

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 the use of automated collection techniques or other forms of information technology.

1. *Proposed Project:* Application to the Board for Correction of Public Health Service (PHS) Commissioned Corps Records (PSC-54)—(OMB 0937-0095)—Extension.

An application is submitted by commissioned officers of the PHS Commissioned Corps, former officers, their spouses or heirs who appeal to the Board for Correction to request removal of an alleged error or injustice in an officer's record. The information submitted is used by the Board for Correction to determine if an error or injustice has occurred and to rectify such error or injustice. An appeal cannot be considered without the information furnished on this form. *Respondents:* Individuals or households and Federal employees. *Total Number of Respondents:* ten per calendar year. *Number of Responses per Respondent:* one response per request. *Average Burden per Response:* four hours. *Estimated Annual Burden:* 40 hours.

Send comments to Irene S. West, PSC Reports Clearance Officer, Room 17A39, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 7, 2002.

Curtis L. Coy,

Director, Program Support Center.

[FR Doc. 02-6420 Filed 3-15-02; 8:45 am]

BILLING CODE 4168-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS-R-284]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Medicaid Statistical Information System (MMIS).

Form No.: HCFA-R-0284 (OMB# 0938-0345).

Use: State data are reported by a Federally mandated process known as MSIS. These data are the basis for: Medicaid actuarial forecasts for service utilization and costs; Medicaid legislative analysis and cost savings estimates; and responding to requests for information from CMS components, the Department, Congress, and other customers. The national MSIS database will contain details that will allow constructive or predictive analysis of today's Medicaid issues (e.g., pregnant women, and infants).

Frequency: Quarterly and Annually. *Affected Public:* State, Local, or Tribal Government.

Number of Respondents: 53. *Total Annual Responses:* 212. *Total Annual Hours:* 2,120.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following

address: CMS, Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards, Attention: Julie Brown, CMS-R-284, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 1, 2002.

Julie Brown,

Acting Reports Clearance Officer, Security and Standards Group, Division of CMS Enterprise Standards.

[FR Doc. 02-6347 Filed 3-15-02; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Center for Medicare and Medicaid Services

[CMS-R-211]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Center for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Center for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Model Application Template for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program, and Model Application Template and Instructions.

Form No.: CMS-R-211 (OMB# 0938-0707).

Use: States are required to submit Title XXI plans and amendments for approval by the Secretary pursuant to

section 2102 of the Social Security Act in order to receive funds for initiating and expanding health insurance coverage for uninsured children. The Model Application Template is used to assist States in submitting a State Child Health Plan and amendments to that plan.

Frequency: Once.

Affected Public: State, local, or tribal gov't.

Number of Respondents: 42.

Total Annual Responses: 42.

Total Annual Hours: 3,360.

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.hcfa.gov/regs/prdact95.htm>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: February 21, 2002.

John P. Burke III,

CMS Reports Clearance Officer, CMS Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards.

[FR Doc. 02-6348 Filed 3-15-02; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of West Virginia State Plan Amendment (SPA) 01-05

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to reconsider our decision to disapprove West Virginia SPA (01-05), on April 25, 2002 at 10 a.m.; Room 339; the Public Ledger Building; 150 South Independence Mall West; Philadelphia, PA 19106-3499.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by April 2, 2002.

FOR FURTHER INFORMATION CONTACT: Kathleen Scully-Hayes Office of

Hearings, Centers for Medicare & Medicaid Services, Suite L 2520 Lord Baltimore Drive, Baltimore, Maryland 21244-2670, Telephone: (410) 786-2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to disapprove West Virginia SPA (01-05).

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish HHS procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. The Centers for Medicare & Medicaid Services (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 primary issue in the hearing is whether West Virginia's SPA 01-05 complies with the requirement of section 1917(b)(3) of the Act governing criteria for establishing an undue hardship under which the provisions governing mandatory estate recovery will be waived. That provision requires the State to use criteria established by the Secretary for determining whether estate recovery constitutes an undue hardship: 1. In resolving this issue, the hearing will consider whether publication in the State Medicaid Manual meets the requirements for adopting standards governing a homestead of modest value for purposes of qualifying for the undue hardship exception section 1917(b)(3); 2. The hearing will also consider if properly adopted, whether the Secretary appropriately applied these standards in disapproving the amendment.

West Virginia initially submitted SPA 01-05 on March 13, 2001. Section 1917(b)(3) of the Act requires the state agency to establish procedures and standards to waive estate recoveries when such recoveries would cause an

undue hardship as determined on the basis of criteria established by the Secretary. The State Medicaid Manual (SMM) defines one basis for an undue hardship as "a homestead of modest value."

The SPA proposes to exempt homestead property based on a statewide arithmetic mean appraised value of a home that is to be updated yearly by the West Virginia Department of Tax and Revenue.

The CMS has informed West Virginia that it has provided standards for determining the maximum amount which can be excluded from estate recovery as a "homestead of modest value." Section 3810.C1 provides that states may not set the threshold for the market value of a homestead of modest value so high as to negate the intent of the estate recovery program. It specifically notes that "a homestead of "modest value" can be defined as 50 percent or less of the average price of homes in the county where the homestead is located, as of the date of the beneficiary's death." Under West Virginia's amendment, in many counties, the \$50,735 homestead of modest value exemption is greater than 100 percent of the average appraised value of homes in the county. In others it is twice that amount. Accordingly, CMS found the amendment did not comport with the standards for defining a homestead of modest value, which a state may exempt as part of its undue hardship exemption.

The CMS has noted that West Virginia's statewide homestead exemption was not included in the amendment as part of its "undue hardship" waiver of the mandatory estate recovery. The State included this exemption in the State plan as a separate item. Any homestead exempted must be excluded either on the basis of "undue hardship" or that it is not cost-effective for the State to recover.

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

Nancy V. Atkins, MSN, RNC, NP,
Commissioner, State of West Virginia,
Department of Health and Human Services,
Bureau for Medical Services, 350 Capitol
Street, Room 251, Charleston, West
Virginia 25301-3706

Dear Ms. Atkins:

I am responding to your request for reconsideration of the decision to disapprove West Virginia State Plan Amendment (SPA) 01-05.

The primary issue in the hearing is whether West Virginia's SPA 01-05 complies with the requirement of section 1917(b)(3) of the Social Security Act (the Act) governing criteria for establishing an undue hardship