Epilepsy—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). About 2.3 million people in the U.S. have some form of epilepsy, a neurological condition in which the brain's normal electrical functions may be interrupted with bursts of electrical impulses. Epilepsy affects people of all ages, but particularly the very young and the elderly. Persons with chronic or disabling health conditions like epilepsy face myriad challenges including establishing and following a treatment regimen, developing and enacting self-management plans, and finding social support.

Compounding these challenges are the reactions and beliefs of people with whom they interact. The stigma and perceived stigma of their health condition can lead to problems with self-management of their disease and further morbidity.

The goal of this project is to develop a valid and reliable measurement tool to assess the public's perception of epilepsy and seizure disorders. This tool may shed light on the challenges in the social environment confronted by people with epilepsy and by their care givers. It will help gauge the climate of the general public and guide future epilepsy interventions. Once the tool has been developed, reliability and validity tests need to be conducted to ensure it is a scientifically rigorous instrument.

The goals of the proposed data collection are to assess the instrument's:

• *Internal consistency*—how well different measures of the same construct reflect that construct

• *Concurrent validity*—the degree to which an operation is able to predict the behavior it purports to predict

• *Construct validity*—the extent to which an operation measures only the defined construct and not other constructs

• *Test-retest reliability*—the stability of the measure over time

A random digit dial survey will be conducted with 750 respondents via computer assisted telephone interviewing (CATI) techniques. The number of respondents is sufficient to be generalizable to the U.S. population and to perform data reduction techniques such as factor analysis. Of the 750 respondents, 100 will be called back within two weeks to assess test-retest reliability. The total annual burden for this data collection is 318 hours.

Survey	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)
Screening Calls	900	1	2/60
Completed Interviews	750	1	20/60
Reliability Test-Screening	120	1	2/60
Reliability Test-Completed Interviews	100	1	20/60

Dated: June 6, 2002.

Julie Fishman,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–15014 Filed 6–13–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–35–02]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project: Dissemination of Lessons Learned from the Community Coalition Partnership Programs for the Prevention of Teen Pregnancy—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The United States has the highest teenage pregnancy rate of all developed countries. About 1 million teenagers become pregnant each year and most of those pregnancies are unintended. These pregnancies have profound economic, social and personal impacts on the teen mothers, their children, and society.

Since 1995, the Centers for Disease Control and Prevention (CDC) has funded 13 community-wide coalitions, the Community Coalition Partnership Programs for Prevention of Teen Pregnancy, to reduce the incidence of teenage pregnancy through a youth development model. Phase I of this effort included a 2-year planning phase and Phase II is the 5-year intervention phase to be completed in September 2002. The proposed data collection is an evaluation of lessons learned from this demonstration project. The goals of the proposed data collection are:

• To provide evidence about effective long-term programs, their components, and approaches

• To identify best practices, practices to avoid, best investments, and how-to steps

• To inform the implementation of the demonstration program

• To inform the modification (if any) and expansion (if any) of the program

The data will be collected via interview with key stakeholders from the hub organization (the one receiving CDC funding), its partner organizations, and the community during tow 3-day site visits to each site. The second site visit will occur a year after the first site visit. If any key stakeholders cannot be present during this site visit, they will be interviewed by phone. The annual burden for this data collection is 416 hours.

Type of respondents	Number of respondents per year	Number of responses per respondent	Avg. burden per response (in hours)
Hub Organization Management	130 (13 sites, 10 per site)	1	1
Coalition members	208 (13 sites, 16 per org)	1	1

Type of respondents	Number of respondents per year	Number of responses per respondent	Avg. burden per response (in hours)
Evaluators	78 (13 sites, 6 per site)	1	1

Dated: June 6, 2002.

Julie Fishman,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–15015 Filed 6–13–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Iowa State Plan Amendment 01–19

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing on August 2, 2002, at 10 a.m., Plaza Room; Richard Bolling Federal Building; 601 E. Twelfth Street; Kansas City, Missouri 64106 to reconsider our decision to disapprove Iowa State Plan Amendment (SPA) 01–19.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by (15 days after publication).

FOR FURTHER INFORMATION CONTACT: Kathleen Scully-Hayes, Presiding Officer, CMS, C1–09–13, 7500 Security Boulevard, Baltimore, Maryland 21244, Telephone: (410) 786–2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to disapprove Iowa's State Plan Amendment (SPA) 01–19. This SPA would establish a new target group for case management services for children under age 18 in need of child welfare services.

The issues that factored into the disapproval are: (1) Duplication of payment authority under other programs, which is not consistent with guidance in the State Medicaid Manual, applicable cost principles; and statutory requirements at section 1902(a)(30)(A) of the Social Security Act (Act) for rates consistent with efficiency, economy, and quality of care; (2) insufficient description of a functional payment methodology which means that the SPA does not contain all the information necessary to determine whether it is consistent with all applicable requirements (in particular the requirements that rates be consistent with efficiency, economy, and quality of care), as mandated by 42 CFR 430.10; and (3) while not part of the original disapproval letter, restriction of beneficiary freedom of choice of providers pursuant to section 1902(a)(23) of the Act because of the limitation of providers to employees of public welfare agencies, which CMS is now including as an issue for reconsideration.

After consideration of the issues discussed above, and after consultation with the Secretary, as required by 42 CFR 430.15(c)(2), the CMS Administrator disapproved Iowa SPA 01–19.

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish Department 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 notice to Iowa announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Ms. Jessie K. Rasmussen, Director, Iowa Department of Human Services, Hoover State Office Building, Des Moines, IA 50319–0114.

Dear Ms. Rasmussen: I am responding to your request for reconsideration of the decision to disapprove Iowa State Plan Amendment (SPA) 01–19. Iowa submitted SPA 01–19 on July 13, 2001. This SPA would establish a new target group for case management services for children under age 18 in need of child welfare services.

The SPA was disapproved because of the following issues: (1) Duplication of payment authority under other programs, which is not consistent with guidance in the State Medicaid Manual, applicable cost principles, and statutory requirements at section 1902(a)(30)(A) of the Social Security Act (Act) for rates consistent with efficiency, economy, and quality of care; (2) insufficient description of a functional payment methodology, which means that the SPA does not contain all the information necessary to determine whether it is consistent with all applicable requirements (in particular the requirements that rates be consistent with efficiency, economy, and quality of care), as mandated by 42 CFR 430.10; and (3) while not part of the original disapproval letter, restriction of beneficiary freedom of choice of providers pursuant to section 1902(a)(23) of the Act because of the limitation of providers to employees of public welfare agencies, which the Centers for Medicare & Medicaid Services is now including as an issue for reconsideration.

After consideration of the issues set forth above, and after consultation with the Secretary as required under 42 CFR 430.15(c)(2), I disapproved Iowa SPA 01–19.

I am scheduling a hearing on your request for reconsideration to be held on August 2, 2002, at 10 a.m.; Plaza Room; Richard Bolling Federal Building; 601 E. Twelfth Street; Kansas City, Missouri 64106.

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 at 42 CFR, part 430.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer. 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. The presiding officer may be reached at (410) 786–2055.

Sincerely,

Thomas A. Scully.

Section 1116 of the Act (42 U.S.C. section 1316); 42 CFR section 430.18) (Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)