

b. Utilize the information solely for the purpose of processing the identified individual's insurance claims; and

c. Safeguard the confidentiality of the data and prevent unauthorized access.

6. To support the Department of Justice (DOJ), court or adjudicatory body when:

a. The Agency or any component thereof, or

b. Any employee of the Agency in his or her official capacity, or

c. Any employee of the Agency in his or her individual capacity where the DOJ has agreed to represent the employee, or

d. The United States Government is a party to litigation or has an interest in such litigation, and by careful review, CMS determines that the records are both relevant and necessary to the litigation and that the use of such records by the DOJ, court or adjudicatory body is compatible with the purpose for which the agency collected the records.

7. To support a CMS contractor (including, but not limited to FIs and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud, waste or abuse in such programs.

8. To assist another Federal agency or an instrumentality of any governmental jurisdiction within or under the control of the United States (including any state or local governmental agency) that administers, or that has the authority to investigate potential fraud, waste, and abuse in, a health benefits program funded in whole or in part by Federal funds, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud, waste, and abuse in such programs.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

All records are stored on electronic media.

RETRIEVABILITY:

The collected data are retrieved by an individual identifier; e.g., beneficiary name or HICN, and unique provider identification number.

SAFEGUARDS:

CMS has safeguards in place for authorized users and monitors such users to ensure against unauthorized use. Personnel having access to the system have been trained in the Privacy Act and information security requirements. Employees who maintain records in this system are instructed not to release data until the intended recipient agrees to implement appropriate management, operational and technical safeguards sufficient to protect the confidentiality, integrity and availability of the information and information systems and to prevent unauthorized access.

This system will conform to all applicable Federal laws and regulations and Federal, HHS, and CMS policies and standards as they relate to information security and data privacy. These laws and regulations may apply but are not limited to: The Privacy Act of 1974; the Federal Information Security Management Act of 2002; the Computer Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E-Government Act of 2002, the Clinger-Cohen Act of 1996; the Medicare Modernization Act of 2003, and the corresponding implementing regulations. OMB Circular A-130, Management of Federal Resources, Appendix III, Security of Federal Automated Information Resources also applies. Federal, HHS, and CMS policies and standards include but are not limited to: All pertinent National Institute of Standards and Technology publications; the HHS Information Systems Program Handbook and the CMS Information Security Handbook.

RETENTION AND DISPOSAL:

CMS will retain information for a total period not to exceed 6 years and 3 months. All claims-related records are encompassed by the document preservation order and will be retained until notification is received from DOJ.

SYSTEM MANAGER AND ADDRESSES:

Director, Division of Call Center Operations, Customer Teleservice Operations Group, Office of Beneficiary Information Services, CMS, 7500 Security Boulevard, C2-26-20, Baltimore, Maryland 21244-1850.

NOTIFICATION PROCEDURE:

For purpose of access, the subject individual should write to the system manager who will require the system name, employee identification number, tax identification number, national provider number, and for verification purposes, the subject individual's name

(woman's maiden name, if applicable), HICN, and/or SSN (furnishing the SSN is voluntary, but it may make searching for a record easier and prevent delay).

RECORD ACCESS PROCEDURE:

For purpose of access, use the same procedures outlined in Notification Procedures above. Requestors should also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5(a)(2)).

CONTESTING RECORD PROCEDURES:

The subject individual should contact the system manager named above, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification. (These procedures are in accordance with Department regulation 45 CFR 5b.7).

RECORDS SOURCE CATEGORIES:

The data contained in these records are furnished by the individual, or in the case of some situations, through third party contacts that make calls to 1-800 Medicare Helpline. Updating information is also obtained from the following CMS systems of records: Enrollment Data Base (09-70-0502), Common Working File (09-70-0525), and the Master Beneficiary Record maintained by the Social Security Administration (SSA System of Records SSA/ORSIS 60-0090).

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

[FR Doc. E8-3564 Filed 2-25-08; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau; Policy Notice 99-02 Amendment #1

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Final Notice.

