

Dated: August 21, 2002.

**Julie Fishman,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-48-02]

**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**

National Health Interview Survey, 2003 Basic Module with Topical Modules (0920-0214)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey. This survey is conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally mandated “Health US” and related publications, as well as the single most important

source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, “Healthy People 2010.”

Because of survey integration and changes in the health and health care of the U.S. population demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a shift from paper questionnaires to computer assisted personal interviews (CAPI). These redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the seventh full year of data collection using the core questionnaire on CAPI, and for the implementation of supplements on asthma, heart disease, children’s mental health, cancer screening, and diabetes. The supplements will help track many of the Health People 2010 objectives. This data collection, planned for January–December 2003, will result in publication of new national estimates of health statistics, release of public use micro-data files, and a sampling frame for other integrated surveys. The total annual burden for this data collection is 39,300 hours.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hours)
Family .....	39,000	1	21/60
Sample adult .....	32,000	1	42/60
Sample child .....	13,000	1	15/60

Dated: August 12, 2002.

**Julie Fishman,**

*Acting Associate Director for Policy, Planning and Evaluation, 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-838]

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

**AGENCY:** Centers for Medicare and Medicaid Services.

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:* Medicare Credit Balancing Reporting Requirements and Supporting Regulations at 42 CFR

405.371, 405.378, and 413.20; *Form No.:* CMS-838 (OMB# 0938-0600); *Use:* The collection of credit balance information is needed to ensure that millions of dollars in improper program payments are collected. Approximately 46,700 providers will be required to submit a quarterly credit balance report that identifies the amount of improper payments due Medicare. Fiscal intermediaries will monitor the reports to ensure these funds are collected; *Frequency:* Quarterly; *Affected Public:* Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 46,700; *Total Annual Responses:* 186,800; *Total Annual Hours:* 1,120,800.

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 13, 2002.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, CMS Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-1856/1893]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare and Medicaid Services.

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:* Request for Certification in the Medicare/Medicaid Program to Provide Outpatient Physical Therapy and/or Speech-Language Pathology and the Outpatient Physical Therapy and/or Speech-Language Pathology Survey Report Form and

Supporting Regulations in 42 CFR 485.701-485.729; *Form No.:* CMS-1856/1893 (OMB# 0938-0065); *Use:* The form CMS-1856 is utilized as an application to be completed by suppliers of OPT/SP services requesting participation in the Medicare/Medicaid programs. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met as an OPT/SP supplier. It is used by the CMS Regional Offices (ROs) to enter the new supplier into the Online Survey, Certification and Reporting System (OSCAR). The survey report form CMS-1893 is an instrument used by the State survey agency to record data collected during an on-site survey of a supplier of OPT/SP services to determine compliance with the applicable conditions of participation and to report this information to the Federal Government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the OSCAR system at the CMS ROs. The form includes basic information on compliance (*i.e.*, met, not met, explanatory statements) and does not require any descriptive information regarding the survey activity itself.; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 1,700; *Total Annual Responses:* 255; *Total Annual Hours:* 446.

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 20, 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

### Administration for Children and Families

#### Notice of Award of Non-Competitive Grant

**AGENCY:** Administration on Children, Youth and Families (ACYF), ACF, DHHS.

**ACTION:** Notice; Opportunity to Comment.

**SUMMARY:** Notice is hereby given that ACYF is considering awarding discretionary research grant funds without competition to The Urban Institute at 2100 M St. NW., Washington, DC, for up to \$375,000 of Child Care and Development Block Grant funds in FY 2002. And, pending the availability of Federal funds, and the continuing non-Federal support of the project from other sources, ACYF will award up to \$375,000 of Child Care and Development Block Grant funds for one additional fiscal year. The two-year project period would begin on September 30, 2002 and end on September 29, 2004. This award will be made to The Urban Institute to provide Federal support for a research project that will examine the interaction of child care providers and child care subsidy policies and practice.

The Urban Institute's research project addresses many questions of relevance to the child care field, to ACF, and to the Child Care Bureau in particular. It will fill a gap in the information currently available about the characteristics of subsidized and unsubsidized providers, and how implementation of subsidy policies affects the experiences of those providers. In addition, the study will explore the rate of participation of faith-based organizations in the child care subsidy system, addressing one of the Administration's priorities. It will also explore the occurrence of activities supporting children's early learning and literacy in diverse child care settings, as well as providers' characteristics that may be related to the likelihood of those activities being present in child care settings. The study answers a call for needed research on providers as expressed by researchers and policymakers in the most recent meeting of the Child Care Research Consortium held in Washington, DC on April 17-19, 2002.

The proposed project has a strong research design and methodology, builds on a solid understanding of the current state of research in the child