

Dated: November 1, 1996.  
 Richard W. Surdi,  
*Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.*  
 [FR Doc. 96-28673 Filed 11-06-96; 8:45 am]  
 BILLING CODE 3510-22-F

**DEPARTMENT OF DEFENSE**  
**Office of the Secretary**  
**Medical and Dental Reimbursement Rates for Fiscal Year 1997**

memorandum dated September 19, 1996, established the following reimbursement rates for inpatient and outpatient medical care to be provided in FY 1997. These rates are effective October 1, 1996.

Notice is hereby given that the Deputy Chief Financial Officer, in a

**Inpatient, Outpatient and Other Rates and Charges**

*I. Inpatient Rates<sup>1 2</sup>*

Per inpatient day	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other
A. Burn Center .....	\$2,107.00	\$3,824.00	\$4,086.00
B. Surgical Care Services (Cosmetic Surgery) .....	897.00	1,629.00	1,741.00
C. All Other Inpatient Services (Based on Diagnosis Related Groups (DRG) Charges <sup>3</sup> )			

**1. FY 1997 Direct Care Inpatient Reimbursement Rates**

Adjusted standard amount	IMET	Interagency	Other (full/3rd party)
Large Urban .....	\$2,154	\$4,141	\$4,392
Other Urban/Rural .....	2,275	4,344	4,635
Overseas .....	2,405	5,207	5,533

**2. Overview**

The FY 1997 inpatient rates are based on the cost per DRG, which is the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal diagnosis, secondary diagnoses, procedures, patient age, etc. involved. The average costs per Relative Weighted Product (RWP) for large urban, other urban/rural, and overseas facilities will be published annually as an inpatient Adjusted Standardized Amount (ASA). (See paragraph I.C.1, above). The ASA will be applied to the RWP for each inpatient case, determined from the DRG weights, outlier thresholds, and payment rules published annually for hospital reimbursement rates under the

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pursuant to 32 CFR 199.14(a)(1), including adjustments for length of stay outliers. The published ASAs will be adjusted for area wage differences and indirect medical education (IME) for the discharging hospital. An example of how to apply DoD costs to a DRG standardized weight to arrive at DoD costs is contained in section 1.C.3, below.

**3. Example of Adjusted Standardized Amounts for Inpatient Stays**

Figure 1 shows an example for a nonteaching hospital in a large urban area.

a. The cost to be recovered is DoD's cost for medical services provided in the

nonteaching hospital located in a large urban area. Billings will be at third party rate.

b. DRG 020: Nervous System Infection Except Viral Meningitis. The RWP for an inlier case is the CHAMPUS weight of 2.9769. (DRG statistics shown are from FY 1996.)

c. The DoD Adjusted Standardized Amount to be charged is \$4,392 (the third party rate as shown in paragraph I.C.1).

d. DoD costs to be recovered at a nonteaching hospital with area wage index of 1.0 is the RWP factor in item b, above, times the amount in item c (2.9769×\$4,392).

e. Cost to be recovered is \$13,075.

**FIGURE 1.—THIRD PARTY BILLING EXAMPLE**

DRG No.	DRG description	DRG weight	Arithmetic mean LOS	Geometric mean LOS	Short stay threshold	Long stay threshold	
020 .....	Nervous System Infection Except Viral Meningitis.	2,9769	11.2	7.8	1	30	
Hospital		Location		Area wage rate index	IME adjustment	Group ASA	Applied ASA
Nonteaching Hospital .....		Large Urban .....		1.0	1.0	\$4,392	\$4,392
Patient No.	Length of stay	Days above threshold	Relative weighted product			TPC amount <sup>3</sup>	
			Inlier <sup>1</sup>	Outlier <sup>2</sup>	Total		
1 .....	7 days .....	0	2.9769	0.0000	2.9769	\$13,075	
2 .....	21 days .....	0	2.9769	0.0000	2.9769	13,075	

Patient No.	Length of stay	Days above threshold	Relative weighted product			TPC amount <sup>3</sup>
			Inlier <sup>1</sup>	Outlier <sup>2</sup>	Total	
3 .....	35 days .....	5	2.9769	0.8397	3.8166	16,763

<sup>1</sup> DRG weight.