SUMMARY: The HRSA HIV/AIDS Bureau (HAB) Policy Notice 99-02 entitled, *The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs*, provides grantees with guidance on the use of Title XXVI of the Public Health Service Act (Ryan White HIV/AIDS Program) funds for short-term and

emergency housing assistance for persons living with HIV/AIDS. This **Federal Register** notice seeks to make public the final policy notice 99–02 Amendment # 1 which places a cumulative period of 24 months on short-term and emergency housing assistance under the Ryan White HIV/AIDS Program, and clarifies and updates certain nomenclature found in the original housing policy 99–02. This policy becomes effective March 27, 2008.

SUPPLEMENTARY INFORMATION: HAB Policy Notice 99–02 Amendment # 1 establishes a cumulative 24-month period per household for use of Ryan White HIV/AIDS Program funds for short-term and emergency housing assistance. The final policy notice 99–02 Amendment # 1 reflects modifications based on public comment received in response to the HAB policy notice published in the **Federal Register** on December 6, 2006. During the 60-day comment period, ending February 5, 2007, HAB received over 200 comments from the public.

Comments on the Proposed Housing Policy Amendments and HRSA

Response: There were several public comments in favor of the draft policy stating that the proposed changes allow more money to be allocated to life-saving core medical services, including medications. The following three areas of concern were the main points raised in the public comments.

Comment: The imposition of a lifetime cap of 24 months on housing assistance was felt to be restrictive and does not allow for exceptions.

Response: HRSA disagrees that the 24-month cap is too restrictive and retains that requirement in order to balance the housing policy with the more restrictive funding limits established for support services in the 2006 reauthorization of the Ryan White HIV/AIDS Program. In addition, this time limit emphasizes that Ryan White HIV/AIDS Program funds for housing assistance must be short-term in nature, and designed to obtain more permanent and stable assistance from other funding sources.

Comment: The immediate effective date does not allow programs sufficient time to plan the implementation of the policy.

Response: With respect to concerns that the immediate effective date did not allow programs time to properly implement the amended policy, the effective date is moved to March 27, 2008 allowing programs additional time to plan the implementation of the final housing policy 99–02 Amendment #1.

Comment: Current clients that are at or close to the 24-month period of their use of funds for housing services are not grandfathered into the draft policy; and additional concerns regarding the establishment of new tracking systems is particularly difficult if it is necessary to back-track and count clients currently receiving housing assistance.

Response: The cumulative 24-month period does not include any previous housing assistance received prior to the effective date which responds to concerns related to the grandfathering of current clients receiving such assistance. The fact that the policy is not retroactive eliminates concerns related to the burden of tracking previous clients utilizing housing assistance through Ryan White HIV/AIDS Program funds. Grantees must be capable of tracking future housing payments and providing HAB with documentation related to the use of funds for housing assistance, including evidence of compliance with the 24-month limit established in this final HAB Policy Notice 99–02 Amendment # 1.

The final policy notice also addresses new nomenclature needed as the result of the reauthorization of the Ryan White HIV/AIDS Program in 2006. For instance, the amended Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is referred to as Title XXVI of The Public Health Service Act (Ryan White HIV/AIDS Program). Furthermore, the programs under Titles I–IV are now referred to as programs under Parts A–D.

HRSA HAB Policy Notice—99–02, Amendment # 1

Document Title: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs

The following policy establishes guidelines for allowable housing-related expenditures under the Ryan White HIV/AIDS Program. The purpose of all Ryan White HIV/AIDS Program funds is to ensure that eligible HIV-infected persons and families gain or maintain access to medical care.

A. Funds received under the Ryan White HIV/AIDS Program (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

i. Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, State, and Federal housing programs and how they can be accessed; or

ii. Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:

a. Housing services that include some type of medical or supportive service (a listing of supportive services can be found at: <http://hab.hrsa.gov/reports/data2b.htm>) including, but not limited to, residential substance abuse treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or

b. Housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment. Necessity of housing services for purposes of medical care must be certified or documented by a case manager, social worker, or other licensed healthcare professional(s).

