scales used in the questionnaire are original or modified versions of established scales that were developed for use with adolescents.

A better understanding of the linkages among dating violence, other peer violence, and suicidal behavior, and how these linkages differ by gender and age is needed to guide the selection, timing, and focus of prevention strategies. Ultimately, this information will guide CDC in designing programs that reduce multiple forms of violence among adolescents and young adults. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
6th Grade Students (Male/Female)	1,000	1	45/60	750
9th Grade Students (Male/Female)	1,000	1	45/60	750
12th Grade Students (Male/Female)	1,000	1	45/60	750
Total				2250

Dated: February 24, 2003.

Thomas Bartenfeld,

Acting Associate Director for Policy, Planning and Evaluation Centers for Disease Control and Prevention.

[FR Doc. 03–4737 Filed 2–27–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifiers: CMS–R–143]

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: Analysis of Malpractice Premium Data;

Form No.: CMS–R–143 (OMB #0938–0080);

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'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, 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 Willinghan, Room: C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: February 20, 2003.

John P. Burke III,

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

[FR Doc. 03–4694 Filed 2–27–03; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1245–N]

Medicare Program; Request for Nominations to the Advisory Panel on Ambulatory Payment Classifications Groups

AGENCY: Centers for Medicare & Medicaid Services, Department of Health & Human Services.

ACTION: Notice.

SUMMARY: This notice invites nominations of members to the Advisory Panel on Ambulatory Payment Classification (APC) Groups (the Panel). There will be six vacancies on the Panel as of March 31, 2003. The purpose of the Panel is to review the APC groups and their associated weights and to advise the Secretary of Health and Human Services and the Administrator of the Centers for Medicare & Medicaid Services concerning the clinical integrity of these groups and weights, which are major elements of the hospital outpatient prospective payment system. The Panel was recently rechartered for a 2-year period through November 21, 2004.

Nominations: Nominations will be considered if received at the appropriate address, which is provided below, no later than 5 p.m. e.s.t. March 31, 2003. Mail or deliver nominations to the following address: CMS, Center for Medicare Management, Hospital & Ambulatory Policy Group, Division of Outpatient Care, Attention: Paul Rudolf, M.D., J.D., Chairman, Advisory Panel on APC Groups, 7500 Security Boulevard, Mail Stop C4–05–17, Baltimore, MD 21244–1850.

Web Site: Please refer to the Internet at *http://www.cms.gov/faca* for additional information and updates on the Panel's activities.

Advisory Committees' Information Lines: Information Hotlines at 1–877–449–5659 (toll-free) or 410–786–9379 (local) for additional information.

FOR FURTHER INFORMATION CONTACT: Shirl Ackerman-Ross, at *SAckermanross@cms.hhs.gov* or call her on (410) 786–4474. News media representatives should contact the CMS Press Office, (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of Health and Human Services (the Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act), as amended by section 201(h)(1)(B) and redesignated by section 202 (a)(2) of the Balanced Budget Refinement Act of 1999 (Pub. L. 106–113), to consult with an advisory panel on APC groups (the Panel). The Panel will meet up to three times annually to review the APC groups and provide technical advice to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (the Administrator) concerning the clinical integrity of the groups and their associated weights. The groups and their weights are major elements of the hospital outpatient prospective payment system (OPPS). The technical advice provided by the Panel will be considered as we prepare the annual Notice of Proposed Rulemaking that will propose changes to the OPPS for the next calendar year.

The current members of the Panel are: Michelle Burke, R.N.; Leslie Jane Collins, R.N.; Geneva Craig, R.N.; Lora A. DeWald, M.ED; Gretchen M. Evans, R.N.; Robert E. Henkin, M.D.; Lee H. Hilborne, M.D.; Stephen T. House, M.D.; Kathleen P. Kinslow, CRNA, Ed.D; Mike Metro, R.N.; Gerald V. Naccarelli, M.D; Beverly K. Philip, M.D.; Karen L. Rutledge, B.S.; William A. Van Decker, M.D., J.D., and Paul E. Wallner, D.O. The Panel Chairperson is Paul M. Rudolf, M.D, J.D., a CMS Medical officer.

