

*Type of Request:* New. The Health Resources and Services Administration previously administered this program.

*Use:* Consistent with 45 CFR part 74, subpart J, the AoA requires grantees funded under Alzheimer's Disease Demonstration Grants to States Program (ADDGS) to report on the performance of their projects. The report is used by the AoA to review and monitor the grantee's progress in achieving project objectives, to provide advice and assistance, and to take corrective action as necessary.

*Frequency:* Semiannual.

*Respondent:* Alzheimer's Disease Demonstration Grants to States Program grantees.

*Estimated number of respondents:* 25.

*Estimated burden hours:* 1,000 per year (20 hours for each semiannual report).

*Additional Information:* Each progress report, typically no more than 10 pages in length, is expected to cover the following subjects: recent major activities and accomplishments, obstacles encountered and solutions, significant findings and events, dissemination activities, and activities planned for the next 6 months. Only states who have voluntarily applied for and been awarded a grant under the Alzheimer's Demonstration Program are required to submit these reports.

*OMB Comment:* A comment is best assured of having its full effect if OMB receives it as soon as possible after its publication. Written comments and recommendations for the proposed information collection should be sent to the following address within 30 days of the publication of this notice: Office of Information and Regulatory Affairs, Attention: Allison Herron Eydtt, AoA Desk Officer, Office of Management and Budget, Washington, DC 20503.

Dated: November 27, 2001.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### [Program Announcement 02019]

#### Cooperative Agreement for the Surveillance, Research, and Prevention of Birth Defects; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program for the surveillance, research, and prevention of birth defects. The purpose of this program is to aid in the surveillance, research, and prevention of birth defects.

##### B. Eligible Applicants

Assistance will be provided only to the International Centre for Birth Defects (ICBD). No other applications are solicited.

Located in Rome, Italy, ICBD was established in 1989 as an organization devoted to the prevention of birth defects through surveillance, training, and epidemiologic research. ICBD accomplishes this by serving as the headquarters for the International Clearinghouse for Birth Defects Monitoring Programs. The Clearinghouse is a non-governmental organization comprised of 32 member programs representing 34 countries in Europe, the Americas, Japan, China, South Africa, and Australia. The Clearinghouse's mission is to prevent birth defects through the exchange of information, enabling collaborative research, and consultation and assistance. Specifically, the Clearinghouse:

1. Responds to possible or suspected clusters of congenital malformations with information, monitoring systems, and personnel so that member countries are alerted and preventive action may be taken. This is the primary and most enduring goal of the Clearinghouse;

2. Enables collaborative epidemiological research based on birth defect surveillance data obtained from the member programs. Joint studies with the member programs have attempted to provide an understanding of endemic occurrence as well as temporal and/or geographical clusters of malformations; and

3. Provides expert consultation and assistance.

**Note:** Title 2 of the United States Code, section 1611 states that an organization

described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

##### C. Availability of Funds

Approximately \$150,000 is available in FY 2002 to fund this award. It is expected that the award will begin on or about April 1, 2002, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

##### Use of Funds

Funds may be utilized only for the purpose and for the activities described and approved in the final award.

1. All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

- a. Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives, however, prior approval by CDC officials must be requested in writing.

- b. The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: Indirect costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

- c. The applicant may contract with other organizations under this program. However, the applicant must perform a substantial portion of the activities including program management and operations, and delivery of prevention services for which funds are required.

##### D. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC home page Internet address <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

To obtain business management technical assistance, contact: Angelia D. Hill, Grants Management Specialist, International Grants and Contracts Branch, Procurement and Grants Office, Centers for Disease Control and

Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone: (770) 488-2785, E-mail address: [aph8@cdc.gov](mailto:aph8@cdc.gov).

Program technical assistance may be obtained from: J. David Erickson, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Atlanta, GA 30341-3724, Telephone: (770) 488-7161, E-mail address: [jde1@cdc.gov](mailto:jde1@cdc.gov).

Dated: December 12, 2001.

**Rebecca B. O'Kelley,**

*Chief, International Grants and Contracts Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 01-31222 Filed 12-18-01; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Committee on Childhood Lead Poisoning Prevention; Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

*Name:* Advisory Committee on Childhood Lead Poisoning Prevention.

*Times and Dates:*

8:30 a.m.-5:45 p.m., January 15, 2002,  
8:30 a.m.-12:15 p.m., January 16, 2002.

*Place:* Hilton Crystal City Hotel, 2399 Jefferson Davis Highway, Arlington, VA 22202, telephone 703/418-6800.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 90 people.

*Purpose:* The Committee shall provide advice and guidance to the Secretary; the Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead poisoning prevention efforts. The Committee shall also review and report regularly on childhood lead poisoning prevention practices and recommend improvements in national childhood lead poisoning prevention efforts.

*Matters to be Discussed:* Agenda items include: Updates on Primary Prevention issues, Medicaid Targeted Screening issues, Case Management issues, MMWR Publication Process, Presentations on Milwaukee's Community-Based Environmental Intervention Strategies, National Survey of Lead and Allergens in Housing, and Discussion of Charge for Workgroup Reviewing Evidence of Adverse Effects of

Lead. Agenda items are subject to change as priorities dictate.

Opportunities will be provided during the meeting for oral comments. Depending on the time available and the number of requests, it may be necessary to limit the time of each presenter.

*Contact Person for More Information:*

Becky Wright, Program Analyst, Lead Poisoning Prevention Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 1600 Clifton Road, NE, M/S E-25, Atlanta, Georgia 30333, telephone 404/498-1449, fax 404/498-1444.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: December 10, 2001.

**John Burckhardt,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 01-31221 Filed 12-18-01; 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 Missouri State Plan Amendment (SPA) 92-33**

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

**ACTION:** Notice of hearing.

**SUMMARY:** This notice announces an administrative hearing to reconsider the decision to disapprove Missouri SPA 92-33 on January 23, 2002, at 10 a.m., Richard Bolling Federal Building; Plaza Room 664; 601 East Twelfth Street; Kansas City, Missouri 64106-2808.

**CLOSING DATES:** Requests to participate in the hearing as a party must be received by the presiding officer by January 3, 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 Missouri SPA 92-33.

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 issue is whether the provisions of section 1923(f)(1)(A) of the Act and regulations at 42 CFR 447.296(b)(6) would permit the State to increase disproportionate share hospital (DSH) payments under this State plan amendment submitted after September 30, 1991. Missouri submitted SPA 92-33 on November 18, 1991, as part of SPA 91-50. This amendment would provide for an additional payment to 10 DSH hospitals that have the highest Medicaid utilization in the State and had a high volume of nursery and neonatal care days.

Under the Medicaid Voluntary Contribution and Provider Specific Tax Amendments of 1991 (Pub. L. 102-234), which added section 1923(f)(1)(A) of the Act and the Federal regulation at 42 CFR 447.296(b)(6), the State cannot increase DSH payments to hospitals based on amendments submitted after September 30, 1991, for payments made during the period January 1, 1992, through September 30, 1992, except in very limited circumstances. The reason for this moratorium on DSH payments was so CMS could determine a state's base DSH allotments for an annual period beginning in Federal fiscal year 1993.

The additional DSH payment included in this amendment is not within the statutory exception for payments under certain SPAs submitted to the Secretary between September 30, 1991, and November 26, 1991. This exception applies only to an amendment that designates only DSHs with a Medicaid or low-income utilization percentage at or above the statewide arithmetic mean. In