

state or local government officials involved on site with emergency incidents and the Secretary of Health and Human Services or his representative. The SERT will design, roster, equip, train and exercise a rapidly deployable group of personnel to support the combined local, state and national response to public health emergencies. The SERT will provide on-site policy guidance and communications linkages between field operations and the ASPHEP.

c. *Secretary's Command Center (ANE3)*. The Secretary's Command Center (SCC) is responsible for coordinating all information received by the HHS related to public health emergencies. The SCC shall monitor both internal and external information sources and communicate relevant information directly to the ASPHEP or the Secretary. The SCC will serve as the single point of contact for all public health emergencies providing 24 hour staffing, 7 days a week, 365 days a year. During emergencies, the SCC shall serve as the focal point for liaison activities within HHS.

5. *Office of State and Local Preparedness (ANF)*. The Office of State and Local Preparedness (OSLP) is headed by a Director, who reports to the ASPHEP and is responsible for directing and coordinating the activities of HHS Operating and Staff Divisions with respect to enhancing state and local preparedness for bioterrorism and other public health emergencies. OSLP takes the lead in developing policies, plans and strategies that are intended to strengthen and upgrade State and local public health and medical capacities to respond to bioterrorism. OSLP is also responsible for ensuring stewardship of the federal investment in State and local preparedness and provides oversight, in collaboration with the Operating Divisions. Such oversight will include financial auditing, project monitoring and readiness assessment.

II. Under Part A, Chapter AB, Deputy Secretary," add the following new component "Security Clearance and Drug Testing Office (ABE):"

*Security Clearance and Drug Testing Office (ABE)*. The Security Clearance and Drug Testing Office (SCDTO) reports directly to the Deputy Secretary and receives operational oversight from OASPHEP. (1) provides Department-wide guidance for policy, oversight, and operations of personnel security; classified information; and telecommunication security; and (2) coordinates the Department's drug-free workplace program, which includes scheduling drug and alcohol testing.

III. Under Part A, Chapter AC, "Office of Public Health and Science," add the following new paragraph at the end of Section AC.20 Functions, Paragraph K, "Office of the Surgeon General (ACK)":

The Commissioned Corps Readiness Force (CCRF) is responsible for developing, commanding, deploying and coordinating a specialized cadre of U.S. Public Health Service (PHS) officers uniquely qualified by education and skills, who can be mobilized in times of extraordinary need during disaster, strife, or other public health emergencies. In coordination with the Assistant Secretary for Public Health and Emergency Preparedness (ASPHEP), the CCRF will respond to domestic or international requests to provide leadership and expertise by directing, enhancing, and supporting the services of the PHS and other HHS Operating Divisions, other U.S. government agencies or other responders.

IV. *Continuation of Policy*: Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the functions contained in this reorganization, heretofore issued and in effect prior to the date of this reorganization, are continued in full force and effect.

V. *Delegations of Authority*: All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

VI. *Funds, Personnel and Equipment*: Transfer of organizations and functions affected by this reorganization shall be accompanied in each instance by direct and support funds, positions, personnel, records, equipment, supplies and other resources.

Dated: November 21, 2002.

**Ed Sontag,**

*Assistant Secretary for Administration and Management.*

[FR Doc. 02-30458 Filed 11-29-02; 8:45 am]

**BILLING CODE 4150-03-M**

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

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

**[Document Identifiers: CMS-R-5, CMS-R-96, CMS-209]**

#### **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 (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*: Extension of a currently approved collection; *Title of Information Collection*: Physician Certifications/Recertifications in Skilled Nursing Facilities (SNFs) Manual Instructions and Supporting Regulations in 42 CFR Section 424.20; *Form No.*: CMS-R-5 (OMB# 0938-0454); *Use*: This information collection requires SNFs to keep record of physician certifications and recertifications of information such as the need for care and services, estimated duration of the SNF stay, and plan for home care.; *Frequency*: On occasion; *Affected Public*: State, local or tribal government, individuals or households, business or other for-profit, not-for-profit institutions; *Number of Respondents*: 2,068,716; *Total Annual Responses*: 883,838; *Total Annual Hours*: 441,793.

(2) *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Emergency and Foreign Hospital Services-Beneficiary Statement in Canadian Travel Claims and Supporting Regulations in 42 CFR, Section 424.123; *Form No.*: CMS-R-96 (OMB# 0938-0484); *Use*: Payment may be made for certain part A inpatient hospital services and part B outpatient hospital services provided in a non-participating U.S. or foreign hospital when services are necessary to prevent the death or serious impairment of the health of the individual. This statement must be submitted by the beneficiary to support their claim for payment.; *Frequency*: On occasion; *Affected Public*: Individuals or households; *Number of Respondents*: 1,100; *Total*

*Annual Responses:* 1,100; *Total Annual Hours:* 275.

(3) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Laboratory Personnel Report Clinical Laboratory Improvement Amendments (CLIA) and Supporting Regulations in 42 CFR 493.1—493.2001; *Form No.:* HCFA-0209 (OMB# 0938-0151); *Use:* CLIA requires the Department of Health and Human Services (DHHS) to establish certification requirements for any laboratory that performs tests on human specimens, and to certify through the issuance of a certificate that those laboratories meet the requirements established by DHHS. The information collected on this survey form is used in the administrative pursuit of the Congressionally-mandated program with regard to regulation of laboratories participating in CLIA. Information on personnel qualifications of all technical personnel is needed to ensure the sample is representative of all laboratories; *Frequency:* Biennially; *Affected Public:* Business or other for profit, not for profit institutions, Federal government, and State, local or tribal government; *Number of Respondents:* 22,500; *Total Annual Responses:* 11,250; *Total Annual Hours:* 5,625.

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/pra/default.asp>, 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 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 N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 21, 2002.

**John P. Burke, III,**

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

[FR Doc. 02-30366 Filed 11-29-02; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-855]

**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), 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 Federal Health Care Programs Provider/Supplier Enrollment Application; *Form No.:* CMS-855 (OMB# 0938-0685); *Use:* This information is needed to enroll providers and suppliers into the Medicare program by identifying them, pricing and paying their claims, and verifying their qualifications and eligibility to participate in Medicare; *Frequency:* Initial enrollment/recertification and Every three years; *Affected Public:* Business or other for-profit, individuals or households, and not-for-profit institutions; *Number of Respondents:* 274,000; *Total Annual Responses:* 274,000; *Total Annual Hours:* 642,000.

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/pra/default.asp>, 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 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 N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 25, 2002.

**Julie E. Brown,**

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

[FR Doc. 02-30377 Filed 11-26-02; 11:20 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-R-250]

**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:* SNF Resident Assessment MDS Data and Supporting