<sup>2</sup> Outlier calculation=44 percent of per diem weight multiplied by the number of outlier days:

=.44×(DRG Weight/Geometric Mean LOS)×(Patient LOS Long Stay Threshold).

=.44×(2.9769/7.8)×(35-30).

=.44×(.38165)×5 (take out to 5 decimal places).

=.16793×5 (take out to 5 decimal places).

=.8397 (take out to 4 decimal places).

<sup>3</sup> Applied ASA×Total RWP.

## II. Outpatients Rates<sup>1 2</sup>

MEPRS code <sup>4</sup>	Per visit clinical services	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other
<b>A. Medical Care</b>				
BAA .....	Internal Medicine .....	\$92	\$167	\$178
BAB .....	Allergy .....	34	61	66
BAC .....	Cardiology .....	61	111	119
BAE .....	Diabetes .....	57	103	110
BAF .....	Endocrinology .....	71	130	139
BAG .....	Gastroenterology .....	89	162	173
BAH .....	Hematology .....	89	162	173
BAI .....	Hypertension .....	60	108	116
BAJ .....	Nephrology .....	114	207	221
BAK .....	Neurology .....	86	156	167
BAL .....	Nutrition .....	24	43	46
BAM .....	Oncology .....	81	148	158
BAN .....	Pulmonary Disease .....	97	175	187
BAO .....	Rheumatology .....	73	133	142
BAP .....	Dermatology .....	54	98	105
BAQ .....	Infectious Disease .....	76	139	148
BAR .....	Physical Medicine .....	73	132	141
<b>B. Surgical Care</b>				
BBA .....	General Surgery .....	107	193	207
BBB .....	Cardiovascular/Thoracic Surgery .....	92	167	178
BBC .....	Neurosurgery .....	108	197	210
BBD .....	Ophthalmology .....	72	131	140
BBE .....	Organ Transplant .....	109	199	212
BBF .....	Otolaryngology .....	83	150	160
BBG .....	Plastic Surgery .....	87	158	169
BBH .....	Proctology .....	63	114	122
BBI .....	Urology .....	93	169	180
BBJ .....	Pediatric Surgery .....	53	97	103
<b>C. Obstetrical and Gynecological (OB-GYN)</b>				
BCA .....	Family Planning .....	59	108	115
BCB .....	Gynecology .....	67	121	129
BCC .....	Obstetrics .....	63	114	121
<b>D. Pediatric Care</b>				
BDA .....	Pediatric .....	51	93	100
BDB .....	Adolescent .....	49	89	95
BDC .....	Well Baby .....	30	54	58
<b>E. Orthopaedic Care</b>				
BEA .....	Orthopaedic .....	74	135	144
BEB .....	Cast Clinic .....	34	63	67
BEC .....	Hand Surgery .....	37	67	72
BEE .....	Orthopaedic Appliance .....	53	95	102
BEF .....	Podiatry .....	44	80	86

MEPRS code <sup>4</sup>	Per visit clinical services	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other
BEZ .....	Chiropractic Clinic .....	24	44	47

**F. Psychiatric and/or Mental Health Care**

BFA .....	Psychiatry .....	79	144	154
BFB .....	Psychology .....	75	137	146
BFC .....	Child Guidance .....	46	83	89
BFD .....	Mental Health .....	71	129	138
BFE .....	Social Work .....	60	109	117
BFF .....	Substance Abuse Rehabilitation .....	60	110	117

**G. Primary Medical Care**

BGA .....	Family Practice .....	58	106	113
BHA .....	Primary Care .....	56	102	109
BHB .....	Medical Examination .....	50	91	97
BHC .....	Optometry .....	37	68	73
BHD .....	Audiology Clinic .....	27	48	52
BHE .....	Speech Pathology .....	60	108	116
BHF .....	Community Health .....	39	70	75
BHG .....	Occupational Health .....	51	92	98
BHI .....	Immediate Care Clinic .....	75	137	146

**H. Emergency Medical Care**

BIA .....	Emergency Care Clinic .....	91	164	176
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**I. Flight Medicine Clinic**

