studies from the National Center for Environmental Health (NCEH), the National Institute for Occupational Safety and Health, and ATSDR; a discussion of Work Group recommendations, and public involvement activities.

Agenda items are subject to change as priorities dictate.

An unavoidable administrative delay prevented meeting the 15-day publication requirement.

Contact Person for More Information: Nadine Dickerson, Program Analyst, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, (F–35), Atlanta, Georgia 30341–3724, telephone 770/488–7040, FAX 770/488–7044.

Dated: October 18, 1996.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–27272 Filed 10–22–96; 8:45 am]

BILLING CODE 4163–18–M

Health Care Financing Administration

[OACT–052–N]

RIN 0938–AH42

Medicare Program; Monthly Actuarial Rates and Monthly Supplementary Medical Insurance Premium Rate Beginning January 1, 1997

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

ACTION: Notice.

SUMMARY: As required by section 1839 of the Social Security Act, this notice announces the monthly actuarial rates for aged (age 65 or over) and disabled (under age 65) enrollees in the Medicare Supplementary Medical Insurance (SMI) program for 1997. It also announces the monthly SMI premium rate to be paid by all enrollees during 1997. The monthly actuarial rates for 1997 are $87.50 for aged enrollees and $110.40 for disabled enrollees. The monthly SMI premium rate for 1997 is $43.80.

EFFECTIVE DATE: January 1, 1997.

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FOR FURTHER INFORMATION CONTACT: Carter S. Warfield, (410) 786–6396.

SUPPLEMENTARY INFORMATION:

I. Background

The Medicare Supplementary Medical Insurance (SMI) program is the voluntary Medicare part B program that pays all or part of the costs for physicians' services, outpatient hospital services, home health services, services furnished by rural health clinics, ambulatory surgical centers, comprehensive outpatient rehabilitation facilities, and certain other medical and health services not covered by hospital insurance (Medicare Part A). The SMI program is available to individuals who are entitled to hospital insurance and to U.S. residents who have attained age 65 and are citizens, or aliens who were lawfully admitted for permanent residence and have resided in the United States for 5 consecutive years. This program requires enrollment and payment of monthly premiums, as provided in 42 CFR part 407, subpart B, and part 408, respectively. The difference between the premiums paid by all enrollees and total incurred costs is met from the general revenues of the Federal government.

The Secretary of Health and Human Services is required by section 1839 of the Social Security Act (the Act) to issue two annual notices relating to the SMI program.

One notice announces two amounts that, according to actuarial estimates, will equal respectively, one-half the expected average monthly cost of SMI for each aged enrollee (age 65 or over) and one-half the expected average monthly cost of SMI for each disabled enrollee (under age 65) during the year beginning the following January. These amounts are called ''monthly actuarial rates.''

The second notice announces the monthly SMI premium rate to be paid by aged and disabled enrollees for the year beginning the following January. (Although the costs to the program per disabled enrollee are different than for the aged, the law provides that they pay the same premium amount.) Beginning with the passage of section 203 of the Social Security Amendments of 1972 (Public Law 92–603), enacted on October 30, 1972, the premium rate, which was determined on a fiscal year basis, was limited to the lesser of the actuarial rate for aged enrollees, or the current monthly premium rate increased by the same percentage as the most recent general increase in monthly title II social security benefits.

However, the passage of section 124 of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) (Public Law 97–248), enacted on September 3, 1982, suspended this premium determination process. Section 124 of TEFRA changed the premium basis to 50 percent of the monthly actuarial rate for aged enrollees (that is, 25 percent of program costs for aged enrollees). Section 606 of the Social Security Amendments of 1983 (Public Law 98–21), enacted on April 20, 1983; section 2302 of the Deficit Reduction Act of 1984 (DRA) (Public Law 98–369), enacted on July 18, 1984; section 9313 of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA 1985) (Public Law 99–272), enacted on April 7, 1986; section 4080 of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203), enacted on December 22, 1987; and section 6301 of the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) (Public Law 101–239), enacted on December 19, 1989, extended the provision that the premium be based on 50 percent of the monthly actuarial rate for aged enrollees (that is, 25 percent of program costs for aged enrollees). This extension expired at the end of 1990.

