the scientific accuracy and clarity of public health assessments, health consultations, and community outreach and health education materials; (4) evaluates the integration of health assessment, health education, health study, and community involvement activities, the performance of cooperative agreement partners, and the public health impact of partner conducted activities; (5) advises cooperative agreement partners on scientific and procedural developments in the area of environmental public health; (6) directs and coordinates the DHAC's site-specific evaluation activities to identify the short-term and long-term benefit of site-specific public health assessment, community health education, and community involvement activities; (7) develops and refines performance measures for reporting DHAC's products and intervention activities for Congressional Justification Reports and to meet OMB Performance Assessment and Rating Tool reporting requirements; (8) directs and coordinates the extraction of information from the division's products and entry of this information into ATSDR's HAZDAT; (9) conducts database queries to analyze and identify trends in site-related public health issues; and (10) develops programmatic goals and objectives and contributes to policy formation and guidance in program planning and development.

The Chief Operating Officer, CDC, has been delegated the authority to sign general Federal Register notices for both the CDC and ATSDR.

Dated: September 25, 2006.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 06-8416 Filed 10-2-06; 8:45 am]

**BILLING CODE 4160-70-M**

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

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

**[60Day-06-05BP]**

#### **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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

Healthier Worksite Initiative—CDC Employee Needs Assessment—New—Division of Nutrition and Physical Activity (DNPA), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

In October 2002, in line with HHS initiatives, the CDC Director began a Healthier Worksite Initiative (HWI) for CDC, focusing on the four pillars of the

President's Healthier U.S. Workforce directive: Physical activity, healthy eating, preventive screening, and making healthy choices. The Division of Nutrition and Physical Activity (DNPA) was designated to lead the initiative within CDC. Two entities were established to support the planning and evaluation of the Healthier Worksite Initiative, the Healthier Worksite Advisory Committee and the Healthier Worksite Workgroup. The Advisory Committee includes representatives from all interested Centers, Institutes, and Offices within CDC. The committee meets monthly to review progress and provide direction for the Healthier Worksite Initiative. The Healthier Worksite Workgroup develops innovative worksite health program ideas and tests them in demonstration projects.

The purpose of the Healthier Worksite Initiative at CDC is to: (1) Develop and evaluate worksite health promotion interventions for CDC employees, culminating in a model worksite health promotion program; (2) establish an evidence base for worksite health promotion interventions; and (3) develop a web-based tool kit to share information learned with other Federal agencies, as they refine or develop their own employee health promotion programs.

This request for OMB approval is to conduct a web-based CDC employee needs assessment that includes a baseline measurement of employee health practices. The employee needs assessment will be offered to permanent employees, contractors, fellows, and guest researchers, and will provide a foundation of information to determine the direction and requirements for building a successful worksite health promotion program. An additional outcome of the HWI project will be a Web site which will serve as a resource for government agencies and the general public for implementation of Healthier U.S. pillars in work settings.

Tracking and evaluation of program effectiveness are standard health promotion tools. Monitoring methods that may be used in the future to assess and improve the effectiveness of the HWI program include: e-mail surveys, telephone surveys, telephone or in-person focus groups, web-based surveys, or intercept interviews, which aim at intercepting employees in their natural environment and deliver a short structured questionnaire on their habits, preferences, perceptions or behavior. There is no cost to the respondents other than their time to participate in the survey.

## ESTIMATE OF ANNUALIZED BURDEN HOURS

| Respondents                    | Number of respondents | Number of responses/re-spondent | Average burden per response (in hours) | Total burden hours |
|--------------------------------|-----------------------|---------------------------------|----------------------------------------|--------------------|
| CDC Employee's Screened .....  | 16,980                | 1                               | 1/60                                   | 283                |
| CDC Employee Respondents ..... | 8,490                 | 1                               | 9/60                                   | 1274               |
| Total .....                    | .....                 | .....                           | .....                                  | 1557               |

Dated: September 26, 2006.