BJA .....	Flight Medicine .....	85	154	164
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**J. Underseas Medicine Care**

BKA .....	Underseas Medicine Clinic .....	26	46	50
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**K. Rehabilitative Services**

BLA .....	Physical Therapy .....	24	44	47
BLB .....	Occupational Therapy .....	32	58	62
BLC .....	Neuromuscularskeletal Screening .....	20	37	39

**L. Ambulatory Procedure Visit**

		413	746	797
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**III. Other Rates and Charges**

MEPRS code <sup>4</sup>	Per visit clinical service	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other
FBI .....	A. Immunizations .....	\$8.00	\$15.00	\$16.00
DGC .....	B. Hyperbaric Services <sup>5</sup> (per hour) .....	110.00	201.00	214.00
	C. Family Member Rate (formerly Military Dependents Rate) .....	9.90		

**D. Reimbursement Rates for High Cost Drugs Requested by External Providers<sup>6</sup>**

The FY 1997 high cost drug reimbursement rates are for prescriptions requested by external providers and obtained at the military treatment facility. The high cost drug reimbursement rates are too numerous to include in this notice. A complete listing of these rates is available on request from OASD (Health Affairs), LCDR Pat Kelly, (703) 681-8910.

E. Reimbursement Rates for High Cost Services Requested by External Providers <sup>7</sup>

The FY 1997 high cost services requested by external providers and obtained at the military treatment facility are too numerous to include in this notice. A complete listing of these rates is available on request from OASD (Health Affairs), LCDR Pat Kelly, (703) 681-8910.

F. Elective Cosmetic Surgery Procedures and Rates

Cosmetic surgery procedure	International classification diseases (ICD-9)	Current procedural terminology (CPT) <sup>8</sup>	FY 97 charge <sup>9</sup>	Amount of charge
Mammoplasty .....	85.50	19325	Surgical Care Services or Ambulatory Procedure Visit.	(a)
	85.32	19324		(b)
	85.31	19318		
Mastopexy .....	85.60	19316	Surgical Care Services or Ambulatory Procedure Visit.	(a)
Facial .....	86.82	15824	Surgical Care Services or Ambulatory Procedure Visit.	(b)
Rhytidectomy .....	86.22		Surgical Care Services or Ambulatory Procedure Visit.	(a)
Blepharoplasty .....	86.22		Surgical Care Services or Ambulatory Procedure Visit.	(b)
	08.70	15820	Surgical Care Services or Ambulatory Procedure Visit.	(a)
	08.44	15821	Surgical Care Services or Ambulatory Procedure Visit.	(b)
		15822		
		15823		
Mentoplasty (Augmentation/Reduction) .....	76.68	21208	Surgical Care Services or Ambulatory Procedure Visit.	(a)
	76.67	21209	Surgical Care Services or Ambulatory Procedure Visit.	(b)
Abdominoplasty .....	86.83	15831	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Lipectomy, Suction per Region <sup>10</sup> .....	86.83	15876	Surgical Care Services or Ambulatory Procedure Visit.	(a)
		15877	Surgical Care Services or Ambulatory Procedure Visit.	(b)
		15878		
		15879		
Rhinoplasty .....	21.87	30400	Surgical Care Services or Ambulatory Procedure Visit.	(a)
	21.86	30410	Surgical Care Services or Ambulatory Procedure Visit.	(b)
Scar Revisions beyond CHAMPUS .....	86.84	1578__	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Mandibular or Maxillary Repositioning .....	76.41	21194	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Minor Skin Lesions <sup>11</sup> .....	86.30	1578__	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Dermabrasion .....	86.25	15780	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Hair Restoration .....	86.64	15775	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Removing Tattoos .....	86.25	15780	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Chemical Peel .....	86.24	15790	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Arm/Thigh Dermolipectomy .....	86.83	1583__	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)
Brow Lift .....	86.3	15839	Surgical Care Services or Ambulatory Procedure Visit.	(a)
			Surgical Care Services or Ambulatory Procedure Visit.	(b)