The premium rate for 1991 through 1995 was legislated by section 1839(e)(1)(B) of the Act, as added by section 4301 of the Omnibus Budget

Reconciliation Act of 1990 (OBRA 1990) (Public Law 101–508), enacted on November 5, 1990. In January 1996, the premium determination basis would have reverted to the method established by the 1972 Social Security Act Amendments. However, section 13571 of the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) (Public Law 103–66), enacted on August 10, 1993, changed the premium basis to 50 percent of the monthly actuarial rate for aged enrollees (that is, 25 percent of program costs for aged enrollees) for 1996 through 1998. In January 1999, the premium determination basis will revert to the method established by the 1972 Social Security Act Amendments.

As determined according to section 1839(a)(3) of the Act, the premium rate for 1997 is $43.80.

A further provision affecting the calculation of the SMI premium is section 1839(f) of the Act, as amended by section 211 of the Medicare Catastrophic Coverage Act of 1988 (Public Law 100–360), enacted on July 1, 1988. (The Medicare Catastrophic Coverage Repeal Act of 1989 (Public Law 101–234), enacted on December 13, 1989, did not repeal the revisions to section 1839(f) made by Public Law 100–360.) Section 1839(f) provides that if an individual is entitled to benefits under section 202 or 223 of the Act (the Old-Age and Survivors Insurance Benefit and the Disability Insurance Benefit, respectively) and has the SMI premiums deducted from these benefit payments, the premium increase will be reduced to avoid causing a decrease in the individual's net monthly payment. This occurs if the increase in the individual's social security benefit due to the cost-of-living adjustment under section 215(i) of the Act is less than the increase in the premium. Specifically, the reduction in the premium amount applies if the individual is entitled to benefits under section 202 or 223 of the Act for November and December of a particular year and the individual's SMI premiums for December and the following January are deducted from the respective month's section 202 or 223 benefits. (A check for benefits under section 202 or 223 is received in the month following the month for which the benefits are due. The SMI premium that is deducted from a particular check is the SMI payment for the month in which the check is received. Therefore, a benefit check for November is not received until December, but has the December's SMI premium deducted from it.) (This change, in effect, perpetuates former amendments that prohibited SMI premium increases from reducing an individual's benefits in years in which the dollar amount of the individual's cost-of-living increase in benefits was not at least as great as the dollar amount of the individual's SMI premium increase.)

Generally, if a beneficiary qualifies for this protection (that is, the beneficiary must have been in current payment status for November and December of the previous year), the reduced premium for the individual for that January and for each of the succeeding 11 months for which he or she is entitled to benefits under section 202 or 223 of the Act is the greater of the following:

(1) The monthly premium for January reduced as necessary to make the December monthly benefits, after the deduction of the SMI premium for January, at least equal to the preceding November's monthly benefits, after the deduction of the SMI premium for December; or

(2) The monthly premium for that individual for that December.

In determining the premium limitations under section 1839(f) of the Act, the monthly benefits to which an individual is entitled under section 202 or 223 do not include retroactive adjustments or payments and deductions on account of work. Also, once the monthly premium amount has been established under section 1839(f) of the Act, it will not be changed during the year even if there are retroactive adjustments or payments and deductions on account of work that apply to the individual's monthly benefits.

Individuals who have enrolled in the SMI program late or have reenrolled after the termination of a coverage period are subject to an increased premium under section 1839(b) of the Act. That increase is a percentage of the premium and is based on the new premium rate before any reductions under section 1839(f) are made.

II. Notice of Monthly Actuarial Rates and Monthly Premium Rate

The monthly actuarial rates applicable for 1997 are $87.60 for enrollees age 65 and over, and $110.40 for disabled enrollees under age 65. Section III of this notice gives the actuarial assumptions and bases from which these rates are derived. The monthly premium rate will be $43.80 during 1997.

III. Statement of Actuarial Assumptions and Bases Employed in Determining the Monthly Actuarial Rates and the Monthly Premium Rate for the Supplementary Medical Insurance Program Beginning January 1997

A. Actuarial Status of the Supplementary Medical Insurance Trust Fund

Under the law, the starting point for determining the monthly premium is the amount that would be necessary to finance the SMI program on an incurred basis; that is, the amount of income that would be sufficient to pay for services furnished during that year (including associated administrative costs) even though payment for some of these services will not be made until after the close of the year. The portion of income required to cover benefits not paid until after the close of the year is added to the trust fund and used when needed.

