

- AR-16 Security Clearance Requirement
  - AR-23 States and Faith-Based Organizations
  - AR-24 Health Insurance Portability and Accountability Act Requirements
  - AR-25 Release and Sharing of Data
- Additional information on these requirements can be found on the CDC web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

### VI.3. Reporting Requirements

You must provide CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
  - a. Current Budget Period Activities Objectives.
  - b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Detailed Line-Item Budget and Justification.
  - e. Additional Requested Information.
  - f. Measures of Effectiveness.
2. Semi-annual progress report, due 7 months after the beginning of each budget period. This report should contain the following elements:
  - a. Progress on achieving objectives.
  - b. Modification or new activities.
3. Financial status report, no more than 90 days after the end of the budget period.
4. Final financial and performance reports, no more than 90 days after the end of the project period.

These reports must be sent to the Grants Management Specialist listed in the "Agency Contacts" section of this announcement.

### VII. Agency Contacts

For general questions about this announcement, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2700.

For program technical assistance, contact:

Tedd Ellerbrock, M.D., Project Officer, Centers for Disease Control and Prevention, Global AIDS Program, 1600 Clifton Road, NE, Mailstop E-04, Atlanta, GA 30333, Telephone: 404-639-8944, E-mail: [tellerbrock@cdc.gov](mailto:tellerbrock@cdc.gov), or  
Joel Kuritsky, M.D., Project Officer, Centers for Disease Control and

Prevention, Global AIDS Program, 1600 Clifton Road, NE, Mailstop E-04, Atlanta, GA 30333, Telephone: 404-639-8618, E-mail: [jnk2@cdc.gov](mailto:jnk2@cdc.gov).

For budget assistance, contact: Diane Flournoy, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2072, E-mail: [dmf6@cdc.gov](mailto:dmf6@cdc.gov).

Dated: November 25, 2003.

**Edward Schultz,**

*Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-3070, CMS-10095, and CMS-10096]

#### 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.

1. *Type of Information Collection Request:* Extension of a previously approved collection.

*Title of Information Collection:* Intermediate Care Facility for the Mentally Retarded or Persons with Related Conditions ICF/MR Survey Report Form (3070G-I) and Supporting Regulations at 42 CFR 442.30, 483.410, 483.420, 483.440, 483.450, and 483.460.

*Form No.:* CMS-3070 (0938-0062).

*Use:* The survey forms are needed to ensure provider compliance. In order to participate in the Medicaid program as an ICF/MR, a provider must meet Federal standards. The survey report form is used to record providers' level of compliance with the individual standard and report it to the Federal government. The collection includes the information collection requirements that ICF/MRs must meet.

*Frequency:* Annually.

*Affected Public:* Business or other for-profit, Not-for-profit institutions.

*Number of Respondents:* 6,763.

*Total Annual Responses:* 177,721,815.

*Total Annual Hours:* 6,841,538.

2. *Type of Information Collection*

*Request:* New Collection.

*Title of Information Collection:*

"Detailed Explanation of Non-Coverage" 42 CFR 422.626(e)(1), and "Important Message of Non-Coverage" 42 CFR 625(b)(1).

*Form No.:* CMS-10095 (OMB# 0938-NEW).

*Use:* Pursuant of 42 CFR 422.624(b)(1), providers in skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities must deliver to M+C enrollees a 2-day advance notice of termination of services. Per requirements at 42 CFR 422.626(e)(1), M+C organizations must deliver detailed notices to the QIO and enrollees upon request for appeal of the termination of services. These notices fulfill the regulatory requirement.

*Frequency:* Other: distribution.

*Affected Public:* Business or other-for-profit, Not-for-profit institutions, Federal Government, and Individuals or Households.

*Number of Respondents:* 22,247.

*Total Annual Responses:* 612,000.

*Total Annual Hours:* 68,000.

3. *Type of Information Collection*

*Request:* New Collection.

*Title of Information Collection:*

Medicare Health Survey (MHS).

*Form No.:* CMS-10096 (OMB# 0938-NEW).

*Use:* The Centers for Medicare and Medicaid Services has developed a survey, the Medicare Health Survey, that is similar to the Health Outcomes Survey (HOS). The main purpose of the MHS is to collect information that may be used to adjust Medicare payment. This approach has been tested for PACE (as mandated by BBA) and other organizations that serve frail populations and frailty adjusted payments will be made to PACE and certain demonstrations starting in 2004. CMS is currently investigating the feasibility of applying frailty adjustment to the M+C program in the future. To

conduct the necessary research, CMS needs functional impairment information for a national sample of FFS beneficiaries. The information will be used for two purposes; to develop appropriate adjustments to the ratebook for levels of functional impairment, and to recalibrate the frailty payment model using FFS data. Adjusting the ratebook is necessary to ensure accurate payment while recalibration of the frailty model based on the MHS will properly align the calibration of the model and the data collection method, thereby avoiding payment error associated with the mode of administration issues.

*Frequency:* Annually.

*Affected Public:* Individuals or Households.

*Number of Respondents:* 50,000.

*Total Annual Responses:* 40,000.

*Total Annual Hours:* 6,667.

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/pract/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: November 20, 2003.

**Melissa Musotto,**

*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. 03-29821 Filed 11-28-03; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-2728, CMS-2540-96, CMS-1728-94]

#### 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:* Revision of a currently approved collection.

*Title of Information Collection:* End Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration and Supporting Regulations in 42 CFR 405.2133.

*Form No.:* CMS-2728 (OMB# 0938-0046).

*Use:* This form captures the necessary medical information required to determine Medicare eligibility of an end stage renal disease claimant. It also captures the specific medical data required for research and policy decisions on this population as required by law.

*Frequency:* Weekly, Monthly, Quarterly, Semi-annually and Annually.

*Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions.

*Number of Respondents:* 100,000.

*Total Annual Responses:* 100,000.

*Total Annual Hours:* 75,000.

#### 2. Type of Information Collection

*Request:* Extension of a currently approved collection.

*Title of Information Collection:* Skilled Nursing Facility Cost Report and Supporting Regulations in 42 CFR 413.20, 413.24, and 413.106.

*Form No.:* CMS-2540-96 (OMB 0938-0463).

*Use:* Form CMS-2540-96 is the form used by skilled nursing facilities participating in the Medicare program. This form reports the health care costs used to determine the amount of reimbursable costs for services rendered to Medicare beneficiaries.

*Frequency:* Annually.

*Affected Public:* Businesses or other for-profit. Not-for-profit institutions and State, Local or Tribal Government.

*Number of Respondents:* 13,000.

*Total Annual Responses:* 13,000.

*Total Annual Hours:* 2,480,000.

#### 3. Type of Information Collection

*Request:* Revision of a currently approved collection.

*Title of Information Collection:* Home Health Agency Cost Report and Supporting Regulations in 42 CFR 413.20, 413.24 and 413.106.

*Form No.:* CMS-1728 (OMB No. 0938-0022).

*Use:* Participating providers are required to submit annual information to CMS in order to achieve settlement of costs for health care services rendered to Medicare beneficiaries. The CMS-1728 is the form used by Home Health Agencies to report their health care costs to determine the amount reimbursable for services furnished to Medicare beneficiaries.

*Frequency:* Annually.

*Affected Public:* Business or other for profit, Not for profit institutions, and State, Local or Tribal Gov.

*Number of Respondents:* 7,310.

*Total Annual Responses:* 7,310.

*Total Annual Hours Requested:* 1,311,060.

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/pract/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: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: November 20, 2003.

**Melissa Musotto,**

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

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