discuss its annual report to the Congress and for NIST to update the Committee on the status of the investigation of World Trade Center 7. The agenda may change to accommodate Committee business. The final agenda will be posted on the NIST Web site at http://www.nist.gov/ncst.

DATES: The meeting will convene on Tuesday, December 18, 2007 at 1 p.m. and will adjourn at 3 p.m. The meeting will be conducted via teleconference. The live audio Web cast will be available to the public via a link on the NIST WTC Web site, http://wtc.nist.gov.

ADDRESSES: The meeting will be held via teleconference. A live audio webcast of the meeting will be available via a link on the NIST WTC Web site, http://wtc.nist.gov. Please refer to the SUPPLEMENTARY INFORMATION section of this notice for additional information.

FOR FURTHER INFORMATION CONTACT: Stephen Cauffman, National Construction Safety Team Advisory Committee, National Institute of Standards and Technology, 100 Bureau Drive, MS 8611, Gaithersburg, Maryland 20899–8611. Mr. Cauffman’s e-mail address is stephen.cauffman@nist.gov and his phone number is (301) 975–6051.

SUPPLEMENTARY INFORMATION: The Committee was established pursuant to Section 11 of the National Construction Safety Team Act (15 U.S.C. 7310 et seq.). The Committee is composed of six members, appointed by the Director of NIST, who were selected for their technical expertise and experience, established records of distinguished professional service, and their knowledge of issues affecting teams established under the NCST Act. The Committee will advise the Director of NIST on carrying out investigations of building failures conducted under the authorities of the NCST Act that became law in October 2002 and will review the procedures developed to implement the NCST Act and reports issued under section 8 of the NCST Act. Background information on the NCST Act and information on the NCST Advisory Committee is available at http://www.nist.gov/ncst.

Pursuant to the Federal Advisory Committee Act, 5 U.S.C. app. 2, notice is hereby given that the National Construction Safety Team (NCST) Advisory Committee (Committee), National Institute of Standards and Technology (NIST), will meet Tuesday, December 18, at 1 p.m. and will adjourn at 3 p.m. The meeting will be conducted by teleconference with a live audio webcast available to the public.

The primary purpose of this meeting is for the NCST Advisory Committee to discuss its annual report to the Congress and for NIST to update the Committee on the status of the investigation of World Trade Center 7. The meeting will be conducted via teleconference with a live audio webcast. The final agenda will be posted on the NIST Web site at http://www.nist.gov/ncst.

Individuals and representatives of organizations who would like to offer comments and suggestions related to items on the Committee’s agenda for this meeting, are invited to request a place on the agenda. Approximately one-half hour will be reserved for public comments, and speaking times will be assigned on a first-come, first-served basis. The amount of time per speaker will be determined by the number of requests received, but is likely to be 5 minutes each. Questions from the public will not be considered during this period. Speakers who wish to expand upon their oral statements, those who had wished to speak but could not be accommodated on the agenda, and those who were unable to attend in person are invited to submit written statements to the National Construction Safety Team Advisory Committee, National Institute of Standards and Technology, 100 Bureau Drive, MS 8611, Gaithersburg, Maryland 20899–8611, via fax at (301) 975–6122, or electronically by e-mail to ncstac@nist.gov.

Since the meeting will be held by teleconference, all those wishing to speak must submit their request by e-mail to the attention of Mr. Stephen Cauffman, cauffman@nist.gov by 5 p.m. EST on December 14, 2007. Instructions on how and when to call in for the public comment period will be provided to registered speakers by e-mail on December 17, 2007.


Richard F. Kayser,
Acting Deputy Director.
[FR Doc. E7–23492 Filed 12–3–07; 8:45 am]
review meets the requirements of the ESA.

Authority: 16 U.S.C. 1531 et seq.


Angela Somma,
Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. E7–23503 Filed 12–3–07; 8:45 am]
BILLING CODE 3510–22–S

DEPARTMENT OF DEFENSE
Office of the Secretary

Autism Services Demonstration Project for TRICARE Beneficiaries Under the Extended Care Health Option Program

AGENCY: Department of Defense.

ACTION: Notice of an autism services demonstration project for TRICARE beneficiaries under the Extended Care Health Option program.

SUMMARY: This notice is to advise interested parties of a Military Health System (MHS) demonstration project entitled Enhanced Access to Autism Services Demonstration Project.

