

**FOR FURTHER INFORMATION CONTACT:**

Patricia Norris, Communications Director, National Bioethics Advisory Commission, MSC-7508, 6100 Executive Boulevard, Suite 3C01, Rockville, Maryland 20892-7508, telephone 301-402-4242, fax number 301-480-6900.

Dated: December 20, 1996.

Philip R. Lee,

*Assistant Secretary for Health.*

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## **Health Care Financing Administration**

[HCFA-R-187]

### **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:* Extension of a currently approved collection; *Title of Information Collection:* National Provider System(NPS); *Form No.:* HCFA-R-187; *Use:* HHS is consolidating provider enumeration across programs. The NPS will be used in program operations and management to assign provider identification numbers, i.e., billing numbers for claims processing and payment. It will replace the current Medicare Physician and eligibility System (MPIES) and UPIN; it will replace the enumeration functions of the Medicare OSCAR, CLIA, and NSC provider numbering systems. *Frequency:* On occasion; *Affected Public:* Federal Government, State, Local or Tribal Government, Individuals or Households, Business or other for-profit, and Not-for-profit institutions;

*Number of Respondents:* 88; *Total Annual Hours:* 23,000.

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 to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to [Paperwork@hcfa.gov](mailto: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 HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: December 12, 1996.

Edwin J. Glatzel,

*Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.*

[FR Doc. 96-33150 Filed 12-27-96; 8:45 am]

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### **Medicaid Bureau; Statement of Organization, Functions, and Delegations of Authority**

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (Federal Register, Vol. 59, No. 60, pp. 14628-14662, dated Tuesday, March 29, 1994, and Federal Register, Vol. 59, No. 132, pg. 35528, dated Tuesday, July 12, 1994) is amended to reflect changes to the subordinate structure within HCFA's Medicaid Bureau.

The Medicaid Bureau is streamlining their organization by abolishing its current substructure and creating a new organization comprised of six offices with no subordinate levels. The offices are functionally grouped to support services provided to specific Medicaid Bureau customers. Within the new structure operational and policy functions are no longer separated but are combined in each office.

The specific amendments to Part F are described below:

- Section F.10.A.5. (Organization) is amended to read as follows:
  5. Medicaid Bureau (FAB)
    - a. Office of Long Term Care Services (FAB4)
    - b. Office of Medical Services (FAB5)

c. Office of Beneficiary Services (FAB6)

d. Office of Financial Services (FAB7)

e. Office of Information Systems and Data Analysis (FAB8)

f. Office of Program and Organizational Services (FAB9)

• Section F.20.A.5. (Functions) is amended to read as follows:

a. Office of Long Term Care Services (FAB4)

• Formulates, evaluates, and prepares policies, specifications for regulations, instructions, preprints, and procedures related to Medicaid payment and coverage policy for continuing and long-term care.

• Provides oversight of planning, development, implementation, and monitoring of Medicaid program operations in regional offices and State Medicaid agencies related to the provision and payment for continuing and long-term care, both institutional and non-institutional.

• Reviews State Plan Amendments related to continuing and long-term care, provides consultation to regional offices, and makes recommendations for approval and disapproval.

• Oversees and coordinates the assessment process for the operational implementation of the Medicaid program for continuing and long-term care under State plans and home and community-based services waivers.

• Provides ongoing policy and operational support, in concert with the Office of Research and Demonstrations, for Section 1115 demonstrations in continuing and long-term care.

• Provides authoritative interpretation of Medicaid coverage and payment policy for continuing and long-term care for providers, Regional Offices, State governments, Congressional Staffs, other agencies of the Federal government, interest groups and the general public.

• Develops, evaluates, and reviews policies and operational implementation of the entire range of continuing and long-term care services under Medicaid including all institutional and non-institutional sources of care, including: home and community-based services including waivers and State plan issues, nursing facilities, intermediate care facilities for persons with mental retardation/developmental disabilities, psychiatric services for persons under age 21, hospice, home health, personal care, private duty nursing, habilitation, rehabilitation, physical therapy, occupational therapy, respiratory therapy, speech therapy, language and hearing services, residential treatment

facilities, private non-medical institutions, medical day care, subacute care, community supported living arrangements, behavioral/mental health, substance abuse treatment, pre-admission screening and annual resident review (PASARR) and case management.

- Develops and interprets policy and oversees operational implementation of a wide range of areas as they impact continuing and long-term care services, including: comparability, sufficiency, amount, duration and scope of services, the Boren Amendment, provider appeals, essential community providers of LTC, provider qualifications including conditions of participation for Medicaid providers, distinct part issues, and inmates of public institutions.

