

“grants to States and public and other organizations and agencies for paying part of the cost of research or demonstration projects such as those \* \* \* which will help improve the administration and effectiveness of programs carried on or assisted under the Social Security Act and programs related thereto \* \* \*.” CMS has restructured its efforts under § 1110 into eight themes. The Aging and Disability Resource Center Grants are part of CMS’s Research and Demonstration efforts under Theme 5: Strengthening Medicaid, State Children’s Health Insurance Program (SCHIP), and State Programs. This effort includes research and demonstrations on ways to improve access to and delivery of health care to the persons served by Medicaid. These Resource Center grants, to be awarded as cooperative agreements, are a part of the President’s New Freedom Initiative. The New Freedom Initiative calls for the removal of barriers to community living for people with disabilities. CMS is the designated HHS agency with administrative responsibility for the Real Choice Systems Change Grant program. Because funding for this program appears as part of the agency’s FY 2003 budget, all awards will be made to eligible entities before October 1, 2003.

We will not fund through these grants those efforts or activities that are already being funded under an existing Real Choice Systems Change Grant (funded in FY 2001 or FY 2002) or other grant funds. If a Grantee proposes to significantly expand an earlier-funded project, the applicant must specifically describe this expansion in its application. We also encourage states to seek private sector grant opportunities (e.g., grants from foundations) to augment or coordinate with the Real Choice Systems Change Grants for Community Living.

**Information Collection Requirements.** The information collection requirements associated with this program announcement are under review by the Office of Management and Budget (OMB). A separate notice will be published in the **Federal Register** to solicit comments on this collection.

**FOR FURTHER INFORMATION CONTACT:** Kari Benson, U.S. Department of Health and Human Services, Administration on Aging, Center for Planning and Policy Development, Washington, DC, 20201, telephone: (202) 357-3461 or [Kari.Benson@aoa.gov](mailto:Kari.Benson@aoa.gov). Questions about the Real Choice Systems Change Grants for Community Living Program, and this notice, may also be directed to: Mary Guy, Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations, DEHPG/DCSI, Mail Stop: S2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-2772, E-mail: [RealChoiceFY03@cms.hhs.gov](mailto:RealChoiceFY03@cms.hhs.gov).

Dated: May 22, 2003.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

[FR Doc. 03-13442 Filed 5-28-03; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-42-03]

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

### Proposed Project

Clinician’s Management Approach to Children with Pharyngitis—New—National Center for Infectious Diseases (NCID), Centers for Disease control and Prevention (CDC). The purpose of this

study is to determine factors associated with appropriate management of children with pharyngitis. We will characterize office laboratory methods currently used by clinicians to diagnose pharyngitis caused by group A streptococcus (GAS), including rapid antigen detection test (RADT) and throat cultures, and also assess clinicians’ treatment approaches for pharyngitis.

The specific goals for this study on children with pharyngitis are:

1. To evaluate current diagnostic methods and treatment approaches for children with pharyngitis by primary care practitioners (pediatricians and family practitioners).

2. To identify factors associated with the use of appropriate laboratory methods by primary care practitioners.

3. To assess the treatment regimen including antimicrobial choices, length and goals of therapy.

4. To determine the impact of full implementation of CLIA on the performance of these tests in office settings.

The investigators will send out an eight-page questionnaire to a sample of 1000 members in each, the American Academy of Pediatrics and the American Academy of Family Practitioners. The survey includes questions on demographics; diagnostic approaches (including types of RADTs and cultures used); logistics in using the diagnostics (such as level of training of the personnel performing the tests, nature of quality control); clinicians’ perception and understanding of the RADTs, including published sensitivity and specificity figures; and impact of CLIA (such as any change on the use of RADTs and culture). One month after the first mailing, each individual will be sent a second mailing to maximize the opportunity to complete the survey.

The study population consists of primary care physicians from pediatrics and family practice. These physicians will be from all areas of the United States and, therefore, from diverse geographic locations. The total burden is estimated to be approximately 400 hours.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Physicians .....	2,000	1	12/60