The Department proposes a demonstration program under the Department’s demonstration authority under 10 United States Code (U.S.C.) 1092 to expand the availability of Intensive Behavioral Intervention (IBI) services (defined as an intensive application of certain behavior modification interventions) to Extended Care Health Option (ECHO) program beneficiaries with autism. The demonstration program will permit TRICARE cost sharing of services by IBI tutors under a modified corporate services model. This demonstration will determine whether military families are able to make more effective use of the special education benefit in the ECHO program. Additionally, the demonstration will help determine the effectiveness of expanding the provider base in improving the access to services for TRICARE and attendant improvement in functional outcome for those military dependent children receiving services.

For purposes of this demonstration, provider qualifications will be established by the Department pending development of national standards by a nationally recognized certifying body for ABA providers, which standards the Department determines appropriate for acceptance in the delivery of quality care under the program. The Department intends to retain the ECHO benefit as currently outlined in 32 Code of Federal Regulations (CFR) 199.5, except for the changes that will be implemented in the demonstration program noted above.

DATES: Effective Date: 60 days after publication in the Federal Register. This demonstration will remain in effect for two years from the start date of the demonstration.

ADDRESSES: TRICARE Management Activity, Office of the Chief Medical Officer, 5111 Leesburg Pike, Suite 810, Falls Church, VA 22041–3206.

FOR FURTHER INFORMATION CONTACT: Captain Robert DeMartino, Office of the Chief Medical Officer, TRICARE Management Activity, telephone (703) 681–0064.

SUPPLEMENTARY INFORMATION:

A. Background

The Military Health System (MHS) is a $33 billion dollar enterprise, consisting of 76 military hospitals, over 500 military health clinics, and an extensive network of private sector health care partners, which provides medical care for over 9 million beneficiaries and Active Duty Service Members. While an accurate count of the number of military-dependent children with autism is not available, estimates based on prevalence rates in the general population suggest that among the more than 1.2 million children of Active Duty Military personnel, between 7,000–9,000 would carry one of the autism spectrum disorder diagnoses.

Autistic spectrum disorders affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others. A number of treatments, therapies and interventions have been introduced to ameliorate the negative impact of autism on these areas of concern. Intensive Behavioral Intervention (IBI) services (defined as an intensive application of certain behavior modification interventions) have been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with autism. Applied behavior analysis (ABA), a systematized educational process of collecting data on a child’s behaviors and using a variety of behavioral conditioning techniques to teach and reinforce desired behaviors while extinguishing harmful or undesired behaviors, is one of the best studied IBI interventions.

Time-limited, focused ABA methods have been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with autism.

B. The Extended Care Health Option (ECHO) Program

ECHO replaced the Program for Persons with Disabilities (PPFWD) on September 1, 2005, as authorized by section 701(b) of the National Defense Authorization Act for Fiscal Year 2002, Public Law 107–107, which revised subsections (d), (e), and (f) of section 1079 of Title 10, United States Code, and is implemented under 32 CFR 199.5. Under ECHO, qualifying Active Duty family members may receive benefits not available under the basic program. For example, special education services are specifically excluded from the TRICARE basic program under 10 U.S.C. 1079(a)(9).

Qualifying conditions under ECHO include moderate or severe mental retardation, a serious physical disability, or an extraordinary physical or psychological condition. Under 10 U.S.C. 1079(e), “* * * Extended benefits for eligible dependents * * * may include * * * training, rehabilitation, special education, and assistive devices.” IBI, as a behavioral intervention that shapes behaviors and teaches skills, is a special education service that can be cost-shared under ECHO. The government cost-share for these extended benefits is limited under 10 U.S.C. 1079(f)(2)(A) to a maximum of $2,500 per month.

While participation in ECHO is voluntary, registration is required, by law, for a TRICARE beneficiary to receive the ECHO benefit. The registration process includes providing the managed care support contractor (MCSC) with evidence that the beneficiary is enrolled in the Exceptional Family Member Program provided by the sponsor’s branch of Service.

C. The ECHO Program and Providers of ABA

An authorized outpatient provider under the ECHO program must, under 32 CFR 199.6(e), be a provider otherwise authorized under the TRICARE basic program. Alternatively, if not recognized as such, if they provide services that are only authorized under the TRICARE ECHO program, such as special education services, the provider must meet all the applicable licensing and other regulatory requirements in that state, county, municipality or other governmental jurisdiction in which the ECHO service is rendered. In the absence of such licensing or regulatory requirements, the Director, TRICARE Management Activity, or designee determines the applicable requirements necessary to be an authorized provider.