

identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

Your application will be evaluated against the following criteria: Evaluation Criteria (100 points total).

**1. Goals and Objectives (30 points)**

The extent to which the applicant's plan for achieving the proposed activities appears realistic, feasible and relates to the programmatic requirements and purposes of this program announcement, including the degree to which short-term (one year) and long-term (three year) objectives are specific, time-phased, measurable, realistic and related to identified needs.

**2. Project Management and Staffing (20 points)**

The degree to which proposed staffing, organizational structure, staff experience and background, training needs or plan, job descriptions and curricula vitae for both proposed and current staff indicate past experience in carrying out similar programs, and the ability to carry out the purposes of the current program.

**3. Method (20 points)**

The extent to which the applicant describes the methodologies for carrying out the recipient activities as outlined in the program requirements with a corresponding timeline for the completion of each major activity.

**4. Evaluation Plan (20 points)**

The extent to which the proposed evaluation plan addresses progress toward meeting goals and objectives, assesses impact, and appears to be reasonable and feasible.

**5. Background and Need (10 points)**

The extent to which the applicant describes the chronic disease burden and specific needs related to the purpose of this program announcement.

**6. Budget and Justification (Not scored)**

The extent to which the budget is reasonable and consistent with the purpose and activities of the program.

**V.2. Review and Selection Process**

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff, and for responsiveness by program staff.

Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that their application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

**V.3. Anticipated Announcement Award Date**

March 1, 2004.

**VI. Award Administration Information**

**VI.1. Award Notices**

Successful applicants will receive a Notice of Grant Award (NGA) from the CDC Procurement and Grants Office. The NGA shall be the only binding, authorizing document between the recipient and CDC. The NGA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

**VI.2. Administrative and National Policy Requirements**

45 CFR part 74 and part 92. For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

The following additional requirements apply to this project: AR-10 Smoke-Free Workplace Requirements; AR-11 Healthy People 2010; AR-12 Lobbying Restrictions; AR-15 Proof of Non-Profit Status.

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 the 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. Financial status report and annual progress report, no more than 90 days after the end of the budget period.

3. 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 the announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For program technical assistance, contact: Jennifer Tucker, 4770 Buford Highway, MS K-40, Atlanta, GA 30341, Telephone: 770-488-6454, E-mail: [jrt5@cdc.gov](mailto:jrt5@cdc.gov).

For business management and budget assistance, contact: Tracey Sims, Contract Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2739, E-mail: [atu9@cdc.gov](mailto:atu9@cdc.gov).

Dated: December 22, 2003.

**Sandra R. Manning,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

**[Document Identifier: CMS-10000, CMS-10091 and CMS-10028A, B, and C]**

**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:* Medicare Consumer Assessment of Health Plan Survey-Fee for Service (CAHPS-FFS); *Form No.:* CMS-10000 (OMB# 0938-0796); *Use:* Under the Balanced Budget Act of 1997, CMS is required to provide general and plan comparative information to beneficiaries that will help them make more informed plan choices. A CAHPS fee-for-service survey is needed to provide information comparable to those data collected from the CAHPS managed care survey; *Frequency:* Annually; *Affected Public:* Individuals or Households; *Number of Respondents:* 142,920; *Total Annual Responses:* 142,920; *Total Annual Hours:* 47,640.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* UPIN (Unique Physician Identification Number) Participating Physicians Directory; *Form No.:* CMS-10091 (OMB# 0938-0905); *Use:* In November of 2000, CMS launched the Participating Physicians Directory on <http://www.medicare.gov>. This particular directory was created to provide beneficiaries with the names, addresses, and specialties of Medicare participating physicians who have agreed to accept assignment on all Medicare claims and covered services. CMS is adding information from already existing sources; in addition, CMS wants to collect a new data element "Accepting New Patients Indicator" which is essential to a beneficiary's search for a physician; *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 10,980; *Total Annual Responses:* 10,980; *Total Annual Hours:* 915.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* State Health Insurance Assistance Program (SHIP) Client Contact Form, Public and Media Activity Form, and Resource Report; *Form No.:* CMS-10028A, B, C (OMB#

0938-0850); *Use:* The State Health Insurance Assistance Program (SHIP) Client Contract form will be completed by SHIP counselors at each counseling event in order to collect SHIP performance data. This data will then be accumulated and analyzed to measure SHIP performance; *Frequency:* Semi-annually and annually; *Affected Public:* State, Local, or Tribal Government, Not-for-profit institutions, and Federal Government; *Number of Respondents:* 12,000; *Total Annual Responses:* 1,000,000; *Total Annual Hours:* 116,747.

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@hcf.gov](mailto:Paperwork@hcf.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: December 18, 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.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-39, CMS-R-243, CMS-R-131, and CMS-10103]

### 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:* Home health Medicare Conditions of Participation (CoP) Information Collection Requirements and Supporting Regulations in 42 CFR 484.10, 484.12, 484.14, 484.16, 484.18, 484.36, 484.48, and 484.52; *Form No.:* CMS-R-39 (OMB# 0938-0365); *Use:* 42 CFR 484 outlines Home Health Agency Medicare CoP to ensure HHAs meet the Federal patient health and safety regulations; *Frequency:* Annually; *Affected Public:* Business or other for-profit, not-for-profit institutions, Federal Government, and State, Local or Tribal Government; *Number of Respondents:* 7,122; *Total Annual Responses:* 7,122; *Total Annual Hours:* 854,891.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Agreement Application, Health Care Prepayment Plan and Supporting Regulations in 42 CFR 417.800-417.840.; *Form No.:* CMS-R-243 (OMB# 0938-0768); *Use:* An organization must meet certain requirements to be a Health Care Prepayment Plan that is eligible for a Medicare Section 1833 agreement. The application is the collection form to obtain the information from an organization that would allow CMS staff to determine compliance with the regulations.; *Frequency:* One-time Submission; *Affected Public:* Business or other for-profit, not-for-profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 15; *Total Annual Responses:* 15; *Total Annual Hours:* 1,125.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Advanced Beneficiary Notice and Supporting Regulations in 42 CFR 411.404, 411.406, and 411.408.; *Form No.:* CMS-R-131 (OMB# 0938-0566); *Use:* Physicians, practitioners, suppliers, and providers