

**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.

Under this SPA, the State indicated that it would provide for the implementation of an estate recovery program under sections 1902(a)(18) and 1917(b) of the Social Security Act (the Act). CMS issued a request for additional information on March 5, 2008, which included a request for information about the State's projected cost savings resulting from implementation of the estate recovery program. In discussions with CMS regarding submission of SPA 07-21, State officials stated that these projected cost savings estimates would require revision because the estate recovery program had in fact not yet become operational. The State did not provide additional information indicating when and to what extent it would come into compliance with sections 1902(a)(18) and 1917(b) of the Act. Thus, the State's overall submission did not provide sufficient detail or information for us to determine that the State has an estate recovery program that meets statutory requirements.

Based on the above, and after consultation with the Secretary of the Department of Health and Human Services as required under Federal regulations at 42 CFR 430.15(c)(2), CMS disapproved Michigan Medicaid SPA 07-21.

The hearing will involve the following issues:

- Whether the State complied with the statutory requirements to implement an estate recovery program; and
- Whether the State has provided the information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation.

Section 1116 of the Act and Federal regulations at 42 CFR Part 430, establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. CMS is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing, and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this

notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as *amicus curiae* must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Michigan announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Mr. Paul Reinhart, Director, Medical Services Administration, Department of Community Health, 400 South Pine, Lansing, MI 48933.

Dear Mr. Reinhart: I am responding to your request for reconsideration of the decision to disapprove the Michigan State plan amendment (SPA) 07-21, which was submitted on December 28, 2007, and disapproved on September 2, 2008.

Under this SPA, the State indicated that it would provide for the implementation of an estate recovery program under sections 1902(a)(18) and 1917(b) of the Social Security Act (the Act). The Centers for Medicare & Medicaid Services (CMS) issued a request for additional information on March 5, 2008, which included a request for information about the State's projected cost savings resulting from implementation of the estate recovery program. In discussions with CMS regarding submission of SPA 07-21, State officials stated that these projected cost savings estimates would require revision because the estate recovery program had in fact not yet become operational. The State did not provide additional information indicating when and to what extent it would come into compliance with sections 1902(a)(18) and 1917(b) of the Act. Thus, the State's overall submission did not provide sufficient detail or information for us to determine that the State has an estate recovery program that meets statutory requirements. Based on the above, and after consultation with the Secretary of the Department of Health and Human Services as required under Federal regulations at 42 CFR 430.15(c)(2), CMS disapproved Michigan Medicaid SPA 07-21.

The issues to be considered at the hearing are:

- Whether the State complied with the statutory requirements to implement an estate recovery program; and
- Whether the State has provided the information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation.

I am scheduling a hearing on your request for reconsideration to be held on January 6, 2009, at the CMS Chicago Regional Office,

233 N. Michigan Avenue, Suite 600, Chicago, Illinois 60601, in order to reconsider the decision to disapprove SPA 07-21. If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed by Federal regulations at 42 CFR Part 430.

I am designating Mr. Benjamin Cohen as the presiding officer. If these arrangements present any problems, please contact the presiding officer at (410) 786-3169. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing.

Sincerely,  
Kerry Weems,  
*Acting Administrator.*

Section 1116 of the Social Security Act (42 U.S.C. section 1316; 42 CFR section 430.18)

(Catalog of Federal Domestic Assistance program No. 13.714, Medicaid Assistance Program.)

Dated: November 7, 2008.

**Kerry Weems,**  
*Acting Administrator, Centers for Medicare & Medicaid Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Grants Awarded: Program Titles and Funding Opportunity Announcements for Fiscal Year 2009

**AGENCY:** Division of Grants Policy, Office of Financial Services, Office of Administration, Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).

**ACTION:** Notice.

**SUMMARY:** The Administration for Children and Families (ACF) hereby gives notice to the public that certain programs within the Agency will administratively impose a matching requirement on grants awarded under the following program titles and funding opportunity announcements for Fiscal Year 2009: