

ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument—New—Public Health Practice Program Office (PHPPPO), Centers for Disease Control and Prevention (CDC).

Since 1998, the CDC National Public Health Performance Standards Program

has convened workgroups with the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the ten Essential Services of Public Health. In the Spring of 2001, CDC conducted field tests with the local public health governance instruments in the state of Massachusetts.

CDC is now proposing to implement a voluntary data collection to assess the capacity of local boards of health to deliver the Essential Public Health Services. This data collection will

provide a framework for local boards of health to evaluate their effectiveness. Electronic data submission will be the method of choice. If computer technology in local jurisdictions does not support electronic submission, hard copy survey instruments will be available. Local jurisdictions using hard copy survey instruments will receive assistance from State or local level field coordinators for web-based data entry.

Local boards of health will respond to the survey. An estimated 33% of approximately 3,200 United States local boards are expected to participate in the National Performance Standards Program per year.

There are no costs to respondents. The burden hours are estimated to be 30,198.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Local Boards of Health Year 1 .....	1,066	1	10	10,660
Local Boards of Health Year 2 .....	1,066	1	10	10,660
Local Boards of Health Year 3 .....	1,066	1	10	10,660
<b>Total</b> .....	.....	.....	.....	<b>30,198</b>

Dated: February 13, 2002.

**John Moore,**

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

[FR Doc. 02-4371 Filed 2-22-02; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-10036]

**Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Centers for Medicare and Medicaid Services.

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.

*Type of Information Collection Request:* Revision of a currently approved collection;

*Title of Information Collection:* Inpatient Rehabilitation Assessment Instrument and Data Set for PPS for Inpatient Rehabilitation Facilities and Supporting Regulations in 42 CFR, Parts 412 and 413;

*Form No.:* CMS-10036 (OMB# 0938-0842);

*Use:* This is a request to use the IRF-PAI and its supporting manual for the implementation phase of the inpatient rehabilitation PPS. There have been no revisions or modifications to the instrument; however, this submission includes the current manual/instructions which has been revised. Use of this instrument will enable CMS to implement a classification system and payment system for the Legislatively mandated inpatient rehabilitation hospital and exempt units Prospective Payment System (PPS);

*Frequency:* On occasion;

*Affected Public:* Business or other for-profit, and Not-for-profit institutions;

*Number of Respondents:* 359,000;

*Total Annual Responses:* 359,000;

*Total Annual Hours:* 269,250.

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.hcfa.gov/regs/prdact95.htm>, 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 Information Services, Security and Standards Group, Division of CMS Enterprise Standards, Attention: Dawn Willingham, CMS-10036, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 14, 2002.

**John P. Burke, III,**

*Reports Clearance Officer, Security and Standards Group, Division of CMS Enterprise Standards.*

[FR Doc. 02-4358 Filed 2-22-02; 8:45 am]

**BILLING CODE 4120-03-P**