sub-Saharan Africa. With approximately 22,000 deliveries per year and a prevalence rate of HIV of 10–15 percent, a PMTCT program in this facility may prevent a substantial amount of HIV transmission.

The University of Nairobi has well renowned experts in the field of PMTCT who provide technical guidance on the implementation of this program. In addition, as the premier medical training institution in the country, the University of Nairobi is well placed to initiate a pre-service training program on PMTCT to meet the capacity needs of the national PMTCT program.

**C. Funding**

Approximately $500,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before August 15, 2004, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

**D. Where To Obtain Additional Information**

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone: 770–488–2700.

For technical questions about this program, contact: Fabian Mwanyumba, MBChB, MPH, PhD, Technical Advisor PMTCT, Global Aids Program [GAP], Centers for Disease Control and Prevention [CDC], PO Box 606 Village Market, Nairobi, Kenya, Telephone: 256–20–271–3008, E-mail: *FMwanyumba@cdcnairobi.mimcom.net*.

Dated: July 16, 2004.

**William P. Nichols, MPA,**

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

[FR Doc. 04–16805 Filed 7–22–04; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Savannah River Site Health Effects Subcommittee (SRSHES)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

*Name:* Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Savannah River Site Health Effects Subcommittee (SRSHES).

*Time and Date:* 8:30 a.m.–4 p.m., August 25, 2004.

*Place:* The Adam's Mark Hotel Columbia, 1200 Hampton Street, Columbia, South Carolina 29201; telephone 803–771–7000 or 1–800–880–1885, fax 803–254–2911.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

*Background:* Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE, and replaced by MOUs signed in 1996 and 2000, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, a memo was signed in October 1990 and renewed in November 1992, 1996, and in 2000, between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

*Purpose:* This subcommittee is charged with providing advice and recommendations to the Director of CDC and the Administrator of ATSDR pertaining to CDC's and ATSDR's public health activities and research at this DOE site. The purpose of this meeting is to provide a forum for community, American Indian Tribal, and labor interaction, and to serve as a vehicle for communities, American Indian Tribes, and labor to express concerns and provide advice and recommendations to CDC and ATSDR.

*Matters to be Discussed:* Agenda items include a presentation on completed dose reconstruction projects at other sites, an update from the National Institute for Occupational Safety and Health, and a report by Advanced Technologies and Laboratories International, Inc. Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Mr. Phillip Green, Executive Secretary, SRSHES, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC, 1600 Clifton Road, NE., (E–39), Atlanta, Georgia 30333, telephone (404) 498–1800, fax (404) 498–1811.

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 ATSDR.

Dated: July 16, 2004.

**Alvin Hall,**

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

[FR Doc. 04–16810 Filed 7–22–04; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–10120]**

### 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:* 1932 State Plan Amendment Template, State Plan Requirements and Supporting Regulations in 42 CFR 438.50; *Form No.:* CMS–10120 (OMB# 0938–NEW); *Use:* The State Medicaid Agencies will complete the template. CMS will review the information to determine if the State has met all the requirements under 1932(1)(1)(A) and 42 CFR 438.50. Once all requirements are met, the State will

be allowed to enroll Medicaid beneficiaries on a mandatory basis into managed care entities without section 1115 or 1915(b) waiver authority.; *Frequency:* On occasion; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 56; *Total Annual Responses:* 10; *Total Annual Hours:* 100.

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://www.cms.hhs.gov/regulations/pra/,* or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *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: July 14, 2004.

**John P. Burke, III,**

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

[FR Doc. 04–16660 Filed 7–22–04; 8:45 am]

**BILLING CODE 4120–03–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifier: CMS–10105, CMS–1561, CMS–10110, CMS–R–216 and CMS–10047]**

### 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:* New collection; *Title of Information Collection:* In-Center Hemodialysis CAHPS Survey (**Note:** Significant modifications were made to this information collection since the publication of the 60-day FR notice. The title of this information collection was also changed from End Stage Renal Disease Hemodialysis Patient Experience of Care (CAHPS) Survey since its publication.; *Form No.:* CMS–10105 (OMB #0938–NEW; *Use:* The In-Center Hemodialysis CAHPS Survey follows CMS CAHPS efforts in other provider areas (Managed Care, FFS, hospital), and is intended to provide CMS with a picture of the experience of this vulnerable population who receive life sustaining dialysis therapy approximately three times per week from dialysis facilities. A variety of patient satisfaction surveys are already conducted regularly by a many dialysis organizations (although the majority of instruments have not been tested) and this tool would provide the ESRD community with a tested, standardized survey instrument that facilities could use for quality improvement and comparative purposes. It will provide information for consumer choice, data that facilities can use for internal quality improvement and external benchmarking against other facilities, and finally, information that CMS can use for public reporting and monitoring purposes.; *Frequency:* Recordkeeping; *Affected Public:* Individuals or Households; *Number of Respondents:* 3,000; *Total Annual Responses:* 3,000; *Total Annual Hours:* 1,500.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Health Insurance Benefit Agreement and Supporting Regulations in 42 CFR Section 489 and 491; *Form No.:* CMS–1561 (OMB #0938–0832); *Use:* Applicants to the Medicare program are required to agree to provide services in accordance with Federal requirements. The CMS–1561 and CMS–1561A are essential for CMS to ensure that applicants are in compliance with the requirements. Applicants are required to sign the completed forms and provide operational information to CMS to assure that they continue to meet the requirements after approval; *Frequency:* Other: as needed; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 3,300; *Total Annual Responses:* 3,300; *Total Annual Hours:* 175.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Manufacturer Submission of Average Sales Price (ASP) data for Medicare Part B Drugs and Biologicals and Supporting Regulations; *Form No.:* CMS–10110 (OMB #0938–0921); *Use:* This information collection implements the provisions of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 that require instructions to manufacturers on the submission of average sales price (ASP) data on Medicare Part B drugs to the Centers for Medicare and Medicaid Services (CMS). This form is the tool used by manufacturers to submit the required data.; *Frequency:* Quarterly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 120; *Total Annual Responses:* 480; *Total Annual Hours:* 15,360.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Procedures for Advisory Opinions Concerning Physician Referrals and Supporting Regulations in 42 CFR Sections 411.370 through 411.389; *Form No.:* CMS–R–216 (OMB #0938–0714); *Use:* A request must include a complete description of the situation that is subject of the advisory opinion and must include copies of all relevant documents (or relevant portions), such as financial statements, contracts, leases, employment agreements and court documents. The submission must include the identities and addresses of all known actual and potential parties to the arrangement. A request for an advisory opinion is purely voluntary. The facts will relate to business plans and the requestor will already have collected and analyzed all or most of the information we will need to review the request; *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, Individuals or Households, and Business or other for-profit; *Number or Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 2,000.