The rates are established prospectively and are, therefore, subject to projection error. Additionally, legislation enacted after the financing has been established but, effective for the period for which the financing has been set, may affect program costs. As a result, the income to the program may not equal incurred costs. Therefore, trust fund assets should be maintained at a level that is adequate to cover a moderate degree of variation between actual and projected costs in addition to the amount of incurred but unpaid expenses. An appropriate level for assets to cover a moderate degree of variation between actual and projected costs depends on numerous factors. The most important of these factors are: (1) The difference from prior years between the actual performance of the program and estimates made at the time financing was established, and (2) the expected relationship between incurred and cash expenditures. Ongoing analysis is made of the former as the trends in the differences vary over time.

Table 1 summarizes the estimated actuarial status of the trust fund as of the end of the financing period for 1995 and 1996.

TABLE 1.—ESTIMATED ACTUARIAL STATUS OF THE SUPPLEMENTARY MEDICAL INSURANCE TRUST FUND AS OF THE END OF THE FINANCING PERIOD

[In billions of dollars]

Financing period ending	Assets	Liabilities	Assets less liabilities
Dec. 31, 1995	$20.023	$2.726	$17.297
Dec. 31, 1996	25.078	3.596	21.482

B. Monthly Actuarial Rate for Enrollees Age 65 and Older

The monthly actuarial rate for enrollees age 65 and older is one-half of the monthly projected cost of benefits and administrative expenses for each enrollee age 65 and older, adjusted to allow for interest earnings on assets in the trust fund and a contingency margin. The contingency margin is an amount appropriate to provide for a moderate degree of variation between actual and projected costs and to amortize any surplus or unfunded liabilities.

The monthly actuarial rate for enrollees age 65 and older for 1997 was determined by first establishing per-enrollee cost by type of service from program data through 1994 and then projecting these costs for subsequent years. Although the actuarial rates are now applicable for calendar years, projections of per-enrollee costs were determined on a July to June period, consistent with the July annual fee screen update used for benefits before the passage of section 2306(b) of Public Law 98–369.

Accordingly, the values for the 12-month period ending June 30, 1994 were established from program data, and subsequent periods were projected using a combination of program data and data from external sources. The projection factors used are shown in Table 2. Those per-enrollee values are then adjusted to apply to a calendar year period. The projected values for financing periods from January 1, 1994, through December 31, 1997, are shown in Table 3.

The projected monthly rate required to pay for one-half of the total of benefits and administrative costs for enrollees age 65 and over for 1997 is $89.27. The monthly actuarial rate of $87.60 provides an adjustment of −$1.54 for interest earnings and −$0.13 for a contingency margin. Based on current estimates, it appears that the assets are more than sufficient to cover the amount of incurred but unpaid expenses and to provide for a moderate degree of variation between actual and projected costs. Thus, a negative contingency margin is needed to reduce assets to a more appropriate level.

C. Monthly Actuarial Rate for Disabled Enrollees

Disabled enrollees are those persons enrolled in SMI because of entitlement (before age 65) to disability benefits for more than 24 months or because of entitlement to Medicare under the end-stage renal disease program. Projected monthly costs for disabled enrollees (other than those suffering from end-stage renal disease) are prepared in a fashion exactly parallel to the projection for the aged, using appropriate actuarial assumptions (see Table 2). Costs for the end-stage renal disease program are projected differently because of the different nature of services offered by the program. The combined results for all disabled enrollees are shown in Table 4.

The projected monthly rate required to pay for one-half of the total of benefits and administrative costs for disabled enrollees for 1997 is $110.28. The monthly actuarial rate of $110.40 provides an adjustment of −$0.82 for interest earnings and $0.94 for a contingency margin. Based on current estimates, it appears that assets alone are not sufficient to cover the amount of incurred but unpaid expenses and to provide for a moderate degree of variation between actual and projected costs. Thus, a positive contingency margin is needed to build assets to more appropriate levels.