The charter allows for up to 15 members plus a Chair, and we will have 6 openings as of March 31, 2003. Therefore, we are requesting nominations for members to serve on the Panel. Panel members serve without compensation, pursuant to advance written agreement; however, travel, meals, lodging, and related expenses will be reimbursed in accordance with standard government travel regulations. We have a special interest for ensuring that women, minorities, and the physically challenged are adequately represented on the Panel, and we encourage nominations of qualified candidates from those groups.

The Secretary, or his designee, will appoint new members to the Panel from among those candidates determined to have the required expertise; new appointments will be done in a manner that will ensure an appropriate balance of membership.

II. Criteria for Nominees

Qualified nominees will meet those requirements necessary to be a Panel member. Panel members must be representatives of Medicare providers (including Community Mental Health Centers) subject to the OPPS, with technical and/or clinical expertise in any of the following areas:

- Hospital payment systems.
- Hospital medical care delivery systems.
- Outpatient payment requirements.
- Ambulatory payment classification groups.
- Use of, and payment for, drugs and medical devices in an outpatient setting.
- Provision of, and payment for, partial hospitalization services.
- Any other relevant expertise.

It is not necessary that any nominee possess expertise in all of the areas listed, but each must have a minimum of 5 years experience and currently be employed full-time in his or her area of expertise. Members of the Panel serve overlapping 4-year terms, contingent upon the rechartering of the Panel.

Any interested person may nominate one or more qualified individuals. Self-nominations will also be accepted. Each nomination must include a letter of nomination, a curriculum vita of the nominee, and a statement from the nominee that the nominee is willing to serve on the Panel under the conditions described in this notice and further specified in the Charter.

III. Copies of the Charter

You may obtain a copy of the charter for the Panel by submitting a request to Shirl Ackermann-Ross, CMS, CMM, HAPG, DOC, 7500 Security Boulevard, Mail Stop C4–05–17, Baltimore, MD 21244, (410) 786–4474, or e-mail the request to *SAckermanross@cms.hhs.gov*. A copy of the charter is also available on the Internet at *http://www.cms.hhs.gov/faca.*

Authority: Section 1833(t)(9)(A) of the Social Security Act (42 U.S.C. 13951(t)(9)(A)) and section 10(a) of Pub. L. 92–463 (5 U.S.C. App. 2).

Dated: February 25, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 03–4804 Filed 2–27–03; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[CMS–2165–N]

Medicaid Program; Infrastructure Grant Program To Support the Competitive Employment of People With Disabilities

AGENCY: Centers for Medicare and Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the availability of funding, through grants, for eligible States under section 203 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWIIA). The grant program is designed to assist States in developing infrastructures to support the competitive employment of people with disabilities by extending necessary Medicaid coverage to these individuals. This notice also contains pertinent information where States may apply for the grant program.

A total of $35 million has been appropriated by the legislation for the infrastructure grant program for fiscal year 2004. In addition, amounts that were appropriated under section 203 of TWWIIA for previous fiscal years but which were not awarded to States are available for these awards in 2004.

We expect to award approximately 50 grants. This includes new as well as continuation grants. Award amounts will be between $500,000 and $1.5 million. There is no State match or cost sharing associated with this grant solicitation. Criteria for evaluating these applications will be listed in the grant solicitation (Web site address listed below).

Who May Apply: State Agencies.

DATES: *Deadline for Letter of Intent to Apply:* States are encouraged to submit a notice of intent to apply for a grant no later than May 2, 2003. Submission of your letter of intent is optional and will not affect the approval of your application.

Date of Applicant's Teleconference: States interested in participating in a teleconference regarding this grant solicitation should check the Ticket to Work Web site listed below for the date and time.