

institutions; *Number of Respondents*: 200; *Total Annual Responses*: 200; *Total Annual Hours*: 8,000.

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: The State Children's Health Insurance Program and Supporting Regulations in 42 CFR 431.636, 457.50, 457.60, 457.70, 457.340, 457.350, 457.431, 457.440, 457.525, 457.560, 457.570, 457.740, 457.750, 457.810, 457.940, 457.945, 457.965, 457.985, 457.1005, 457.1015, and 457.1180; *Form No.*: CMS-R-308 (OMB# 0938-0841); *Use*: States are required to submit title XXI plans and amendments for approval by the Secretary pursuant to section 2102 of the Social Security Act in order to receive funds for initiating and expanding health insurance coverage for uninsured children. States are also required to submit State expenditure and statistical reports, annual reports and State evaluations to the Secretary as outlined in title XXI of the Social Security Act and furnish assorted notices to recipients; *Frequency*: Annually; *Affected Public*: State, Local, or Tribal Government; *Number of Respondents*: 426; *Total Annual Responses*: 12,629,586; *Total Annual Hours*: 864,973.

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://www.cms.hhs.gov/regulations/prr/>, 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: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 18, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*  
[FR Doc. 04-14538 Filed 6-24-04; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-2189-CN]

RIN 0938-ZA46

### Medicaid Program; Real Choice Systems Change Grants; Correction Notice

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

**ACTION**: Notice; correction.

**SUMMARY**: This document corrects technical errors that appeared in the notice published in the **Federal Register** on May 18, 2004 entitled "Medicaid Program; Real Choice Systems Change Grants."

**DATES**: *Effective Date*: May 18, 2004.

**FOR FURTHER INFORMATION CONTACT**: Mary Guy, (410) 786-2772.

#### SUPPLEMENTARY INFORMATION:

#### I. Background

In FR Doc. 04-11241 of May 18, 2004 (69 FR 28133), there were technical errors that are identified and corrected in the Correction of Errors section below. The provisions in this correction notice are effective as if they had been included in the document published May 18, 2004. Accordingly, the corrections are effective May 18, 2004.

#### II. Correction of Errors

In FR Doc. 04-11241 of May 18, 2004 (69 FR 28133), make the following corrections:

1. On page 28139, in column 2, "Application Deadline," of the table entitled, "Table of Real Choice Systems Change Grants—FY 2004," "OFR—Insert 60 days after the date of publication in the **Federal Register**" is removed, and "July 19, 2004" is added in its place wherever it appears.

2. On page 28140, in column 2, "Application Deadline," of the table entitled, "Table of Real Choice Systems Change Grants—FY 2004," "OFR—Insert 60 days after the date of publication in the **Federal Register**" is removed, and "July 19, 2004" is added in its place wherever it appears.

#### III. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a notice such as this take effect. We can waive this procedure, however, if we find good cause that a notice and comment procedure is impracticable,

unnecessary, or contrary to the public interest and incorporate a statement of the finding and its reasons in the notice issued.

We find it unnecessary to undertake notice and comment rulemaking because this notice merely provides technical corrections and does not make any substantive policy changes. Therefore, for good cause, we waive notice and comment procedures.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: June 16, 2004.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid.*

[FR Doc. 04-14053 Filed 6-24-04; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-9022-N]

### Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January 2004 Through March 2004

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

**ACTION**: Notice.

**SUMMARY**: This notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from January 2004 through March 2004, relating to the Medicare and Medicaid programs. This notice provides information on national coverage determinations affecting specific medical and health care services under Medicare. Additionally, this notice identifies certain devices with investigational device exemption (IDE) numbers approved by the Food and Drug Administration (FDA) that potentially may be covered under Medicare. Finally, this notice also includes listings of all approval numbers from the Office of Management and Budget for collections of information in CMS regulations.

Section 1871(c) of the Social Security Act requires that we publish a list of Medicare issuances in the **Federal Register** at least every 3 months. Although we are not mandated to do so by statute, for the sake of completeness of the listing, and to foster more open and transparent collaboration efforts, we are also including all Medicaid