

to be necessary based on technical or economic grounds. EPA reviewed Minnesota's rules at 7052.0210, subpart 3 and determined that they are consistent with the requirements of the amended Guidance. EPA therefore approves of Minnesota's rules at 7052.0210, subpart 3.

### 5. The State of Ohio

Ohio's regulations for mixing zones for BCCs are found at OAC 3745-2-05 and 3745-2-08. Ohio's rules for mixing zones for BCCs were adopted on August 30, 2002, and became effective on December 30, 2002. Ohio's mixing provisions for BCCs at OAC 3745-2-05 prohibit mixing zones for new discharges of BCCs as of the effective date of the rule, December 30, 2002, and for existing discharges after November 15, 2010, except where a continued mixing zone is necessary for water conservation that will result in an overall reduction in BCC mass loadings or where a mixing zone is determined to be necessary based on technical or economic grounds. EPA reviewed Ohio's rules at OAC 3745-2-05 and 3745-2-08 and determined that they are consistent with the requirements of the amended Guidance. EPA therefore approves of Ohio's rules at OAC 3745-2-05 and 3745-2-08.

### 6. The State of Wisconsin

Wisconsin's regulations for mixing zones for BCCs are found at NR 106.06(2). Wisconsin's rules for mixing zones for BCCs were adopted at the same time as Wisconsin adopted its other Great Lakes rules. Wisconsin's mixing provisions for BCCs at NR 106.06(2) prohibit mixing zones for new discharges of BCCs as of March 23, 1997. Wisconsin's rules do not address mixing zones for BCCs for existing discharges, except to state in a note included within Wisconsin's rules at NR 106.06(2) that Wisconsin is aware of the requirement to prohibit mixing zones for BCCs for existing discharges and will adopt rules prohibiting mixing zones for BCCs for existing discharges prior to the effective date of the prohibition. EPA reviewed Wisconsin's rules at NR 106.06(2) and determined that they are consistent with the requirements of the amended Guidance that have immediate force and effect. EPA therefore approves of Wisconsin's rules at NR 106.06(2). EPA will review the rules to be developed by Wisconsin to implement the mixing zone prohibition for BCCs for existing Great Lakes dischargers when they are developed and submitted to EPA. If Wisconsin fails to adopt and submit to EPA rules to ensure that the prohibition takes effect in Wisconsin on

or before November 15, 2010, EPA will take the necessary actions to ensure that mixing zones are prohibited for existing discharges of BCCs for waters of the Great Lakes System in the State of Wisconsin by that date.

David A. Ullrich,

*Acting Regional Administrator, Region 5.*

[FR Doc. 03-12356 Filed 5-15-03; 8:45 am]

BILLING CODE 6560-50-P

## FEDERAL ACCOUNTING STANDARDS ADVISORY BOARD

### Notice of Issuance of Statement of Federal Financial Accounting Standards (SFFAS) No. 23

*Board Action:* Pursuant to the Federal Advisory Committee Act (Pub. L. 92-463), as amended, and the FASAB Rules of Procedure, as amended in October, 1999, notice is hereby given that the Federal Accounting Standards Advisory Board has issued Statement of Federal Financial Accounting Standards (SFFAS) No. 23, *Eliminating the Category National Defense Property, Plant and Equipment*.

The Board approved the Statement in February 2003, and submitted it to FASAB principals for a 90-day review. The review period closed on May 8, 2003.

SFFAS No. 23 represents a major step in the process of ensuring accountability for all operating property, plant, and equipment through the framework of generally accepted accounting principles.

The standards prescribed in SFFAS No. 23 are effective for periods beginning after September 30, 2002. Hard copies of the statement will be mailed to the FASAB mailing list. It is also available on the FASAB Web site at [www.fasab.gov](http://www.fasab.gov) or by calling 202-512-7350.

#### FOR FURTHER INFORMATION CONTACT:

Wendy Comes, Executive Director, 441 G St., NW., Mail Stop 6K17V, Washington, DC 20548, or call (202) 512-7350.

**Authority:** Federal Advisory Committee Act. Pub. L. No. 92-463.

Dated: May 9, 2003.

**Wendy M. Comes,**

*Executive Director.*

[FR Doc. 03-12210 Filed 5-15-03; 8:45 am]

BILLING CODE 1610-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Agency for Toxic Substances and Disease Registry

[Program Announcement 03120]

### Applied Research on Antimicrobial Resistance: Characterization of Strains of Community-Associated MRSA; Notice of Availability of Funds; Amendment

A notice announcing the availability of Fiscal Year 2003 funds for a grant program to support applied research on antimicrobial resistance was published in the **Federal Register** dated May 5, 2003, Volume 68, Number 86, pages 23720-23722. The notice is amended as follows: Page 23721, first column, first paragraph, lines five through six, remove the phrase "Multi Locus Sub Typing" and replace with "Multi Locus Sequence Typing".