- Serves as focal point for enforcing State agency compliance with statute, regulations and instructions as they affect continuing and long-term care.

- Develops and puts in place strategies to assure new and existing legislation, regulations and policy for Medicaid continuing and long-term care is implemented effectively, including: development of written guidance, best practices information, training materials, technical assistance to States through telecommunications and on-site visits, data bases etc.

- Assumes principal responsibility for Bureau implementation of continuing and long-term care objectives in the MB and HCFA strategic plans.

- Supports cross-cutting activities in relation to functional areas of responsibilities involving: (1) Section 1115 waivers, (2) quality of care initiatives, (3) health care reform, (4) fraud and abuse strategies, (5) legislative development, (6) communication strategy and implementation, and (7) internal budget and contracting.

#### b. Office of Medical Services (FAB5)

- Develops, interprets, and reviews Medicaid coverage and payment policies and procedures pertaining to maternal and child health services, family planning services, sterilization, hysterectomy, abortion, teenage pregnancy services, vaccines for children, school-based health services, nutrition services, early intervention services, pregnancy related services, lab and X-ray services, dental services, nurse-midwife services, pediatric nurse practitioner services/certification family services, transportation services, TB related services, medical day care, prescribed drugs, dentures and prosthetic devices and eyeglasses, other diagnostic, screening and preventive services, physician services and all

other non-LTC services, provider appeals, and Indian health services; comparability and sufficiency of services and uniform availability of services statewide (hereafter designated as medical and remedial care services).

- Formulates, evaluates, and prepares policies, specifications for regulations, instructions, preprints, procedures and general instructions related to Medicaid medical and remedial care coverage and payment activities.

- Makes recommendations for legislative changes to improve program policy and ease of administration.

- Reviews State plan amendments and makes recommendations on approvals/disapprovals.

- Provides interpretations of Medicaid medical and remedial care coverage payment policies to regional offices, congressional staffs, other Departments of the Federal government, interest groups, and State agencies.

- Provides medical advice and consultation pertaining to the Medicaid program.

- Reviews, with the Office of Research and Demonstrations, research and demonstration agendas in the area of Medicaid medical and remedial care coverage and payment.

- Identifies, studies, and makes recommendations for modifying Medicaid medical and remedial care payment and coverage policies to reflect changes in recipient health care needs, program objectives, and the health care delivery system.

- Develops, evaluates, and reviews Medicaid coverage and payment hospital policies (including hospital Boren Amendment issues and Disproportionate Share Hospitals), regulations, and procedures pertaining to services provided by hospitals and Christian Science Sanitoriums under Medicaid; and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) under Medicaid.

- Reviews requests for waivers under Section 1915 (c) and (d) of the Social Security Act.

- Monitors State medical and remedial care compliance to State plan and oversees the compliance process.

- Provides interpretations of policies to regional offices, congressional staffs, other Departments of the Federal government, interest groups and State agencies.

- Coordinates with other HCFA bureaus, divisions, and offices, the Social Security Administration, and other departmental components in the development of medical and remedial care policies.

- Provides policy, operational and systems support for implementation of the Medicaid drug rebate program.

- Coordinates with the Bureau of Data Management and Strategy and the States in the development of systems specifications for the format, transmission methods, data entry, maintenance, and modification of drug product data submitted by manufacturers.

- Develops and disseminates drug rebate technical notes, letters to Medicaid State Agencies, and acceptance letters to drug manufacturers. Processes signed drug rebate agreements.

- Maintains liaison with, and provides technical assistance to drug manufacturers, Medicaid State agencies, pharmaceutical associations, private sector vendors, and other parties regarding the drug rebate program.

- Establishes and maintains telephone "hotline" in answering queries regarding the monthly Consumer Price Index Urban and current Manufacturer and State address information.

- Prepares an annual report to Congress on drug product and expenditure data.

- Supports cross-cutting activities in relation to functional areas of responsibilities involving: (1) Section 1115 waivers, (2) quality of care initiatives, (3) health care reform, (4) fraud and abuse strategies, (5) legislative development, (6) communication strategy and implementation, and (7) internal budgeting and contracting.

#### c. Office of Beneficiary Services (FAB6)

- Provides beneficiary casework services by responding to written and person inquiries and inquires made by other interested parties on behalf of beneficiaries which are directed to the bureau.