B. Short-term or emergency housing assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Such assistance is limited to a cumulative period of 24 months per household. Short-term or emergency assistance must be accompanied by a strategy to:

i. Identify, relocate, and/or ensure the individual or family is moved to a long-term, stable housing; or

ii. Identify an alternate funding source for support of housing assistance.

C. Housing funds cannot be in the form of direct cash payments to recipients or services and cannot be used for mortgage payments.

D. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

E. Housing-related expenses are limited to Part A, Part B, and Part D of the Ryan White HIV/AIDS Program and are not allowable expenses under Part C.

F. For all clients, new or current, the 24-month cumulative period of eligibility becomes effective as of March 27, 2008. Grantees are responsible for tracking the 24-month cumulative period of eligibility beginning on that date.

Dated: February 19, 2008.

Elizabeth M. Duke,

Administrator.

[FR Doc. E8-3607 Filed 2-25-08; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The National Institutes of Health

Proposed Collection; Comment Request; Brain Power! The NIDA Junior Scientist Program and the Companion Program, Brain Power! Challenge

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for the opportunity for public comment on proposed data collection projects, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection:

Title: Brain Power! The NIDA Junior Scientist Program, for grades K-5, and

the companion program for Middle School, the Brain Power! Challenge. *Type of Information Collection Request:* This information collection request is for an EXTENSION of 0925-0542 that was obtained in 2005, and is requested for two additional years to meet scheduling availability for participating school districts. *Need and Use of Information Collection:* This is a request to evaluate the effectiveness of the Brain Power! Program's ability to (1) increase children's knowledge about the biology of the brain and the neurobiology of drug addiction, (2) increase positive attitudes toward science, careers in science, science as an enjoyable endeavor, and the use of animals in research; and stimulate interest in scientific careers; and (3) engender more realistic perceptions of scientists as being from many races, ages, and genders. The secondary goals of the evaluation are to determine the Program's impact on attitudes and intentions toward drug use. The findings will provide valuable information concerning the goals of NIDA's *Science Education Program* of increasing scientific literacy and stimulating interest in scientific careers.

In order to test the effectiveness of the evaluation, information will be collected from students before and after exposure to the curriculum with pre- and post-test self-report measures. Surveys will also be administered to teachers after the completion of the program to examine ease and fidelity of implementation, as well as impact in knowledge and understanding of the neurobiology of addiction. Surveys will be administered to parents to obtain parental reaction and opinion on the materials and the degree to which parents find the curriculum informative and appropriate. *Frequency of Response:* On occasion. *Affected Public:* Elementary and middle school students, teachers, and parents. *Type of Respondents:* Students, Teachers, and Parents. The reporting burden is as follows: *Estimated Number of Respondents:* 1,337; *Estimated Number of Responses per Respondent:* 2; *Average Burden Hours Per Response:* .25; *Estimated Total Annual Burden Hours Requested:* 640.5. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. The estimated annualized burden is summarized below.

Type of Respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Students (K-grade 5)	640	2	.25	320
Students (grades 6-9)	560	2	.25	280
Parents (K-grade 5)	56	1	.25	14
Parents (grades 6-9)	56	1	.25	14
Teachers	25	1	.5	12.5
Total	1,337	1.5	640.5

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Cathrine Sasek, Coordinator, Science Education Program, Office of Science Policy and Communications, National Institute on Drug Abuse, 6001 Executive Blvd., Room 5237, Bethesda, MD 20892, or call non-toll-free number (301) 443-6071; fax (301) 443-6277; or by e-mail to csasek@nida.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: February 20, 2008.

Mary Affeldt,

Associate Director for Management, National Institute for Drug Abuse.

[FR Doc. E8-3563 Filed 2-25-08; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Closed 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 the following meeting.

The meeting will be closed to the public in accordance with the