Dated: May 12, 2003.

**Sandra R. Manning,**

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

[FR Doc. 03-12238 Filed 5-15-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-77, CMS-1537, CMS-10067, CMS-R-200, CMS-R-247, CMS-1515/1572, and CMS-668B]

#### 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 (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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Limitation on Liability and Information Collection Requirements Referenced in 42 CFR 411.404, 411.406, and 411.408; *Form No.:* CMS-R-77 (OMB# 0938-0465); *Use:* The Medicare program requires to provide written notification of noncovered services to beneficiaries by the providers, practitioners and suppliers. The notification gives the beneficiary, provider, practitioner or supplier knowledge that Medicare will not pay for items or services mentioned in the notification. After this notification, any future claim for the same or similar services will not be paid by the program and the affected parties will be liable for the noncovered services.; *Frequency:* Other: as needed; *Affected Public:* Individuals or Households; *Number of Respondents:* 900,898; *Total Annual Responses:* 3,603,592; *Total Annual Hours:* 300,299.

2. *Type of Information Collection Request:* Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Medicare/Medicaid Hospital Survey Report Form and Supporting Regulations in 42 CFR 482.2 through 482.57; *Form No.:* CMS-1537 (OMB# 0938-0382); *Use:* Section 1861(e) of the Social Security Act (the Act) provides that hospitals participating in Medicare under the Act must meet specific requirements. These requirements are presented as Condition of Participation. State agencies must determine compliance with these conditions through the use of this report form.; *Frequency:* Other: 3-5 years; *Affected Public:* State, Local, or Tribal Government, Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 3323; *Total Annual Responses:* 3323; *Total Annual Hours:* 553.

3. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Pharmacy Plus Template for Low Income Seniors under Medicaid; *Form No.:* CMS-10067 (OMB# 0938-0889); *Use:* The template for the Pharmacy Plus program for low income seniors under Medicaid will enable states to apply, via a standard format, to provide a drug benefit to elderly recipients; use of this format

will expedite the process of obtaining CMS review and approval of an application; *Frequency:* Other: 3 years after initial submission for the 1915(c) waiver; 5 years after initial submission for the 1115 demonstration; *Affected Public:* State Government; *Number of Respondents:* 51; *Total Annual Responses:* 25; *Total Annual Hours:* 115.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Health Plan Employer Data and Information Set (HEDIS) and Health Outcome Survey (HOS) and supporting regulations at 42 CFR 422.152; *Form No.:* CMS-R-200 (OMB# 0938-0701); *Use:* The Centers for Medicare and Medicaid Services (formerly HCFA) collects quality performance measures in order to hold the Medicare managed care industry accountable for the care being delivered, to enable quality improvement, and to provide quality information to Medicare beneficiaries in order to promote informed choice. It is critical to CMS's mission that we collect and disseminate information that will help beneficiaries choose among health plans, contribute to improved quality of care through identification of improvement opportunities, and assist CMS in carrying out its oversight and purchasing responsibilities.; *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and Individuals or Households; *Number of Respondents:* 166,709; *Total Annual Responses:* 70,992; *Total Annual Hours:* 498,436.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Expanded Coverage for Diabetes Outpatient Self-Management Training Services and Supporting Regulations Contained in 42 CFR 410.141-410.145 and 414.63.; *Form No.:* CMS-R-247 (OMB# 0938-0818); *Use:* 42 CFR 410.141-410.145 and 414.63 provide for uniform coverage of diabetes outpatient self-management training services. These services include educational and training services furnished to a beneficiary with diabetes by an entity approved to furnish the services. The physician or qualified nonphysician practitioner treating the beneficiary's diabetes certifies that these services are needed as part of a comprehensive plan of care. The regulations set forth the quality standards that an entity is required to meet in order to participate in furnishing diabetes outpatient self-management training services.; *Frequency:* On occasion; *Affected*

*Public:* Business or other for-profit; *Number of Respondents:* 1708; *Total Annual Responses:* 6832; *Total Annual Hours:* 53,013.5.

6. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Home Health Agency Survey and Deficiencies Report, Home Health Functional Assessment Instrument and Supporting Regulations in 42 CFR Part 484.1-484.52; *Form No.:* CMS-1515/1572 (OMB# 0938-0355); *Use:* In order to participate in the Medicare program as a Home Health Agency (HHA) provider, the HHA must meet Federal Standards. These forms are used to record information about patients' health and provider compliance with requirements; *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 7,000; *Total Annual Responses:* 14,000; *Total Annual Hours:* 14,000.

7. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Post Laboratory Survey Questionnaire—Laboratory, and Supporting Regulations in 42 CFR 493; *Form No.:* CMS-668B (OMB# 0938-0653); *Use:* To provide an opportunity and a mechanism for CLIA laboratories surveyed by CMS or CMS' agent to express their satisfaction and concerns about the CLIA survey process; *Frequency:* Biennially; *Affected Public:* Business or other for-profit, Not-for-profit institutions; *Number of Respondents:* 22,500; *Total Annual Responses:* 11,250; *Total Annual Hours:* 2,813.

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/pr/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: May 8, 2003.

**Dawn Willingham,**

*CMS Reports Clearance Officer, Division of Regulations Development and Issuances, Office of Strategic Operations and Strategic Affairs.*

[FR Doc. 03-12227 Filed 5-15-03; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-R-38, CMS-R-30, CMS-1957, CMS-R-48, CMS-43, and CMS-R-143]

**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 currently approved collection; *Title of Information Collection:* Conditions for Coverage for Rural Health Clinics—42 CFR 491.9 Subpart A; *Form No.:* CMS-R-38 (OMB #0938-0334); *Use:* This information is needed to determine if rural health clinics meet the requirements for approval for Medicare Participation.; *Frequency:* Initial Application for Medicare approval; *Affected Public:* Business or other for-profit, State, Local, or Tribal Gov't., and not-for-profit institutions, Individuals or households, Farms, and Federal Government; *Number of Respondents:*

3,305; *Total Annual Responses:* 3,305; *Total Annual Hours:* 8,580.

2. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Information Collection Requirements in the Hospice Conditions for Coverage and supporting regulations in 42 CFR 418.22; 418.24; 418.28; 418.56(b),(e)(1), (e)(3); 418.58; 418.70(e); 418.83; 418.86(b); and 418.100(b).; *Form No.:* CMS-R-30 (OMB #0938-0302); *Use:* Establishes standards for hospices that wish to participate in the Medicare program. The regulations establish standards for eligibility, reimbursement standards, and procedure, and delineate conditions that hospices must meet to be approved for participation in Medicare.; *Frequency:* Record Keeping; On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 2,311; *Total Annual Responses:* 2,311; *Total Annual Hours:* 10,821,923.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* SSO Report of State Buy-In Problems and Supporting Regulation at 42 CFR 407.40; *Form No.:* HCFA-1957; *Use:* The HCFA-1957 is issued to assist with communications between the Social Security District Offices, Medicaid State Agencies and HCFA Central Offices in the resolution of beneficiary entitlement under state buy-ins. It is used when a problem arises which cannot be resolved thru normal data exchange. *Frequency:* On occasion; *Affected Public:* Individuals or Households, State, Local or Tribal Government; *Number of Respondents:* 3,000; *Total Annual Hours:* 1075.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Hospital COP—42 CFR 482.12, 482.13, 482.22, 482.27, 482.30, 482.41, 482.43, 482.53, 482.56, 482.57, 482.60, 482.61, 482.62, 482.66, 485.618, and 485.631; *Form No.:* CMS-R-48 (OMB # 0938-0328); *Use:* Hospitals seeking to participate in the Medicare and Medicaid programs must meet the Conditions of Participation (COP) for Hospitals, 42 CFR Part 482. The information collection requirements contained in this package are needed to implement the Medicare and Medicaid COP for hospitals.; *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Federal Government, State, Local, or Tribal Gov.; *Number of Respondents:* 6,017; *Total Annual Responses:* 6,017; *Total Annual Hours:* 4,798,575.40.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Application for Health Insurance Benefits Under Medicare for Individuals with Chronic Renal Disease and Supporting Regulations in 42 CFR 406.7 and .13; *Form No.:* 0938-0080; *Use:* The CMS-43 is used to establish entitlement to Medicare by individuals with End Stage Renal Disease; *Frequency:* One-time only; *Affected Public:* Individuals or Households, Federal Government, State, Local, or Tribal Gov.; *Number of Respondents:* 60,000; *Total Annual Responses:* 60,000; *Total Annual Hours:* 26,000.

6. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Analysis of Malpractice Premium Data; *Form No.:* CMS-R-143 (OMB #0938-0575); *Use:* Survey of medical liability insurers for use in computing the malpractice component of the geographic practice cost index and the malpractice relation value units.; *Frequency:* Every 3 years.; *Affected Public:* State, Local, or Tribal Gov't., Business or other for-profit, and not-for-profit insitutions; *Number of Respondents:* 50; *Total Annual Responses:* 50; *Total Annual Hours:* 150.

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/pr/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, Fax Number: (202) 395-6974.

Dated: May 8, 2003.

**Dawn Willingham,**

*CMS Reports Clearance Officer, Division of Regulations Development and Issuances, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 03-12228 Filed 5-15-03; 8:45 am]

**BILLING CODE 4120-03-P**