

minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* CLIA Budget Workload Reports and Supporting Regulations in 42 CFR 493.1-.2001; *Form No.:* HCFA-102/105 (OMB#0938-0599); *Use:* This information will be used by HCFA to determine the amount of Federal reimbursement for compliance surveys. In addition, the HCFA 102/105 is used for program evaluation, budget formulation and budget approval.; *Frequency:* Quarterly and Annually; *Affected Public:* State, local or tribal government; *Number of Respondents:* 50; *Total Annual Responses:* 50; *Total Annual Hours:* 4,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA'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 HCFA 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 HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: Julie Brown, HCFA-102/105, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 18, 2001.

John P. Burke, III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 01-16140 Filed 6-26-01; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-10035]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the

Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the 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: New Collection;

Title of Information Collection: Collection of Data on Quality Indicators for Congestive Heart Failure Submitted by Medicare+Choice Organizations Requesting Extra Payments in CY2002 and CY2003 and Supporting Regulations in 42 CFR, 422.152(b)(2);

Form No.: HCFA-10035 (OMB# 0938-NEW);

Use: HCFA requires Congestive Heart Failure (CHF) quality indicator performance data from qualifying Medicare+Choice organizations opting to receive extra payments for CY2002 and CY2003. This collection will collect the necessary data to assess the need for extra payments.;

Frequency: Annually;

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

Number of Respondents: 125;

Total Annual Responses: 125;

Total Annual Hours: 11.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's web site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address and phone number, 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 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 5, 2001.

John P. Burke, III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 01-16138 Filed 6-26-01; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-3072-PN]

Medicare Program; Application by the American Diabetes Association (ADA) for Recognition as a National Accreditation Program for Accrediting Entities to Furnish Outpatient Diabetes Self-Management Training

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed notice.

SUMMARY: In this proposed notice, we announce the receipt of an application from the American Diabetes Association (ADA) for recognition as a national accreditation program for accrediting entities that wish to furnish outpatient diabetes self-management training to Medicare beneficiaries. Section 1865(b)(3) of the Social Security Act requires that the Secretary publish a notice identifying the national accreditation body making the request, describing the nature of the request, and providing at least a 30-day public comment period.

DATES: We will consider comments if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 27, 2001.

ADDRESSES: In commenting, please refer to file code HCFA-3072-PN. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. Mail written comments (one original and three copies) to the following address ONLY: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-3072-PN, P.O. Box 8016, Baltimore, MD 21244-8016.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays.

If you prefer, you may deliver (by hand or courier) your written comments (one original and three copies) to one of the following addresses: Room 443-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room C5-16-03, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Comments mailed to the above addresses may be delayed and received too later for us to consider them.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Joan A. Brooks, (410) 786-5526.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Health Care Financing Administration, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone (410) 786-7195 or (410) 786-5241.

I. Background

Under the Medicare program, eligible beneficiaries may receive outpatient diabetes self-management training when ordered by the physician (or qualified nonphysician practitioner) treating the beneficiary's diabetes, provided certain requirements are met. We sometimes use national accrediting organizations to determine whether an entity meets some or all of the requirements that are necessary to provide a service for which Medicare payment can be made. Accreditation is authorized by section 1865 of the Social Security Act (the Act) and our regulations in 42 CFR part 410, subpart H.

Under section 1865(b)(1) of the Act, a national accreditation organization must have an agreement in effect with the Secretary and meet the standards and requirements specified by the Secretary in part 410, subpart H. The regulations pertaining to application procedures for national accreditation organizations for diabetes self-management training services are at § 410.142 (HCFA process for approving national accreditation organizations). A national accreditation organization applying for deeming authority must provide us with reasonable assurance that the accrediting organization requires accredited entities to meet requirements that are at least as stringent as HCFA's. We may approve and recognize a nonprofit or not-for-profit organization with demonstrated experience in representing the interests of individuals with diabetes to accredit entities to furnish training. The accreditation organization, after being approved and recognized by HCFA, may accredit an entity to meet one of the sets of quality

standards in § 410.144 (Quality standards for deemed entities).

