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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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 8, 2003.

**Alvin Hall,**

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

[FR Doc. 03-9134 Filed 4-14-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-10087, CMS-2384, CMS-10006]

#### 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:* New collection; *Title of Information Collection:* Evaluation of the Illinois and Wisconsin State Pharmacy Assistance Waivers; *Form No.:* CMS-10087 (OMB# 0938-NEW); *Use:* CMS has implemented the Pharmacy Plus Initiative to grant

waivers to states to provide pharmacy benefits to low-income elders with incomes too high to qualify for Medicaid. This study will evaluate the Pharmacy Plus programs initiated in the states of Illinois and Wisconsin using a variety of methods including a descriptive program evaluation, survey of participants, analyses of drug utilization and costs as well as the cost impact to the Medicare and Medicaid programs; *Frequency:* Other: one-time only; *Affected Public:* Individuals or Households; *Number of Respondents:* 2,200; *Total Annual Responses:* 2,200; *Total Annual Hours:* 550.

**2. Type of Information Collection**  
*Request:* Extension of a currently approved collection; *Title of Information Collection:* Third Party Premium Billing Request; *Form No.:* CMS-2384; *Use:* The Third Party Premium Billing Request is used as an authorization to designate that a family member or other interested party receive the Medicare Premium Bill and pay it on behalf of a Medicare beneficiary. *Frequency:* On occasion; *Affected Public:* Individuals or households; *Number of Respondents:* 15,000; *Total Annual Hours:* 6,250.

**3. Type of Information Collection**  
*Request:* Extension of a currently approved collection; *Title of Information Collection:* TWWIIA Demonstration to Maintain Independence; *Form No.:* CMS-10006 (OMB# 0938-0799); *Use:* Section 204 of the Ticket to Work and Work Incentives Act provides for the establishment of grants for states that develop and implement demonstration programs designed to support working people with physical or mental impairments that without medical assistance will result in disability. State agencies will be applying for these grants; *Frequency:* Annually; *Affected Public:* State, Local, or Tribal government; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 5,600.

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/prd/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: C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 3, 2003.

**Dawn Willingham,**

*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. 03-9115 Filed 4-14-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-289]

#### 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:* Revision of a currently approved collection; *Title of Information Collection:* Medicare Lifestyle Modification Program Demonstration and Addendum; *Form No.:* CMS-R-0289 (OMB# 0938-0777); *Use:* This demonstration will focus on Medicare sponsored, lifestyle modification programs designed to reverse, reduce, or ameliorate the progression of cardiovascular disease

(CAD) of Medicare beneficiaries at risk for invasive treatment procedures. This demonstration will test the feasibility and cost effectiveness of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries.; *Frequency*: On occasion, Weekly, Monthly, Quarterly; *Affected Public*: Individuals or Households, and Not-for-profit institutions; *Number of Respondents*: 44; *Total Annual Responses*: 17,996; *Total Annual Hours*: 2,999.

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://cms.hhs.gov/regulations/prd/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 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: April 3, 2003.

**Dawn Willingham,**

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

[FR Doc. 03-9116 Filed 4-14-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Federal Allotments to State Developmental Disabilities Councils and Protection and Advocacy Formula Grant Programs for Fiscal Year 2004

**AGENCY:** Administration on Developmental Disabilities (ADD), Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notification of fiscal year 2004 federal allotments to state developmental disabilities councils and protection and advocacy formula grant programs.

**SUMMARY:** This notice sets forth Fiscal Year (FY) 2004 individual allotments and percentages of the total

appropriation to States administering the State Developmental Disabilities Councils and Protection and Advocacy programs, pursuant to section 122 and section 142 of the Developmental Disabilities Assistance and Bill of Rights Act (Act). The allotment amounts are based on the FY 2004 President's Budget request and are contingent on congressional appropriations for FY 2004. If the Congress enacts a different appropriation amount in FY 2004 or if a revised state allocation formula is adopted by the Congress, these allotments will be adjusted accordingly. The State allotments are available on the ADD homepage on the Internet: <http://www.acf.hhs.gov/programs/add/>. **EFFECTIVE DATE:** October 1, 2003.

#### FOR FURTHER INFORMATION CONTACT:

Catherine Wade, Grants Fiscal Management Specialist, Office of Grants Management, Administration for Children and Families, telephone (202) 401-5798.

**SUPPLEMENTARY INFORMATION:** Section 122(a)(2) of the Act requires that adjustments in the amounts of State allotments shall be made not more often than annually and that States must be notified no less than six (6) months before the beginning of the fiscal year in which such adjustment is to take effect. The Catalog of Federal Domestic Assistance (CFDA) number is 93.630. In relation to the State Developmental Disabilities Council allotments, the descriptions of service needs were reviewed in the State plans and are consistent with the results obtained from the data elements and projected formula amounts for each State (Section 122(a)(5)).

The Administration on Developmental Disabilities has updated the following data elements for issuance of Fiscal Year 2004 allotments for both of the Developmental Disabilities formula grant programs.

A. The number of beneficiaries in each State and Territory under the Childhood Disabilities Beneficiary Program are from Table 5.J10 of the "Annual Statistical Supplement, 2001, to the Social Security Bulletin" issued by the Social Security Administration;

B. State data on Average Per Capita Income are from Table B—Per Capita Personal Income, 1999–2001 of the "Survey of Current Business," October, 2002, issued by the Bureau of Economic Analysis, U.S. Department of Commerce. The most recent comparable data for the Territories were obtained from the Department of Commerce September 2002; and

C. State data on Total Population is based on "State Population Estimates:

July 1, 2001" issued December 2002 by the Bureau of the Census, U.S. Department of Commerce. The Working Population (ages 18–64) is based on 2000 Census from the "Estimate of Resident Population of the U.S. by Selected Age Groups and Sex," issued by the Bureau of the Census. Total population estimates for the Territories are also based on 2000 Census data issued by the Bureau of Census. The Territories working population was issued in the Bureau of Census report, "General Characteristics Report: 1980," which is the most recent data available from the Bureau.

TABLE 1.—FY 2004 ALLOTMENTS ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

	Developmental disabilities councils	Percentage of total appropriation
Total .....	\$69,800,000	100.000000
Alabama .....	1,269,365	1.818574
Alaska .....	450,000	.644699
Arizona .....	1,164,570	1.668438
Arkansas .....	785,444	1.125278
California .....	6,453,984	9.246401
Colorado .....	764,825	1.095738
Connecticut .....	631,308	0.904453
Delaware .....	450,000	.644699
District of Columbia .....	450,000	.644699
Florida .....	3,514,537	5.035153
Georgia .....	1,885,776	2.701685
Hawaii .....	450,000	.644699
Idaho .....	450,000	.644699
Illinois .....	2,598,821	3.723239
Indiana .....	1,472,042	2.108943
Iowa .....	729,871	1.045660
Kansas .....	604,303	.865764
Kentucky .....	1,170,815	1.677385
Louisiana .....	1,309,806	1.876513
Maine .....	463,067	.663420
Maryland .....	1,008,412	1.444716
Massachusetts .....	1,259,134	1.803917
Michigan .....	2,405,577	3.446385
Minnesota .....	1,016,504	1.456309
Mississippi .....	918,258	1.315556
Missouri .....	1,346,924	1.929691
Montana .....	450,000	.644699
Nebraska .....	450,000	.644699
Nevada .....	462,394	.662456
New Hampshire .....	450,000	.644699
New Jersey .....	1,547,765	2.217428
New Mexico .....	506,975	.726325
New York .....	3,962,119	5.676388
North Carolina .....	1,972,944	2.826567
North Dakota .....	450,000	.644699
Ohio .....	2,768,220	3.965931
Oklahoma .....	883,007	1.265053
Oregon .....	749,553	1.073858
Pennsylvania .....	2,924,521	4.189858
Rhode Island .....	450,000	.644699
South Carolina .....	1,110,474	1.590937
South Dakota .....	450,000	.644699
Tennessee .....	1,475,993	2.114603
Texas .....	4,516,842	6.471120
Utah .....	570,329	.817090