- Uses HCFA hotline to improve beneficiary access to the bureau.

- Develops with partners and stakeholders a network of contacts to facilitate casework and outreach to beneficiaries.

- Working with States and Regional Offices, develops and implements strategies to inform individuals of benefits available and how to gain access to the program.

- Develops consumer information directed at informing beneficiaries on a variety of programmatic issues.

- Identifies and develops reports on significant trends identified through casework activities.

- Serves as ombudsperson for beneficiaries through representation on

workgroups and at meetings within and outside HCFA.

- In conjunction with partners and stakeholders, develops strategies for addressing and overseeing eligibility and service access issues for beneficiaries.
- Develops strategies for addressing and overseeing quality issues for beneficiaries.
- Serves as the focal point in the bureau for special populations such as Native Americans, HIV/AIDS, individuals in rural areas, the homeless and migrants.
- Develops multi-faceted initiatives focused on priority program areas and special need of special populations.
- Collaborates with Federal and State agencies and private organizations to identify and eliminate barriers and improve health status of Medicaid beneficiaries.
- Works with Regional Offices to identify States' needs and coordinates initiatives for technical assistance, information exchange and capacity for addressing beneficiary issues.
- Develops, interprets and issues Medicaid policies and procedures for implementing mandatory and optional eligibility groups, financial eligibility requirements and non-financial eligibility requirements such as age, disability, residence and citizenship and beneficiary appeals.
- Develops, interprets and issues Medicaid policies and procedures for eligibility administration and beneficiary rights and responsibilities, confidentiality, outstationing of eligibility workers and other technical policies such as advance directives and state wideness.
- Develops, implements and coordinates a system for reviewing the States' performance of Income Eligibility Verification System (IEVS) requirements. Develops and interprets regulations and policies for States to establish IEVS.
- Evaluates and contributes to development of policies for Aid to Families with Dependent Children and Supplemental Security Income which have impact on Medicaid eligibility (including welfare reform proposals).
- Develops, directs and operates a national quality control program to determine the effectiveness of Medicaid State agencies' performance in the area of Medicaid eligibility determinations and negative case actions. As part of this function, the team establishes, maintains and disseminates MEQC schedules, develops Regional office reporting requirements, reviews State corrective action plans, participates in development of fiscal disallowances and

preparing recommendations for waivers of disallowances.

- Encourages State to develop alternatives to the traditional Medicaid Quality Control (MEQC) program through MEQC pilots and participates in the development, review and approval tracking and development of reports relative to such pilots.
- Develops with partners strategies and guideline outside MEQC for monitoring State's eligibility policies and operations and evaluates finding resulting from these monitoring activities.
- Provides consultation on State plan amendments and prepares disapproval actions.
- Recommends specific action for new or proposed legislation on eligibility and beneficiary related issues.
- Provides consultation on eligibility aspects of Home and Community-based waivers.
- Prepares specifications for regulation, State plan preprints and manual instructions in program areas within the scope of this team's responsibilities.
- Maintains liaison with the Social Security Administration, Administration for Families and Children, Public Health Services, USDA and other Federal and State agencies that provide assistance and services to Medicaid beneficiaries.
- Supports cross-cutting activities in relation to functional areas of responsibilities involving: (1) Section 1115 waivers, (2) quality of care initiatives, (3) health care reform, (4) fraud and abuse strategies, (5) legislative development, (6) communication strategy and implementation, and (7) internal budgeting and contracting.
- Serves as the focal point for Medicaid third party liability (TPL) operating instructions and policy guidance to Medicaid State agencies and regional offices.
- Develops and implements the regulations and operating instructions for regional offices and States to implement TPL programs.
- Reviews proposed legislation and regulations for potential impact on TPL operations and makes recommendations for changing regulations to improve TPL program administration.
- Investigates and corrects problems in TPL operational implementation by Medicaid State agencies.
- Assists regional offices in resolving operating issues involving various operational policies affecting TPL.
- Develops, interprets, and issues policies under Medicaid to ensure the appropriate allocation of health care/

administrative costs under the Medicaid Bureau Strategic Plan.

- Develops, interprets and issues policies for third-party liability provisions; the liability of recipients and applicants for payment of coinsurance, deductible, and other cost sharing amounts; payment of premiums; cost avoidance; coordination of benefits; free care; cross-over claims; and estate recoveries.