**Joan F. Karr,**

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

[FR Doc. E6-16306 Filed 10-2-06; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Notice of Supplemental Grant Award to Bucks County Health Improvement Project, Inc. for a Project Entitled, "Increasing Access to Health Care for Bucks County Residents"

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

**ACTION:** Notice of Supplemental Grant Award.

*Funding Amount:* \$500,000. There will be an additional supplement of \$500,000 to this grant in FY 2007.

**SUMMARY:** The Centers for Medicare & Medicaid Services has awarded a supplemental grant entitled "Increasing Access to Health Care for Bucks County Residents" to the Bucks County Health Improvement Project, Inc., 1201 Langhorne-Newton Road, Langhorne, PA 19047. The project period is September 10, 2002 through September 9, 2008. The Bucks County Health Improvement Project (BCHIP) proposes to provide 3 ongoing major programs, which were initiated under the parent grant. These include continuation and expansion of: The adult health clinic which has served over 3,274 patients having 9,200 visits; the dental program for needy children and adults; and the Cardiovascular Risk Reduction program. Through these programs, BCHIP provides health and dental services for vulnerable populations, including under-insured and recent immigrants.

These BCHIP health services for the indigent and uninsured have helped meet fundamental physical, dental, and mental health needs for residents, including immigrant groups, who are otherwise without resources for needed

care. There is concern that without additional supplemental funding, provision of these vital health care services in Bucks County would be at risk. An additional 2 years of funding will permit BCHIP to follow-on with several of their major, demonstrated successful programs delivering community care and outreach to targeted groups with serious unmet needs.

Furthermore, the BCHIP consortium of public and private hospitals and outpatient health and dental providers has collaborated over the past 15 years to develop an impressively efficient administrative framework for the donation, provision and coverage of a wide array of health services for the medically indigent. Additional funding will further foster the improvement and expansion of their model for administering health care through multiple programs to the needy. Over the past 2 years, BCHIP leaders have been sharing their administrative model and experience with other health U.S. organizations and communities, including a "Communities Joined in Action" conference in New Orleans and quarterly Pennsylvania State Health Improvement Plan (SHIP) meetings. They plan to continue to offer guidance to providers and health organizations gleaned from their expanding, ongoing service programs under requested supplemental funding.

This award is made based on the authority granted by section 1110 of the Social Security Act, which authorizes appropriations each fiscal year for grants to pay for part of the cost of research or demonstration projects that will improve the administration and effectiveness of programs.

**FOR FURTHER INFORMATION CONTACT:** Renee Mentnech, Director, Research and Evaluation Group, Office of Research, Development, and Information, Centers for Medicare & Medicaid Services, Mail Stop C3-21-28, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-6692, or Judith L. Norris, Grants Officer, Office of Acquisitions and Grants Management, Centers for Medicare & Medicaid Services, Mail

Stop C2-21-15, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786-5130.

**Authority:** (Catalog of Federal Domestic Assistance Program No. 93.779 (CMS) Research, Demonstrations and Evaluations) Section 1110 of the Social Security Act.

Dated: September 19, 2006.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 06-8420 Filed 9-29-06; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-2243-N]

**RIN 0938-AO75**

#### Medicaid Program; Fiscal Year Disproportionate Share Hospital Allotments and Disproportionate Share Hospital Institutions for Mental Disease Limits

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

**ACTION:** Notice.

**SUMMARY:** Consistent with the provisions of section 1923 of the Social Security Act, as amended by section 1001(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and section 6054 of the Deficit Reduction Act of 2005, this notice announces the final Federal share disproportionate share hospital (DSH) allotments for Federal fiscal year (FFY) 2005, the preliminary Federal share DSH allotments for FFY 2006, and the preliminary Federal share DSH allotments for FFY 2007. This notice also announces the final FFY 2005, the preliminary FFY 2006, and the preliminary FFY 2007 limitations on aggregate DSH payments that States may make to institutions for mental disease and other mental health facilities. In addition, this notice includes background information describing the