D. Sensitivity Testing

Several factors contribute to uncertainty about future trends in medical care costs. In view of this, it is appropriate to test the adequacy of the rates announced here using alternative assumptions. The most unpredictable factors that contribute significantly to future costs are outpatient hospital costs, physician residual (as defined in Table 2), and increases in physician fees as governed by the program's physician fee schedule that began implementation January 1, 1992. Two alternative sets of assumptions and the results of those assumptions are shown in Table 5. One set represents increases that are lower and is, therefore, more optimistic than the current estimate. The other set represents increases that are higher and is, therefore, more pessimistic than the current version. The values for the alternative assumptions were determined by studying the average historical variation between actual and projected increases in the respective increase factors. All assumptions not shown in Table 5 are the same as in Table 2.

Table 5 indicates that, under the assumptions used in preparing this report, the monthly actuarial rates would result in an excess of assets over liabilities of $21.453 billion by the end of December 1997. This amounts to 24.2 percent of the estimated total incurred expenditures for the following year. Assumptions that are somewhat more pessimistic (and, therefore, test the adequacy of the assets to accommodate projection errors) produce a surplus of $7.538 billion by the end of December 1997, which amounts to 7.7 percent of the estimated total incurred expenditures for the following year. Under fairly optimistic assumptions, the monthly actuarial rates would result in a surplus of $34.382 billion by the end of December 1997, which amounts to 42.7 percent of the estimated total incurred expenditures for the following year.

E. Premium Rate

As determined by section 1839(a)(3) of the Act, the monthly premium rate for 1997, for both aged and disabled enrollees, is $43.80.

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Table 2.--PROJECTION FACTORS 1/
12-MONTH PERIODS ENDING JUNE 30 OF 1994-1998
(In Percent)

12-month period ending June 30	Physicians' Services		Outpatient hospital services	Home health agency services 4/	Group practice prepayment plans	Independent lab services
	Fees 2/	Residual 3/				
Aged:						
1994	2.7	2.9	6.7	3.5	15.1	0.3
1995	4.4	2.7	12.6	78.8	11.6	3.0
1996	2.1	1.1	5.7	15.3	42.2	3.3
1997	0.5	5.9	10.0	16.5	18.5	9.9
1998	0.9	5.5	10.1	16.8	16.7	10.3
Disabled:						
1994	2.7	2.7	4.5	0.0	0.7	5.2
1995	4.4	4.6	16.4	0.0	2.3	3.8
1996	2.1	-0.3	9.4	0.0	20.4	1.6
1997	0.5	4.6	13.9	0.0	12.6	12.1
1998	0.9	3.5	13.4	0.0	11.7	11.7

1/ All values are per enrollee.
2/ As recognized for payment under the program.
3/ Increase in the number of services received per enrollee and greater relative use of more expensive services.
4/ Since July 1, 1981, home health agency services have been almost exclusively provided by the Medicare hospital insurance (HI) program. However, for those SMI enrollees not entitled to HI, the coverage of these services is provided by the SMI program. Since all SMI disabled enrollees are entitled to HI, their coverage of these services is provided by the HI program.

Table 3.--DERIVATION OF MONTHLY ACTUARIAL RATE FOR ENROLLEES AGE 65 AND OVER FINANCING PERIODS ENDING DECEMBER 31, 1994 THROUGH DECEMBER 31, 1997

	Financing Periods			
	CY 1994	CY 1995	CY 1996	CY 1997
Covered services (at level recognized):				
Physicians' reasonable charges	$56.41	$59.31	$62.18	$66.17
Outpatient hospital and other institutions	18.89	20.58	22.20	24.43
Home health agencies	0.21	0.29	0.33	0.39
Group practice prepayment plans	9.19	11.74	15.06	17.70
Independent lab	2.47	2.55	2.72	3.00
Total services	87.17	94.47	102.49	111.69
Cost-sharing:				
Deductible	-3.70	-3.72	-3.74	-3.76
Coinsurance	-15.87	-17.29	-18.84	-20.59
Total benefits	67.60	73.46	79.91	87.34
Administrative expenses	1.87	1.82	1.86	1.93
Incurred expenditures	69.47	75.28	81.77	89.27
Value of interest	-2.49	-2.04	-1.98	-1.54
Contingency margin for projection error and to amortize the surplus or deficit	-5.18	-0.14	5.11	-0.13
Monthly actuarial rate	$61.80	$73.10	$84.90	87.60

