

3. Needs Assessment (30 points). The adequacy of the applicant's plan to conduct an assessment to determine what needs exist following implementation of efforts, and make recommendations as to how best to fill those needs.

## I. Other Requirements

### Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
    - a. Current Budget Period Activities Objectives.
    - b. Current Budget Period Financial Progress.
    - c. New Budget Period Program Proposed Activity Objectives.
    - d. Detailed Line-Item Budget and Justification.
    - e. Additional Requested Information.
  2. Financial status report, no more than 90 days after the end of the budget period.
  3. Final financial status and performance reports, no more than 90 days after the end of the project period.
- Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

### Additional Requirements

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I of the program announcement, as posted on the CDC Web site.

- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status

Executive Order 12372 does not apply to this program.

## J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC Web site, Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

For general questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For business management assistance, contact: Van A. King, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2751, E-mail address: [vbk5@cdc.gov](mailto:vbk5@cdc.gov).

For program technical assistance, contact: Phyllis C. McGuire, Project Officer, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, NE Mailstop F-41, Atlanta, GA 30341, Telephone number: 770-488-1275, E-mail address: [pcm1@cdc.gov](mailto:pcm1@cdc.gov).

Dated: June 20, 2003.

**Sandra R. Manning,**

Director, Procurement and Grants Office,  
Centers for Disease Control and Prevention.  
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[CMS-10077, CMS-301]**

### Agency Information Collection Activities: Submission for OMB Review; 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.

1. *Type of Information Collection Request:* New Collection; *Title of Information Collection:* "Medicare Decisions and Your Rights"; *Form No.:* CMS-10077 (OMB# 0938-NEW). *Use:* Pursuant to 42 CFR 422.568 (c), M+C practitioners must deliver notices to enrollees informing them of their right to obtain a detailed notice regarding services from their M+C organizations. This notice fulfills the regulatory requirement. *Frequency:* Other (distribution); *Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions, Federal Government. *Number of Respondents:* 155. *Total Annual Responses:* 5,000,000. *Total Annual Hours:* 83,333.

2. *Type of Information Collection Request:* Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Certification of Medicaid Eligibility Quality Control (MEQC) Payment Error Rates and Supporting Regulations in 42 CFR 431.816; *Form No.:* CMS-301 (OMB# 0938-0246); *Use:* MEQC is operated by the State title XIX agency to monitor and improve the administration of its Medicaid system. The MEQC system is based on State reviews of Medicaid beneficiaries from the eligibility files. The reviews are used to assess beneficiary liability, if any, and to determine the amounts paid to provide Medicaid services for these cases; *Frequency:* Semi-annually; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 51. *Total Annual Responses:* 102. *Total Annual Hours:* 22,515.

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://cms.hhs.gov/regulations/prd/default.asp>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.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, Fax Number: (202) 395-6974.

Dated: June 19, 2003.

**Dawn Willingham,**

*CMS Reports Clearance Officer, Division of Regulations Development and Issuances, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 03-16104 Filed 6-25-03; 8:45 am]

BILLING CODE 4120-03-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[CMS-R-64, CMS-R-26, CMS-10005, CMS-3427]

**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 (CMS)), 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.

**1. Type of Information Collection Request:** Extension of a currently approved collection.

**Title of Information Collection:** Indirect Medical Education (IME) and Supporting Regulations in 42 CFR 412.105.

**Form No.:** CMS-R-64 (OMB# 0938-0456).

**Use:** This collection of information on interns and residents (IR) is needed to properly calculate Medicare program payments to hospitals that incur indirect costs for medical education. The agency's Intern and Resident Information System uses the information for producing automated reports of duplicate full-time equivalent IRs for IME. The reports provide

contractors with information to ensure that hospitals are properly reimbursed for IME, and help eliminate duplicate reporting of IR counts, which inflate payments. The collection of this information affects 1,350 hospitals which participate in approved medical education programs.

**Frequency:** Annually.

**Affected Public:** Not-for-profit institutions, and Business or other for-profit.

**Number of Respondents:** 1,225.

**Total Annual Responses:** 1,225.

**Total Annual Hours:** 2,450.

**2. Type of Information Request:** Revision of a currently approved collection.

**Title of Information Collection:** Clinical Laboratory Improvement Amendments (CLIA) and the ICRs contained in the supporting regulations in 42 CFR 493.1-493.2001.

**Form Number:** CMS-R-26 (OMB approval #: 0938-0612).

**Use:** The ICRs referenced in 42 CFR part 493 outline the requirements necessary to determine an entity's compliance with CLIA. CLIA requires laboratories that perform testing on human beings to meet performance requirements (quality standards) in order to be certified by HHS.

**Frequency:** Other: As needed.

**Affected Public:** Business or other for-profit, Not-for-profit institutions, Federal government, State, local or tribal gov't.

**Number of Respondents:** 168,688.

**Total Annual Responses:** 756,241.

**Total Annual Hours Requested:** 9,379,917.

**3. Type of Information Request:** Extension of a currently approved collection.

**Title of Information Collection:** Ticket to Work and Work Incentives: Medicaid Infrastructure Grants.

**Form Number:** CMS-10005 (OMB approval #: 0938-0811).

**Use:** Section 203 of the Ticket to Work and Work Incentives Act of 1999 provides for the establishment of a grants program for states that build infrastructures designed to support people with disabilities. State agencies will be applying for these grants.

**Frequency:** Annually.

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

**Number of Respondents:** 56.

**Total Annual Responses:** 56.

**Total Annual Burden Hours:** 5,600.

**4. Type of Information Collection Request:** Extension of a currently approved collection.

**Title of Information Collection:** End Stage Renal Disease Application and Survey and Certification Report and

Supporting Regulations in 42 CFR 405.2100-405.2184.

**Form No.:** CMS-3427 (OMB# 0938-0360).

**Use:** Part I of this form is a facility identification and screening measurement used to initiate the certification and recertification of ESRD facilities. Part II is completed by the Medicare/Medicaid State survey agency to determine facility compliance with ESRD conditions for coverage.

**Frequency:** Annually.

**Affected Public:** State, local or tribal government.

**Number of Respondents:** 4000.

**Total Annual Responses:** 1,320.

**Total Annual Hours:** 330.

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://cms.hhs.gov/regulations/prd/default.asp>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.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 Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Dawn Willingham, Room: C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 19, 2003.

**Dawn Willingham,**

*CMS Reports Clearance Officer, Division of Regulations Development and Issuances, Office of Strategic Operations and Strategic Affairs.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of Community Services**

**Compassion Capital Fund Demonstration Program**

**AGENCY:** The Office of Community Services (OCS), Administration for Children and Families (ACF), Department of Health and Human Services (HHS).

**ACTION:** Announcement of the request for competitive applications and the availability of Federal funding to intermediary organizations to provide