

research, consultation and assistance to health care providers in the nine provinces. They have trained health care providers in all provinces and continue to develop surveillance systems to monitor trends and evaluate prevention efforts. FARR has five specific aims in its charter: (1) To evaluate the pathogenesis of FAS in at-risk South African communities; (2) to investigate the prevalence, psychosocial factors and disabilities associated with FAS; (3) evaluate the costs of FAS to exchequer of South Africa; (4) to set up prevention/intervention programmes in order to lessen the frequency of FAS, reduce the prevalence of alcohol abuse, prevent secondary disabilities, and educate the public on the dangers of alcohol-abuse during pregnancy; and (5) to increase capacity, expertise and knowledge of FAS in health professionals and the general public.

#### **B. Where To Obtain Additional Information**

To obtain business management technical assistance, contact: Cynthia Collins, Contracts and Grants Management Specialist, International & Territories Acquisition & Assistance Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146, Telephone: (770) 488-2757, E-mail address: [coc9@cdc.gov](mailto:coc9@cdc.gov).

Program technical assistance may be obtained from: Karen Hymbaugh, Telephone: (770) 488-7373, E-mail address: [kxh5@cdc.gov](mailto:kxh5@cdc.gov) or Connie Granoff, Telephone: (770) 488-7513, E-mail address: [clg4@cdc.gov](mailto:clg4@cdc.gov), National Center on Birth Defects & Developmental Disabilities, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway NE., Atlanta, GA 30341-3724.

Dated: August 7, 2002.

**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**

[Document Identifier: CMS-R-191]

#### **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.

*Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Granting and Withdrawal of Deeming Authority to National Accreditation Organizations and Supporting Regulations at 42 CFR 488.4 to 488.9 and 400.201; *Form No.:* CMS-R-191 (OMB# 0938-0690); *Use:* The information required is necessary to determine whether a private accreditation organization is equal to or more stringent than those of the conditions of participation or coverage for a fee-for-service provider or supplier, excluding clinical laboratories; *Frequency:* Quarterly, On occasion; *Affected Public:* Not-for-profit institutions, businesses or other for-profit; *Number of Respondents:* 5; *Total Annual Responses:* 28; *Total Annual Hours:* 451.

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](mailto: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: August 6, 2002.

**John P. Burke III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-485]

#### **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.

*Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Home Health Services Under Hospital Insurance, Manual Instructions and Supporting Regulations in 42 CFR 409.40-50, 410.36, 410.170, 411.41-15, 421.100, 424.22, 484.18 and 489.21; *Form No.:* HCFA-485 (OMB# 0938-0357); *Use:* The "Home Health Services Under Hospital Insurance" is a certification and plan of care used by the Regional Home Health Intermediaries to ensure reimbursement is made to Home Health agencies only for services that are covered and medically necessary under Part A and Part B. The attending physician must sign the HCFA-485 (OMB 0938-0357) authorizing the home