Section 1865(b)(1) of the Act, provides that if the Secretary finds that accreditation of an entity by a national accreditation body demonstrates that all of the applicable conditions and requirements are met or exceeded, the Secretary shall deem those entities as meeting the applicable Medicare requirements. Section 1865(b)(2) of the Act further requires that the Secretary's findings consider the applying accreditation organization's requirements for accreditation, its survey procedures, its ability to provide adequate resources for conducting required surveys and its ability to supply information for use in enforcement activities, its monitoring procedures for entities found out of compliance with the conditions or requirements, and its ability to provide the Secretary with necessary data for validation. The Secretary then examines the national accreditation organization's accreditation requirements to determine if they meet or exceed the Medicare conditions as we would have applied them. Section 1865(b)(3)(A) of the Act requires that the Secretary publish within 60 days of receipt of a completed application, a notice identifying the national accreditation body making the request, describing the nature of the request, and providing at least a 30-day public comment period. In addition, the Secretary has 210 days from receipt of the request to publish a finding of approval or denial of the application. If the Secretary recognizes an accreditation organization in this manner, any entity accredited by the national accreditation body's HCFA-approved program for that service will be "deemed" to meet the Medicare conditions of coverage.

II. Purpose

The purpose of this notice is to notify the public of the American Diabetes Association's (ADA's) request for the Secretary's approval of its accreditation program for outpatient diabetes self-management training services. This notice also solicits public comments on the ability of the ADA to develop and apply its standards to entities furnishing outpatient diabetes self-management training services that meet or exceed the Medicare conditions for coverage.

III. Outpatient Diabetes Self-Management Training Services

Conditions for Coverage and Requirements

The regulations specifying the Medicare conditions for coverage for outpatient diabetes self-management

training services are located in 42 CFR part 410, subpart H. These conditions implement section 1861(qq) of the Act, which provides for Medicare Part B coverage of outpatient diabetes self-management training services specified by the Secretary.

Under section 1865(b)(2) of the Act and our regulations at §§ 410.142 (HCFA process for approving national accreditation organizations) and 410.143 (Requirements for approved accreditation organizations), we review and evaluate a national accreditation organization based on (but not necessarily limited to) the criteria set forth in § 410.142(b).

We may visit the prospective organization's offices to verify information in the organization's application, including, but not limited to, review of documents, and interviews with the organization's staff. We may conduct onsite inspection of a national accreditation organization's operations and office to verify information and assess the organization's compliance with its own policies and procedures. The onsite inspection may include, but is not limited to, reviewing documents, auditing documentation of meetings concerning the accreditation process, evaluating accreditation results or the accreditation status decisionmaking process, and interviewing the organization's staff.

IV. Notice Upon Completion of Evaluation

Upon completion of our evaluation, including evaluation of comments received as a result of this notice, we will publish a notice in the **Federal Register** announcing the result of our evaluation.

V. Responses to Public Comments

Because of the large number of comments we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this notice and will respond to them in a forthcoming rulemaking document.

In accordance with the provisions of Executive Order 12866, the Office of Management and Budget did not review this notice.

Authority: Section 1865 of the Social Security Act (42 U.S.C. 1395bb). (Catalog of Federal Domestic Assistance Program No. 93.773 Medicare-Hospital Insurance Program; and No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: June 17, 2001.

Thomas A. Scully, Administrator,
Health Care Financing Administration.
 [FR Doc. 01-16025 Filed 6-26-01; 8:45 am]
 BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of a Cooperative Agreement to Develop and Manage a Program for Faculty Leadership in Interdisciplinary Education to Promote Patient Safety (FLIEPPS)

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a Cooperative Agreement for fiscal year (FY) 2001 to Develop and Manage a Program for Faculty Leadership in Interdisciplinary Education to Promote Patient Safety (FLIEPPS).

The purpose of this Cooperative Agreement is to develop a "train the trainers" program to create nurse and physician faculty leaders in interdisciplinary education specifically directed toward enhancing patient safety. Graduates of the program could then lead in the training of other faculty in curricula and techniques in interdisciplinary education to promote patient safety. The ultimate goal of this program is to bridge the separate cultures of practice in medicine and nursing by expanding numbers of professionals who are trained to work together in teams to improve systems for safe patient care and to prevent errors.

