

assistance programs for awards that establish a Federal interest on real property. Currently, there is no regulatory requirement for real property reporting. The related regulatory requirement is being developed by OMB and will be included in 2 CFR part 45.

Comment 11: The team received 2 comments from agencies and grantee organizations concerning whether legislative requirements will take precedence over RPSR reporting requirements.

Response: If there is a statutory or regulatory basis for the agency's requirements, then those requirements take precedence to the report.

Comment 12: The team received 1 comment questioning whether "Federal interest" refers to real property and improvements acquired with Federal funds, and whether such interest would continue to the end of any use restrictions.

Response: Yes, Federal interest in real property is obtained by virtue of the use of Federal funding to acquire or improve the property and, for real property donated as required cost sharing or matching, unless excluded by statute or award terms. The related award instrument should specify the terms and duration of the Federal interest.

Comment 13: The team received 1 comment questioning the need for the Federal Government to impose a reporting requirement extending beyond the grant period on property donated to the Federal Government.

Response: The government acquires an interest in the total project, including any property recipients donate to the project as required cost sharing or matching. Through such donation, the government acquires a financial interest in the property, the value of which at any given time is the product of:

- The Federal share of the project costs under the award; and
- The current value of the property.

That interest remains until the government releases its interest in the property.

Comment 14: The team received 1 comment questioning whether "Tax Credits" are Federal or not.

Response: This is a legal question that individual agencies will need to determine.

Comment 15: The team received 1 comment questioning whether agencies will need to report on improvements to real property in which the Federal ownership is in question. For example: improvements to real property erected on Indian trust and allotted lands.

Response: This is a legal question that should be vetted by agency attorneys.

Comment 16: The team received 17 comments concerning the clarity of the instructions.

Response: Where necessary, the team revised the instruction language to clarify the type of data requested.

Comment 17: The team received 5 comments on the burden estimate for the report.

Response: The team reconsidered and revised the burden estimate.

Comment 18: The team received 5 general comments not requiring action or a response.

B. Annual Reporting Burden

This report will be used by Federal agencies to collect information related to real property when required by a Federal financial assistance award. Since this report will be used primarily for reporting related to Federal financial assistance awards, we are providing a burden estimate for one respondent.

Respondents: Assistance recipients.

Estimated Total Annual Burden

Hours: 4 (per submission).

Estimated Cost: There is no expected cost to the respondents or to OMB.

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Real Property Status Report SF-XXXX	1	1	0.25	0.25
SF-XXXX—Real Property Status Report [Attachment A]	1	1	1.50	1.50
SF-XXXX—Real Property Status Report [Attachment B]	1	1	1.0	1.0
SF-XXXX—Real Property Status Report [Attachment C]	1	1	1.25	1.25
Total	4.0

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755, or by faxing your request to (202) 501-4067. Please cite the title, OMB Control No. 3090-XXXX, Real Property Status Report, in all correspondence.

Dated: October 17, 2008.

Casey Coleman,

Chief Information Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09-09AD]

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 or send comments to 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

Evaluation of the Field Triage Decision Scheme: The National Trauma Triage Protocol—New—Division of Injury Response (DIR), National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The “*Field Triage Decision Scheme: The National Trauma Triage Protocol*” educational initiative was developed to help emergency medical services (EMS) professionals (administrators, medical directors, trauma system leadership, and providers) learn about and implement the revised Field Triage Decision Scheme. The Decision Scheme is intended to be the foundation for the development of local and regional field triage protocols.

In the United States, injury is the leading cause of death for persons aged 1–44 years. EMS professionals have a substantial impact on care of the injured and on public health. At an injury scene, EMS professionals determine the severity of injury, initiate medical management, and identify the most appropriate facility to which the patient should be transported. This destination decision is made through a process

called field triage. Certain hospitals have additional expertise, resources, and equipment to treat severely injured patients. These facilities are known as trauma centers and are classified from Level I to Level IV. The risk for death of a severely injured person is 25% lower if the patient receives care at a Level I trauma center. However, not all patients require the services of a Level I trauma center; proper triage will ensure that patients who are injured less severely will be transported to a closer emergency department that is capable of managing their injuries.

In an effort to encourage use of improved triage procedures, CDC’s National Center for Injury Prevention and Control (NCIPC) worked with experts and partner organizations to develop the 2006 Field Triage Decision Scheme. In support of the 2006 Field Triage Decision Scheme, NCIPC developed a multi-media toolkit aimed at EMS professionals. The toolkit includes *A Guide to the Field Triage Decision Scheme: The National Trauma Triage Protocol*, a poster, CD-ROM, and pocket card to help EMS providers, planners, and administrators effectively train others and use the Decision Scheme criteria within their own systems.

After the national distribution, NCIPC will conduct an online survey of EMS professionals who have received a toolkit to assess the short-term impact of the communication initiative directed at EMS professionals about field triage procedures. Specifically, the survey will assess how many EMS professionals who received a copy of the Decision Scheme are using it, how EMS professionals have used the Decision Scheme and accompanying toolkit materials, how the materials have been used to educate others, what EMS professionals learned from the materials, and how the Decision Scheme changed EMS professional’s triage practices. Survey results will be used to identify the impact and applicability of the Decision Scheme and toolkit materials for EMS professionals.

NCIPC will also conduct focus groups with a segment of the survey respondents in order to have them elaborate on data submitted through the survey. These group interviews will focus on the extent the Decision Scheme is being used, how it is being implemented, self-reported changes in knowledge, and perceived impact on treatment of trauma patients. There are no costs to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
EMS Professionals	Online survey	3,000	1	15/60	750
	Screening and Recruitment for Focus Groups	48	1	5/60	4
	Focus Groups	64	1	1	64
Total					818

Dated: November 4, 2008.

Maryam I. Daneshvar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**Centers for Medicare & Medicaid Services****Notice of Hearing: Reconsideration of Disapproval of Michigan State Plan Amendment (SPA) 07–21**

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to be held on January 6, 2009, at the CMS Chicago Regional Office, 233 N. Michigan Avenue, Suite 600, Chicago, Illinois

60601 to reconsider CMS’ decision to disapprove Michigan SPA 07–21.

CLOSING DATE: Requests to participate in the hearing as a party must be received by the presiding officer by November 28, 2008.

FOR FURTHER INFORMATION CONTACT: Benjamin Cohen, Presiding Officer, CMS, 2520 Lord Baltimore Drive, Suite L, Baltimore, Maryland 21244. Telephone: (410) 786–3169.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS’ decision to disapprove Michigan SPA 07–21 which was submitted on December 28, 2007, and disapproved on September 2, 2008.