G. Dental Rate

MEPRS code <sup>4</sup>	Per visit clinical service <sup>12</sup>	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other
CA .....	Dental Services (CTV 1) .....	\$9.00	\$25.00	\$26.00
CA .....	Dental Services (CTV 2) .....	7.00	20.00	21.00
CB .....	Dental Prosthetics Laboratory (CLV) .....	2.00	6.00	6.00

H. Ambulance Rate <sup>13</sup>

MEPRS code <sup>4</sup>	Per visit clinical service	International Military Education and Training (IMET)	Interagency & other Federal agency sponsored patients	Other
FEA .....	Ambulance Service .....	\$57.00	\$103.00	\$110.00

I. High Cost Laboratory and Radiology Service<sup>7</sup>

MEPRS code <sup>4</sup>	Per visit clinical service	International Military Education and Training (IMET)	Interagency & other Federal agency sponsored patients	Other
	High cost laboratory CPT-4 multiplier .....	\$6.00	\$10.00	\$11.00
	High cost radiology CPT-4 multiplier .....	20.00	36.00	38.00

J. AirEvac Rate<sup>14</sup>

MEPRS code <sup>4</sup>	Per visit clinical service	International Military Education and Training (IMET)	Interagency and other Federal agency sponsored patients	Other
	AirEvac Services (Ambulatory) .....	\$89.00	\$162.00	\$173.00
	AirEvac Services (Litter) .....	265.00	481.00	513.00

Notes on Cosmetic Surgery Charges

<sup>a</sup> Charges for inpatient Surgical Care Services are contained in Section I.B. (See Notes 9 through 11 on reimbursable rates for further details.)

<sup>b</sup> Charges for Ambulatory Procedure Visits (formerly Same Day Surgery) are contained in Section II.L. (See Notes 9 through 11 on reimbursable rates for further details.)

Notes on Reimbursable Rates

<sup>1</sup> Percentages can be applied when preparing bills for both inpatient and outpatient services. Pursuant to the provisions of 10 U.S.C. 1095, the inpatient Diagnosis Related Groups and inpatient per diem percentages are 96 percent hospital and 4 percent professional fee. The outpatient per visit percentages are 58 percent hospital, 30 percent ancillary and 12 percent professional.

<sup>2</sup> DoD civilian employees located in overseas areas shall be rendered a bill when services are performed. Payment is due 60 days from the date of the bill.

<sup>3</sup> The cost per DRG (Diagnosis Related Groups) is based on the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal and secondary diagnoses, surgical procedures, and patient demographics involved. The adjusted standardized amounts (ASA) per Relative Weighted Product (RWP) for use in the Direct Care System will be comparable to procedures utilized by Health Care Financing Administration (HCFA) and the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS). These expenses include all direct care expenses associated with direct patient care. The average cost per RWP for large urban, other urban/rural, and overseas will be published annually as an adjusted standardized amount (ASA) and will include the cost of inpatient professional services. The DRG rates will apply to reimbursement from all sources, not just third party payers.

<sup>4</sup> The Medical Expense and Performance Reporting System (MEPRS) code is a three digit code which defines the summary account and the subaccount within a functional category in the DoD medical

system. An example of this hierarchical arrangement is as follows:

Outpatient care (functional category)	MEPRS code
Medical Care (Summary Account).	BA
Internal Medicine (Sub-account).	BAA

MEPRS codes are used to ensure that consistent expense and operating performance data is reported in the DoD military medical system.

<sup>5</sup> Hyperbaric services are to be charged based on full hours and 15 minute increments of service. Providers should calculate the charges based on the number of hours (or fraction thereof) of service. Fractions of hours should be rounded to the next 15 minute increment (e.g. 31 minutes becomes 45 minutes).

<sup>6</sup> High cost prescription services requested by external providers (Physicians, Dentists, etc.) are relevant to the Third Party Collection Program. Third party payers (such as insurance companies) shall be billed for high cost prescriptions in those instances in which beneficiaries who have medical insurance, seen by providers external to a Military Medical Treatment Facility (MTF), obtain the prescribed medication from an MTF. Eligible beneficiaries (family members or retirees with medical insurance) are not personally liable for this cost and shall not be billed by the MTF. Medical Services Account (MSA) patients, who are not beneficiaries as defined in 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are seen by an outside provider and come to the MTF for prescription services. A bill will be produced if the total prescription costs in a day (defined as 0001 hours to 2400 hours) exceeds \$25.00 when bundled together. Bundling refers to the accumulation of a patient's bills during the previously defined 24 hour period. The standard cost of high cost medications includes the cost of the drugs plus a dispensing fee, per prescription. The prescription cost is calculated by multiplying the number of units (tablets,

capsules, etc.) times the unit cost and adding a \$5.00 dispensing fee per prescription.

