IV. General Information

The Open Door Forum will be held in a Federal government building; therefore, Federal measures are applicable.

In planning your arrival time, we recommend allowing additional time to clear security. In order to gain access to the building and grounds, participants must bring a government issued photo identification. Access may be denied to persons without proper identification.

Security measures also include inspection of vehicles, inside and out, at the entrance to the grounds. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS, whether personal or for the purpose of demonstration or to support a presentation, are subject to inspection. We cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety, or timely arrival of any personal belongings or items used for demonstration or to support a presentation.

Please note that smoking is not permitted anywhere on the CMS single site campus.

Special Accommodations: Persons attending the meeting who are hearing or visually impaired and have special requirements, or a condition that requires special assistance or accommodations, must provide this information upon registering for the meeting.

Authority: Sections 1860D–23, 1860D–24, and 1860D–2 of the Social Security Act, as amended by the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) (Pub. L. 108–173)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 8, 2004.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 04–20689 Filed 9–13–04; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions, and Delegations of Authority for Region II

This Notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), Administration for Children and Families (ACF) as follows: Chapter KD, the Regional Offices of the Administration for Children and Families for: Region II, as last amended (68 FR 65291–65303) November 19, 2003. This Notice announces the restructuring of the Office of State and Youth Programs. The Office is comprised of three Divisions: Self-Sufficiency Programs Division, Child Support Enforcement Division and Youth and Family Services Division which are headed by Program Managers who report directly to the Regional Administrator; this eliminates the Assistant Regional Administrator's position. In addition, the Office of Early Childhood Programs renamed their two Divisions: Head Start Division A; and Head Start Division B.

I. Chapter KD is amended as follows:

Region II, New York Office of ACF

A. Delete KD2.20 Functions, Paragraph C, in its entirety and replace with the following:

C. The Office of State and Youth Programs is comprised of three Divisions: Self-Sufficiency Programs Division; Child Support Enforcement Division and Youth and Family Services Division. The Divisions are headed by Program Managers who report directly to the Regional Administrator. The Office of State and Youth Programs is responsible for providing centralized program, financial management and technical administration of certain ACF formula, entitlement, block and discretionary programs, such as Temporary Assistance for Needy Families (TANF), Child Care Development Fund, Child Support, Child Welfare, Foster Care and Adoption Assistance, Child Abuse and Neglect, and Runaway and Homeless Youth.

The Office represents the Regional Administrator in dealing with the ACF central office, states and grantees on all program and financial management policy matters for programs under its jurisdiction. It alerts the Regional Administrator to problems or issues that have significant implications for the programs.

B. Delete KD2.20 Functions, Paragraph D, in its entirety and replace with the following:

D. The Office of Early Childhood Programs is headed by an Assistant Regional Administrator who reports to the Regional Administrator and consists of: Head Start Division A; and Head Start Division B.

The Office is responsible for providing a centralized program, financial management and technical administration of certain ACF formula, entitlement, and discretionary programs, such as Head Start and Early Head Start Programs, and Developmental Disabilities.

The Office represents the Regional Administrator in dealing with ACF central office, states and grantees on all program and financial management policy matters for programs under its jurisdiction. It alerts the Regional Administrator to problems or issues that have significant implications for the programs.

Dated: September 2, 2004.

Wade F. Horn,

Assistant Secretary for Children and Families.

[FR Doc. 04–20694 Filed 9–13–04; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the OMB for review under the Paperwork Reduction Act of 1995:

Proposed Project: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act: CARE Act Data Report (CADR) Form: (OMB No. 0915–0253)—Revision

The CADR form was created in 1999 by HRSA's HIV/AIDS Bureau. It is designed to collect information from grantees and their subcontracted service providers, who are funded under Titles I, II, III, and IV of the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Amendments of 1996 and 2000 (codified under Title XXVI of the Public Health Service Act). All Titles of the CARE Act specify HRSA's responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality of care. Accurate records of the

providers receiving CARE Act funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities. CARE Act grantees are required to report aggregate data to HRSA annually. The CADR form is used by grantees and their subcontracted service providers to report data on seven different areas: service provider information, client information, counseling and testing services, medical services and other services provided, clients served, demographic information, and the Health Insurance Program. The primary purposes of the CADR are to: (1) Characterize the organizations from which clients receive services; (2) provide information on the number and characteristics of clients who receive CARE Act services; and, (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to the Congress, clients, advocacy groups, and the general public, information collected on the CADR is critical for HRSA, State, and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The burden estimate for grantees is as follows:

Grantees funded by Title	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Title I only	51	1	51	40	2,040
Title II only	59	1	59	40	2,360
Title III only	365	1	365	20	7,300
Title IV only	90	1	90	20	1,800
Subtotal	565				13,500

The burden estimate for service providers is as follows:

Service providers by grantee funding	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Title I only	976	1	976	26	25,376
Title II only	857	1	857	26	22,282
Title III only	166	1	166	44	7,304
Title IV only	122	1	122	42	5,124
Multiple Titles	681	1	681	50	34,050
Subtotal	2,802	1			94,136
Total	3,367				107,636

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 8, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04–20620 Filed 9–13–04; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; The Multi-Ethnic Study of Atherosclerosis (MESA)

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval the information collection listed below. This proposed information collection was previously published in the **Federal Register** on June 21, 2004, pages 34375–34376, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: The Multi-Ethnic Study of Atherosclerosis. *Type of Information Collection Request:* Reinstatement of a currently approved collection (OMB No. 0925–0493). *Need and Use of Information Collection:* This study will identify and quantify factors associated with the presence and progression of subclinical cardiovascular disease (CVD)—that is, atherosclerosis and other forms of CVD that have not produced signs and symptoms. The findings will provide important information on subclinical CVD in individuals of different ethnic backgrounds and provide information for studies on new interventions to prevent CVD. The aspects of the study that concern direct participant evaluation received a clinical exemption from OMB clearance (CE–99–11–08) in April 2000. OMB clearance is being sought for the contact of physicians and participant proxies to obtain information about clinical CVD events that participants experience during the follow-up period. *Frequency of Response:* Once per CVD event. *Affected Public:* Individuals. *Type of Respondents:* Physicians and selected proxies of individuals recruited for MESA. The annual reporting burden is as follows: *Estimated Number of Respondents:* 555; *Estimated Number of*