

Criminal Investigation Division, Helena Resident Office, 301 South Park, Helena, MT 59626.

Criminal Investigation Division, Salt Lake City Resident Office, Wallace F. Bennett Federal Building, 125 South State Street, Salt Lake City, UT 84138.

Pacific Island Contact Office, P.O. Box 50003, 300 Ala Moana Boulevard, Honolulu, HI 96850.

Honolulu Resident Office, 449 South ?Ave., Bldg. 221, 2nd Floor, Pearl Harbor, HI 96860.

San Diego Border Office, 610 West Ash Street, San Diego, CA 92101.

USEPA Region 9 Laboratory, 1337 South 46th Street, Richmond, CA 94804.

Los Angeles Area Office, 600 South Lake Ave., Suite 202, Pasadena, CA 91106.

Area Office of Civil Rights, PO Box 93478, Las Vegas, NV 89193.

Human Resources Office at Las Vegas, PO Box 98516, Las Vegas, NV 89193.

Criminal Investigation Division, Sacramento Resident Office, 501 Eye Street, Suite 9-800, Sacramento, CA 95814.

Office of Inspector General for Audits, Western Division, Sacramento Field Audit Office, 801 I Street, Sacramento, CA 95814.

Criminal Investigation Division, San Diego Resident Office, 610 West Ash Street, San Diego, CA 92101.

Environmental Sciences Division, National Exposure Research Laboratory, P.O. Box 93478, Las Vegas, NV 89193.

Las Vegas Financial Management Center, PO Box 98515, Las Vegas, NV 89193.

Criminal Investigation Division, 600 South Lake Avenue, Pasadena, CA 91106.

Radiation and Indoor Environments National Laboratory, PO Box 98517, Las Vegas, NV 89193.

Criminal Investigation Division, 522 North Central Avenue, Phoenix, AZ 85004.

Alaska Operations Office, Federal Building, 222 West 7th Avenue, Anchorage, AK 99513.

Alaska Operations Office, 410 Willoughby Avenue, Juneau, AK 99801.

Oregon Operations Office, 811 S.W. Sixth Avenue, Portland, OR 97204.

Hanford Project Office, 712 Swift Boulevard, Richland, WA 99352.

Idaho Operations Office, 1435 North Orchard Street, Boise, ID 83706.

Boise Resident Office, 877 West Main St., Suite 201, Boise, ID 83702.

Manchester Laboratory, 7411 Beach Drive East, Port Orchard, WA 98366.

Washington Operations Office, 300 Desmond Drive SE, Lacey, WA 98503.

National Health and Environmental Effects Research Laboratory, Western Ecology Division, 200 S.W. 35th Street, Corvallis, OR 97333.

National Health and Environmental Effects Research Laboratory, Western Ecology Division, Hatfield Marine Science Drive, 211 S.E. Marine Science Drive, Newport, OR 98365.

Criminal Investigation Division, Portland Resident Office, 1001 South West 5th Avenue, Portland, OR 97204.

Criminal Investigation Division, Anchorage Resident Office, 222 West 7th Avenue, Anchorage, AK 99513.

[FR Doc. 01-24485 Filed 9-28-01; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

Office of Communications; Cancellation of an Optional Form by the Office of Personnel Management (OPM)

AGENCY: Office of Communications, GSA.

ACTION: Notice.

SUMMARY: The Office of Personnel Management (OPM) cancelled OF 630A, Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program. The form was only available with FPM Letter 630-33 which no longer exists. OPM developed their own form (OPM 630A) which they are happy to share with you. To obtain a copy of this form, go to the following internet site: <http://www.opm.gov/forms>.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501-0581

DATES: Effective October 1, 2001.

Dated: September 24, 2001.

Barbara M. Williams,
*Deputy Standard and Optional Forms
Management Officer, General Services
Administration.*

[FR Doc. 01-24495 Filed 9-28-01; 8:45 am]

BILLING CODE 6820-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-51-01]

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) 639-7090. 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: Gonococcal Isolate Surveillance Project (GISP) (0920-0307)—Revision—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) proposes to continue data collection for the Gonococcal Isolate Surveillance Project (OMB No. 0920-0307). This request is a three-year extension of clearance.