<sup>7</sup> Charges for high cost ancillary services requested by external providers (Physicians, Dentists, etc.) are relevant to the Third Party Collection Program. Third party payers (such as insurance companies) shall be billed for high cost services in those instances in which beneficiaries who have medical insurance, are seen by providers external to an MTF, and obtain the prescribed service from an MTF. Laboratory and Radiology procedure costs are calculated using the CPT-4 weight multiplied by either the high cost laboratory or radiology multiplier (Section III.I). Eligible beneficiaries (family members or retirees with medical insurance) are not personally liable for this cost and shall not be billed by the MTF. MSA patients, who are not beneficiaries as defined by 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are seen by an outside provider and come to the MTF for high cost services. A bill will be produced if the total ancillary services costs in a day (defined as 0001 hours to 2400 hours) exceed \$25.00 when bundled together. Bundling refers to the accumulation of a patient's bill during the previously defined 24 hour period.

<sup>8</sup> The attending physician is to complete the Physicians' Current Procedural Terminology code to indicate the appropriate procedure followed during cosmetic surgery. The appropriate rate will be applied depending on the admission type of the patient, e.g., ambulatory procedure visit or inpatient surgical care services.

<sup>9</sup> Family members of active duty personnel, retirees and their family members, and survivors will be charged cosmetic surgery rates. The patient shall be charged the rate as specified in the FY 1997 reimbursable rates for an episode of care. The charges for elective cosmetic surgery are at the full reimbursement rate (designated as the "Other" rate) for Surgical Care Services in Section I.B., or Ambulatory Procedure Visits as contained in Section II.L of this attachment. The patient will be responsible for both the cost of the implant(s) in addition to the prescribed cosmetic surgery rates.

Note: The implants and procedures used for the augmentation mammoplasty are in compliance with Federal Drug Administration guidelines.

<sup>10</sup> Each regional lipectomy will carry a separate charge. Regions include head and neck, abdomen, flanks, and hips.

<sup>11</sup> These procedures are inclusive in the minor skin lesions. However, CHAMPUS separates them as noted here. All charges are for the entire treatment regardless of the number of visits required.

<sup>12</sup> Dental services are based on a Composite Time Value (CTV). Charges should be calculated based on the time value of the procedure times the CTV rate. The first CTV (1.0 value) shall be calculated using the CTV 1 rate. Any subsequent CTVs and portions thereof shall be calculated using the CTV 2 rate. The Composite Lab Value (CLV) should be used to calculate charges for dental appliances and prostheses.

<sup>13</sup> Ambulance charges are based on full hours and 15 minute increments of service. Providers should calculate the charges based on the number of hours (or fraction thereof) that the ambulance is logged out on a patient run. Fractions of hours should be rounded to the next 15 minute increment (e.g. 31 minutes becomes 45 minutes).

<sup>14</sup> Air in-flight medical care reimbursement charges are determined by the status of the patient (Litter or Ambulatory) and are per patient.

Dated: November 4, 1996.

L.M. Bynum,

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 96-28660 Filed 11-6-96, 8:45 am]

BILLING CODE 5000-04-M

## Department of the Army

### Availability for Non-Exclusive, Exclusive, or Partially Exclusive Licensing of U.S. Patent Application Concerning a Transportable Life Support System

**AGENCY:** U.S. Army Medical Research and Materiel Command, DOD.

**ACTION:** Notice.

**SUMMARY:** In accordance with 37 CFR 404.6, announcement is made of the availability of U.S. Patent Application Serial No. 08/610,823 entitled "Transportable Life Support System" and filed March 7, 1996 for licensing. This patent has been assigned to the United States Government as represented by the Secretary of the Army.