Table 4.--DERIVATION OF MONTHLY ACTUARIAL RATE FOR DISABLED ENROLLEES FINANCING PERIODS ENDING DECEMBER 31, 1994 THROUGH DECEMBER 31, 1997

	Financing Periods			
	CY 1994	CY 1995	CY 1996	CY 1997
Covered services (at level recognized):				
Physicians' reasonable charges	$64.66	$68.73	$71.91	$75.37
Outpatient hospital and other institutions	43.09	46.65	50.62	55.38
Home health agencies	0.00	0.00	0.00	0.00
Group practice prepayment plans	2.10	2.34	2.72	3.05
Independent lab	2.95	3.08	3.30	3.63
Total services	112.80	120.80	128.55	137.43
Cost-sharing:				
Deductible	-3.50	-3.52	-3.54	-3.56
Coinsurance	-21.19	-22.77	-24.27	-25.98
Total benefits	88.11	94.51	100.74	107.89
Administrative expenses	2.43	2.34	2.35	2.39
Incurred expenditures	90.54	96.85	103.09	110.28
Value of interest	-1.62	-0.30	-1.03	-0.82
Contingency margin for projection error and to amortize the surplus or deficit	-12.82	9.25	3.04	0.94
Monthly actuarial rate	$76.10	$105.80	$105.10	$110.40

Table 5.--ACTUARIAL STATUS OF THE SMI TRUST FUND UNDER THREE SETS OF ASSUMPTIONS FOR FINANCING PERIODS THROUGH DECEMBER 31, 1997

	This projection			Low cost projection			High cost projection		
	12-Month period ending June 30,			12-Month period ending June 30,			12-Month period ending June 30,		
	1996	1997	1998	1996	1997	1998	1996	1997	1998
Projection factors (in percent):									
Physician fees 1/									
Aged	2.1	0.5	0.9	1.9	-0.7	-0.9	2.4	1.7	2.7
Disabled	2.1	0.5	0.9	1.9	-0.7	-0.9	2.4	1.7	2.7
Utilization of physician services 2/									
Aged	1.1	5.9	5.5	-0.7	3.7	3.0	2.9	8.1	7.9
Disabled	-0.3	4.6	3.5	-3.2	1.7	0.4	2.7	7.6	6.5
Outpatient hospital services per enrollee									
Aged	5.7	10.0	10.1	1.3	5.4	5.2	10.1	14.5	15.1
Disabled	9.4	13.9	13.4	4.0	8.3	7.8	14.7	19.5	19.1
	As of December 31,			As of December 31,			As of December 31,		
	1995	1996	1997	1995	1996	1997	1995	1996	1997
Actuarial status (in billions):									
Assets	$20.023	$25.078	$25.666	$20.023	$28.748	$35.998	$20.023	$21.209	$14.414
Liabilities	2.726	3.596	4.213	0.409	1.165	1.616	5.082	6.072	6.876
Assets less liabilities	$17.297	$21.482	$21.453	$19.614	$27.583	$34.382	14.941	$15.137	$7.538
Ratio of assets less liabilities to expenditures (in percent) 3/	23.7	26.7	24.2	28.3	37.2	42.7	19.4	17.3	7.7

1/ As recognized for payment under the program.
2/ Increase in the number of services received per enrollee and greater relative use of more expensive services.
3/ Ratio of assets less liabilities at the end of the year to total incurred expenditures during the following year, expressed as a percent.

IV. Waiver of Notice of Proposed Rulemaking

The Medicare statute, as discussed previously, requires publication of the monthly actuarial rates and the Part B premium amount in September. The amounts are determined according to the statute. As has been our custom, we use general notices, rather than formal notice and comment rulemaking procedures, to make such announcements. In doing so, we acknowledge that, under the Administrative Procedure Act, interpretive rules, general statements of policy, and rules of agency organization, procedure or practice are excepted from the requirements of notice and comment rulemaking.

We considered publishing a proposed notice to provide a period for public comment. However, we may waive that procedure if we find good cause that prior notice and comment are impracticable, unnecessary, or contrary to the public interest. We find that the procedure for notice and comment is unnecessary because the formula used to calculate the SMI premium is statutorily directed, and we can exercise no discretion in following that formula. Moreover, the statute establishes the time period for which the premium rates will apply and delaying publication of the SMI premium rate would be contrary to the public interest. Therefore, we find good cause to waive publication of a proposed notice and solicitation of public comments.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

(Section 1839 of the Social Security Act; 42 U.S.C. 1395r)

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

Dated: September 26, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: October 2, 1996.