Authorizing Legislation

This Cooperative Agreement is solicited under the following authorities of titles VII and VIII of the Public Health Service (PHS) Act: (1) Section 747, as amended, which authorizes grants for training of physicians who plan to teach in training programs for primary care medicine (family medicine, general internal medicine, general pediatrics, and/or geriatrics); and (2) section 811, as amended, which authorizes grants to strengthen programs that enhance advanced nurse education and practice.

The Federal role in the conduct of this Cooperative Agreement is substantial and will be maintained by the Bureau of Health Professions (BHPr) staff through technical assistance and guidance to the awardee considerably beyond the normal stewardship responsibilities in the administration of grant awards. This Federal role may include any or all of the following:

(a) Technical assistance and participation in the planning, development, and implementation of all phases of the program, including consultation about contracts and agreements developed during the implementation of the program, all curricula developed for the program, content and staffing of training workshops, and the development of an evaluation plan for the project which would be initiated at its inception;

(b) Assistance with identification of Federal and other organizations with whom collaboration is essential in order to further the Cooperative Agreement mission and to develop specific strategies to support the work of these related activities;

(c) Participation in the development of funding projections;

(d) Participation in the development of data collection systems and procedures;

(e) Participation in appropriate meetings, committees, subcommittees, and working groups related to the Cooperative Agreement and its projects as well as site visits.

The successful applicants will be included in the overall program activities of the Department of Health and Human Services (HHS) in patient safety and will participate in the programs and support services that will be offered by the Patient Safety Research Coordinating Center supported under a contract from the Agency for Healthcare Research and Quality (AHRQ). The Cooperative Agreements are part of an overall HHS funding effort to improve patient safety research, demonstration and education through a series of RFAs and Cooperative Agreements (related RFAs are listed at www.ahrq.gov, particularly the AHRQ Patient Safety Research Dissemination and Education RFA that was published on April 23, 2001).

Availability of Funds

Up to \$400,000 will be available in FY 2001 to fund one award for the first year. Funding may be continued to complete a 3-year total project period. It is expected that the award will be made on or before September 30, 2001. Support beyond the first year of the project period will be based on the achievement of satisfactory progress and the availability of funds.

Background

In September 2000, shortly after the Institute of Medicine (IOM) published its widely discussed report: "To Err is Human: Building a Safer Health System" (Kohn, Corrigan and Donaldson, National Academy Press,

Washington, DC, 2000), the Council on Graduate Medical Education (COGME) and the National Advisory Council on Nurse Education and Practice (NACNEP) jointly focused on nurse-physician collaboration in a report entitled, "Collaborative Education Models to Ensure Patient Safety." COGME-NACNEP joint recommendations stressed the need for changing the norms of professional education and practice so that physicians and nurses would function as part of collaborative teams to improve patient safety and the overall quality of care. COGME and NACNEP are charged with advising and reporting to the Secretary of HHS and the Congress on workforce, education, and practice improvement policies.

These joint Advisory Council recommendations highlighted the critical importance of developing educational leaders in interdisciplinary education to promote patient safety to effect positive changes toward developing systems of care that stress professional collaboration and teamwork.

This Cooperative Agreement requests the planning, development, and implementation of interdisciplinary educational and training programs for the education of physicians and nurses directed toward improving patient safety. This will involve the development of formal curricula in interdisciplinary leadership and training in interdisciplinary teamwork focused on building safer systems of patient care. Curricula must include both didactic and experiential learning (in both simulations and practice settings) with each team being supported by a mentor. In particular, safety issues must target those areas of care which require physician-nurse communication, especially recognition and elimination of situations which create discontinuities in communication and apparent responsibilities that may increase the likelihood of errors. Curricula must contain elements that emphasize cultural competency, to broaden physicians' and nurses' understanding of how differences in race, ethnicity, language, gender, and sexual orientation may affect communication between physicians, nurses, and patients, interpretations of patients' histories and responses to recommendations and, thereby, affect patient safety.

Educational efforts will be directed at teams of faculty sponsored by health care organizations (universities, teaching hospitals, ambulatory centers or consortia involved in training). Each team to be trained must include at least