

mail, or online submission. CMS is using this survey to identify innovative ways that states have taken advantage of existing information within the state system such as matching data, forming unique partnerships, or holding training sessions to facilitate effective and efficient collection of citizenship documentation. CMS will use the information collected with the survey to compile a snapshot of the innovative and unique approaches states are employing to meet the citizenship documentation requirements of the DRA. The results will be incorporated into a final comprehensive report that will be used as an outreach tool that will then be distributed to states. *Form Number:* CMS-10258 (OMB# 0938-NEW); *Frequency:* Once; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 100; *Total Annual Responses:* 100; *Total Annual Hours:* 25.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Laboratory Personnel Report (CLIA) and Supporting Regulations in 42 CFR 493.1-493.2001; *Use:* This form is used by the State agency to determine a laboratory's compliance with personnel qualifications under CLIA. This information is needed for a laboratory's CLIA certification and recertification. *Form Number:* CMS-209 (OMB# 0938-0151); *Frequency:* Biennially; *Affected Public:* Private Sector: Business or other for-profits, Not-for-profit institutions; State, Local or Tribal Governments; and Federal Government *Number of Respondents:* 21,000; *Total Annual Responses:* 10,500; *Total Annual Hours:* 5,248.

4. *Type of Information Collection Request:* New collection; *Title of Information Collection:* State Plan Amendment template for 1915(i) State Plan Home and Community-Based Services (HCBS) Benefit; *Use:* Section 6086 of the Deficit Reduction Act (DRA), expanded access to HCBS for the elderly and disabled and added a new section 1915(i) to the Social Security Act. Under 1915(i), States can amend their State plans to add these services. The template includes the information needed by CMS to determine whether the State's services will meet the requirements under 1915(i). *Form Number:* CMS-10259 (OMB# 0938-NEW); *Frequency:* Once; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 3; *Total Annual Hours:* 240.

5. *Type of Information Collection Request:* Extension of a currently

approved collection; *Title of Information Collection:* Medicaid Disproportionate Share Hospital Annual Reporting; *Use:* Section 1923(j)(i) of the Social Security Act requires States to submit an annual report that identifies each disproportionate share hospital (DSH) that received a DSH payment under the State's Medicaid program in the preceding fiscal year and the amount of DSH payments paid to that hospital in the same year and such other information as the Secretary determines necessary to ensure the appropriateness of DSH payments. The information supplied will satisfy the requirements under section 1923(a)(2)(D) of the Act as well. *Form Number:* CMS-R-266 (OMB# 0938-0746); *Frequency:* Yearly; *Affected Public:* State, Local or Tribal Governments; *Number of Respondents:* 52; *Total Annual Responses:* 52; *Total Annual Hours:* 1976.

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.

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 May 13, 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 0938-0707, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 7, 2008.

Michelle Shortt,

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

[FR Doc. E8-5071 Filed 3-13-08; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service Customer Satisfaction Survey

**AGENCY:** Indian Health Service, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 30 days for public comment on proposed information collection projects, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection project was previously published in the **Federal Register** (72 FR 69696) on December 10, 2007 and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB.

*Proposed Collection:* Title: 0917-NEW, "Indian Health Service Customer Satisfaction Survey." *Type of Information Collection Request:* Three year approval of this new information collection, 0917-NEW, "Indian Health Service Customer Satisfaction Survey."

*Form(s):* Tribal Homeowner Survey, Tribal Partner Survey, Annual Operator Operation and Maintenance (O&M) Survey, and Post Construction O&M Survey. *Need and Use of Information Collection:* The IHS goal is to raise the health status of the American Indian and Alaska Native people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission, the Sanitation Facilities Construction Program (SFCP) provides technical and financial assistance to American Indian Tribes and Alaska Native villages for cooperative development and continues operation of safe water, wastewater, and solid waste systems and related support facilities.

The Indian Health Service Office of Environmental Health and Engineering (OEHE), SFCP, "Customer Satisfaction Surveys," will provide the information needed to complete these goals. With the information collected from Tribal homeowners, Tribal leaders, and Tribal operation and maintenance operators the Sanitation facilities programs will make improvements that will result in improved quality of services.

Voluntary customer satisfaction surveys will be conducted through phone calls, mail, and the Internet. The information gathered will be used by agency management and staff to identify strengths and weaknesses in current service provision, to plan and redirect resources, to make improvements that are practical and feasible, and to

provide vital feedback to partner agencies, Tribal leaders, system operators, health boards, and community members regarding customer satisfaction or dissatisfaction with the SFCEP. *Affected Public:* Individuals. *Type of Respondents:* Homeowners who are customers of the OEHE, SFCEP.

*The table below provides:* Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Tribal Homeowner Survey .....	1,300	1	1,300	3	65
Tribal Partner Survey .....	175	1	175	3	8.75
Annual Operator O&M Survey .....	125	1	125	3	6.25
Post Construction O&M Survey .....	200	1	200	3	10
<b>Total .....</b>	<b>1,800</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>90</b>

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Request For Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Direct Comments to OMB:* Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, Attention: Desk Officer for IHS, New Executive Office Building, Room 10235, Washington, DC 20503.

*Send Comments and Requests for Further Information:* To request more information on the proposed collection or to obtain a copy of the data collection instrument(s) and/or instruction(s) contact: Mr. Kelvin Vandever, Acting IHS Reports Clearance Officer, 801 Thompson Avenue, Suite 120, Rockville, MD 20852-1627; call non-toll free (301) 443-8029; send via facsimile to (301) 594-0899; or send your e-mail

requests, comments, and return address to: [Kelvin.Vandever@ihs.gov](mailto:Kelvin.Vandever@ihs.gov).

*Comment Due Date:* Comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: March 6, 2008.

**Robert G. McSwain,**  
Acting Director, Indian Health Service.  
[FR Doc. E8-5037 Filed 3-13-08; 8:45 am]

**BILLING CODE 4160-16-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Council of Councils.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 552b(c)(9)(B), Title 5 U.S.C., as amended because the premature disclosure of other and the discussions would likely to significantly frustrate implementation of recommendations.

*Name of Committee:* Council of Councils.

*Date:* March 31-April 1, 2008.

*Open:* March 31, 2008, 8:15 a.m. to 3 p.m.

*Agenda:* Topics proposed for discussion are: Reports from OPASI Divisions, new concepts and current initiatives, an overview of private-public partnerships and the Foundation for the NIH, and Council Subcommittees and Working Groups.

*Place:* National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD 20892.

*Closed:* March 31, 2008, 3:15 p.m. to 5 p.m.

*Agenda:* To allow the Subcommittees to conduct confidential, preliminary discussions leading to the presentation of advice and recommendations to the overall Council.

*Place:* National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD 20892.

*Open:* April 1, 2008, 8:30 a.m. to 12 p.m.

*Agenda:* Continuation of CoC discussions.

*Place:* National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD 20892.

*Contact Person:* Elizabeth L. Wilder, PhD, Program Director, Division of Kidney, Urologic, and Hematologic Diseases, Two Democracy Plaza, MSC 5458, 6707 Democracy Boulevard, Room 623, Bethesda, MD 20892-5458, (301) 594-1409, [wilderb@extra.niddk.nih.gov](mailto:wilderb@extra.niddk.nih.gov).

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research