Donna E. Shalala,

Secretary.

[FR Doc. 96–27290 Filed 10–21–96; 12:15 pm]

BILLING CODE 4120–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4012–N–03]

Office of the Assistant Secretary for Community Planning and Development; Announcement of Funding Awards for Housing Opportunities for Persons With AIDS Program Fiscal Year 1996

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice of funding awards.

SUMMARY: In accordance with section 102(a)(4)(C) of the Department of Housing and Urban Development Reform Act of 1989, this notice announces the funding decisions made by the Department in a competition for funding under the Fiscal Year 1996 Housing Opportunities for Persons with AIDS (HOPWA) program. The notice contains the names of award winners and the amounts of the awards.

FOR FURTHER INFORMATION CONTACT: Fred Karnas, Jr., Director, Office of HIV/TAIDS Housing, Department of Housing and Urban Development, Room 7154, 451 Seventh Street, S.W., Washington, D.C. 20410, telephone (202) 708–1934. The TDD number for the hearing impaired is (202) 708–2565. (These are not toll-free numbers). Information on HOPWA, community development and consolidated planning, and other HUD programs may also be obtained from the Community Connections information center at 1–800–998–9999 (voice) or 1–800–483–2209 (TDD); by e-mail at amcom@aspensys.com; or by internet at gopher://amcom.aspensys.com. The HUD Home Page address on the World Wide Web is http://www.hud.gov.

SUPPLEMENTARY INFORMATION: The purpose of the competition was to award grants for housing assistance and supportive services by three types of projects: (1) Grants for special projects of national significance which, due to their innovative nature or their potential for replication, are likely to serve as effective models in addressing the needs of low-income persons living with HIV/AIDS and their families; (2) grants for Special Projects of National Significance—HIV Multiple-Diagnoses Initiative (MDI) which, due to their innovative nature or their potential for replication, are likely to serve as effective models in addressing the needs of low-income persons living with HIV/AIDS and their families who are also homeless and have chronic alcohol and/or other drug abuse problems and/or serious mental illness; and (3) grants for projects which are part of long-term comprehensive strategies for providing housing and related services for low-income persons living with HIV/AIDS and their families in areas that do not receive HOPWA formula allocations.

The HIV Multiple-Diagnoses Initiative is a new feature of the national HOPWA competition and it responds to recommendations expressed during the 1995 White House Conference on HIV and AIDS, to recommendations to HUD by residents and providers of HIV/AIDS housing, and to recommendations and a survey of priority unmet needs of homeless providers and advocates cited in Priority: Home! The Federal Plan to Break the Cycle of Homelessness, issued by the Interagency Council on the Homeless in March, 1994. The HIV Multiple-Diagnoses Initiative is a collaborative effort between HUD and the Department of Health and Human Services to establish, evaluate and disseminate information on model programs to provide the integration of health care and other supportive services with housing assistance for eligible persons. The initiative targets assistance to homeless persons who often have complex needs and for whom service systems are often least developed.

The announced HOPWA assistance is being offered in conjunction with related assistance being announced under the Special Projects of National Significance component of the Ryan White CARE Act under Department of Health and Human Services notices. HHS will fund an Evaluation Technical Assistance Center which will undertake national and multi-site evaluations of the HHS Special Projects of National Significance, including grants for Housing for Homeless Persons with HIV/AIDS and Substance Abuse and/or Mental Illness, and the MDI projects selected under this HUD initiative.

The HOPWA assistance made available in this announcement is authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901), as amended by the Housing and Community Development Act of 1992 (Pub. L. 102–550, approved October 28, 1992) and was appropriated by the HUD appropriations act for 1996, the ''Making appropriations for fiscal year 1996 to make a further downpayment toward a balanced budget, and for other purposes'' (Pub. L. 104–134, approved April 26, 1996). The competition was announced in a Notice of Funding Availability (NOFA) published in the Federal Register on February 28, 1996 (61 FR 7664). Applications were rated and selected for funding on the basis of