**ADDRESSES:** Commander, U.S. Army Medical Research and Materiel Command, ATTN: Staff Judge Advocate, Fort Detrick, Frederick, Maryland 21702-5012.

**FOR FURTHER INFORMATION CONTACT:**

Mr. John F. Moran, Patent Attorney, (301) 619-2065 or telefax (301) 619-7714.

**SUPPLEMENTARY INFORMATION:** The invention is a stretcher-based mini-intensive care unit that incorporates resuscitative and life-sustaining capabilities into a universally adaptive platform for trauma management and unattended patient support. It allows the transport of medically unstable patients and fits into existing evacuation platforms. The system is specially designed for use in battlefield and mass casualty situations, and includes a base, a stretcher and a canopy. The system incorporates medical equipment that includes a ventilator, an oxygen source, an environmental control unit, a suction unit, a plurality of physiologic sensors, an intravenous fluid pump, a drug infusion pump, and a defibrillator. The medical equipment is controlled by a computer contained within the base, and a receiver/transmitter is included in the base for transmitting information to, and receiving information from, a remote health care provider.

Gregory D. Showalter,

*Army Federal Register Liaison Officer.*

[FR Doc. 96-28618 Filed 11-6-96; 8:45 am]

BILLING CODE 3710-08-M

## DEPARTMENT OF EDUCATION

### Notice of Proposed Information Collection Requests

**AGENCY:** Department of Education.

**ACTION:** Notice of Proposed Information Collection Requests.

**SUMMARY:** The Director, Information Resources Group, invites comments on the proposed information collection requests as required by the Paperwork Reduction Act of 1995.

**DATES:** An emergency review has been requested in accordance with the Act (44 U.S.C. Chapter 3507 (j)), since public harm is reasonably likely to result if normal clearance procedures are followed. Approval by the Office of Management and Budget (OMB) has been requested by November 22, 1996. A regular clearance process is also beginning. Interested persons are invited to submit comments on or before January 6, 1997.

**ADDRESSES:** Written comments regarding the emergency review should be addressed to the Office of Information and Regulatory Affairs, Attention: Wendy Taylor, Desk Officer: Department of Education, Office of Management and Budget, 725 17th Street, NW., Room 10235, New

Executive Office Building, Washington, D.C. 20503. Requests for copies of the proposed information collection request should be addressed to Patrick J. Sherrill, Department of Education, 7th & D Streets, S.W., Room 5624, Regional Office Building 3, Washington, D.C. 20202-4651. Written comments regarding the regular clearance and requests for copies of the proposed information collection requests should be addressed to Patrick J. Sherrill, Department of Education, 600 Independence Avenue, S.W., Room 5624, Regional Office Building 3, Washington, DC 20202-4651, or should be electronic mailed to the internet address #FIRB@ed.gov, or should be faxed to 202-708-9346.

**FOR FURTHER INFORMATION CONTACT:**

Patrick J. Sherrill (202) 708-8196.

Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1-800-877-8339 between 8 a.m. and 8 p.m., Eastern time, Monday through Friday.

**SUPPLEMENTARY INFORMATION:** Section 3506 (c)(2)(A) of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 3506 (c)(2)(A)) requires that the Director of OMB provide interested Federal agencies and the public an early opportunity to comment on information collection requests. The Office of Management and Budget (OMB) may amend or waive the requirement for public consultation to the extent that public participation in the approval process would defeat the purpose of the information collection, violate State or Federal law, or substantially interfere with any agency's ability to perform its statutory obligations. The Director of the Information Resources Group, publishes this notice containing proposed information collection requests at the beginning of the Departmental review of the information collection. Each proposed information collection, grouped by office, contains the following: (1) Type of review requested, e.g., new, revision, extension, existing or reinstatement; (2) Title; (3) Summary of the collection; (4) Description of the need for, and proposed use of, the information; (5) Respondents and frequency of collection; and (6) Reporting and/or Recordkeeping burden. ED invites public comment at the address specified above. Copies of the requests are available from Patrick J. Sherrill at the address specified above.

The Department of Education is especially interested in public comment addressing the following issues: (1) Is this collection necessary to the proper functions of the Department, (2) will