The purposes of the Gonococcal Isolate Surveillance Project (GISP) are (1) to monitor trends in antimicrobial susceptibility of strains of *Neisseria gonorrhoeae* in the United States and (2) to characterize resistant isolates. GISP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations. GISP was begun in 1986 as a voluntary surveillance project and now involves five regional laboratories and 26 publicly funded sexually transmitted disease (STD) clinics around the country. The STD clinics submit up to 25 gonococcal isolates per month to the regional laboratories, which measure susceptibility to a panel of antibiotics. Limited demographic and clinical information corresponding to the isolates are submitted directly by the clinics to CDC.

Data gathered through GISP are used to alert the public health community to changes in antimicrobial resistance in *Neisseria gonorrhoeae* which may impact treatment choices, and to guide recommendations made in CDC's STD Treatment Guidelines, which are published periodically.

Under the GISP protocol, clinics are asked to provide 25 isolates per month. However, due to low volume at some sites, clinics submit an average of 17 isolates per clinic per month, providing an average of 88 isolates per laboratory per month. The estimated time for clinic personnel to abstract data is 11 minutes per response. Based on previous laboratory experience in analyzing gonococcal isolates, we estimate 88 gonococcal isolates per laboratory each month. The estimated burden for each participating laboratory is one hour per response. Annual burden hours for this data collection is 6,300.

Respondents	Number of re-pondents	Number of re-sponses per re-spondent	Average bur-den per re-sponse (in hrs.)
Clinic Form 1	26	204 (12 x 17)	11/60
Laboratory Form 2	5	1,056 (12 x 88)	60/60
Laboratory Form 3	5	48 (12 x 4)	12/60

Dated: September 24, 2001.
Nancy E. Cheal,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
 [FR Doc. 01-24436 Filed 9-28-01; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-47-01]

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) 639-7090. 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: Evaluation of Viral Hepatitis B Educational Slide Materials—New—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). The purpose of the proposed study is to assess the usefulness of the Hepatitis B

and You, an educational slide set located on the website of the Hepatitis Branch, NCID, CDC. The Hepatitis B and You educational slide set is used to educate persons about hepatitis B in general and more specifically the importance of hepatitis B vaccination to prevent perinatal transmission of hepatitis B virus (HBV). An estimated 1.25 million Americans are chronically infected with HBV and 4,000 to 5,000 die each year due to resultant cirrhosis and liver cancer. The estimated cost associated with HBV infections is \$700 million a year in medical care and lost work days. The annualized total burden is 414 hours.

Form name	Number of respondents	Number of re-sponses per respondent	Avg. burden per response (in hours)
Web	1656	1	15/60

Dated: September 24, 2001.
Nancy E. Cheal,
Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).
 [FR Doc. 01-24437 Filed 9-28-01; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1182-FN]

RIN 0938-AK75

Medicare Program; Revision of Payment Rates for End-Stage Renal Disease (ESRD) Patients Enrolled in Medicare+Choice Plans

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

ACTION: Final notice.

SUMMARY: This final notice establishes a new payment methodology, effective

January 2002, for beneficiaries with End-Stage Renal Disease (ESRD) who are enrolled in Medicare+Choice (M+C) plans. This methodology implements section 605 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). Section 605 requires the Secretary to increase M+C ESRD payment rates, using appropriate adjustments, to reflect the demonstration rates (including the risk adjustment methodology associated with those rates) of the social health maintenance organization (SHMO) ESRD capitation demonstrations. Briefly, the methodology set forth in this final notice—

Increases the base year rates by 3 percent to reach 100 percent of fee-for-service costs as estimated for the base year for M+C purposes (this adopts the approach used under the ESRD SHMO demonstration); and

Adjusts State per capita rates by age and sex factors, in order to pay more accurately, given differences in costs among ESRD patients.

The effect of the new M+C ESRD payment methodology is to increase Medicare's fiscal year (FY) 2002 M+C ESRD payments by an estimated \$35 million (for 9 months of costs, given the effective date of January 2002). M+C ESRD payment increases through FY 2006 are estimated to be \$55 million for FY 2003, \$55 million for FY 2004, \$60 million for FY 2005, and \$65 million for FY 2006.

The payment methodology set forth in this notice will govern M+C payments for enrollees with ESRD in 2002.

EFFECTIVE DATE: This final notice is effective January 1, 2002.

For information on ordering copies of the **Federal Register** containing this document and electronic access, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Anne Hornsby, (410) 786-1181.

SUPPLEMENTARY INFORMATION:

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box