#### d. Office of Financial Services (FAB7)

- Participates in the development and evaluation of proposed legislation or other remedies to improve financial programs and services.
- Reviews proposed legislation, regulations, and operating initiatives for their impact and to respond to congressional inquiries.
- Prepares regulations, manuals, program guidelines, general instructions, reporting instructions, and other written products related to financial policies, operations, and services.
- Serves as Medicaid Bureau liaison with the Office of Inspector General and the Department of Justice regarding audit services.
- Provides oversight and coordinates the national Medicaid medical assistance and administrative costs budgets and justifications. Develops and maintains budget preparation and execution policies and procedures used by States and regional offices.
- Formulates the national Medicaid operating and President's budget for medical assistance payments and administrative costs.
- Develops information necessary to support the budget submissions and congressional budget justifications. Develops, implements, and maintains the Medicaid budget preparation and execution policies and procedures for use by the States and Regional Offices (ROs) in administering the Medicaid program.
- Prepares the Congressional Quarterly Status of Funds report using State agency, RO, and Central Office data. Performs statistical and analytical reviews of State agency and RO submissions to establish historical trends and projections of the Medicaid program expenditures.
- Conducts onsite reviews of State agencies and ROs to determine methodologies used for budget preparation and execution and to evaluate capability and accuracy of the various systems.
- Establishes policies and procedures by which Medicaid State agencies and regional offices submit quarterly budget estimates and reports and administers

the State grants process for administrative and program payments.

- Maintains financial control over grants to States for Public Assistance (Medical Assistance Program) under Section 1903(d) of the Social Security Act.
- Reviews State expenditure reports together with recommendations regarding the allocability of expenditures provided by the RO, determines whether the recommended action is consistent with Federal law and regulations, prepares recommendations as to appropriate action attempts to resolve all issues with the ROs, documents unresolved issues to be referred to the appropriate HCFA authority for decisions, and incorporates the results of decisions in grants.
- Prepares grant award documents.
- Provides technical assistance and training to regional financial management staff in the monitoring of expenditures to assure full accountability for expenditures and develops appropriate financial management instructions.
- Reviews all State claims for Federal payment under Title XIX of the Social Security Act including regional office disallowances of State claims.
- Serves as the focal point for the defense of disallowance decisions before the Department Appeals Board.
- Ensures consistency with Federal laws, regulations, and policy in all actions that may result in disallowances of State claims for FFP. Reviews, secures necessary clearances, and provides technical assistance to regional offices in deferrals and disallowance notifications.
- Ensures the timely recovery of Federal funds and related interest; tracks disallowances from initiation through issuance, appeal and recovery of the Federal share of expenditures, preparing periodic reports on the status of disallowance actions; assists in the defense of disallowances, providing technical assistance to the Department Appeals Board (DAB) and legal staffs of the Departments of Health and Human Services and Justice in administrative or judicial appeals of Medicaid disallowances; and disseminates and implements all DAB and Court decisions.
- Provides oversight, administration, maintenance, and amendments and revisions of the Medicaid Budget and Expenditure System.
- Develops, coordinates, and maintains an automated system for budgets, grants, and expenditure reports and produces periodic reports from this system.

- Directs regional office financial reviews and audits of State agencies and oversees the Medicaid claims processing review activity.

- Directs the national financial management review process to monitor State Medicaid expenditures, develops financial management review guides, establishes the national schedule of reviews and provides instructions and technical assistance to ensure that reviews and policies are consistently implemented.

- Monitors regional office Medicaid financial management participating in onsite reviews and preparing periodic reports of activities and results and national performance.

- Collects, evaluates, and develops related information and calculates the Federal fiscal year National DSH payment target and State DSH allotments.

- Develops the Federal Register notice to publish the Federal fiscal year National DSH target and State DSH allotments.

- Establishes policies and procedures by which Medicaid State agencies and regional offices submit quarterly budget and expenditure information on State receipts under donation and taxes programs in accordance with the provisions of the Medicaid statute and regulations.

- Collects, evaluates, and develops information and reporting on State receipts of donations and taxes.

- In coordination with the regional offices, calculates States' limits on receipts of donations and taxes and any applicable reduction in Federal financial participation.

- Prepares regulations, manuals program guidelines, and other instructions related to donations and taxes provisions.

- Provides interpretations of established Medicaid policies to regional offices, congressional staffs, and other departmental offices on donations and taxes provisions.

- Establishes HCFA payment policy for Medicaid administrative costs. Responsible for operational policies regarding availability of Federal Financial Participation (FFP), designation of appropriate FFP rates, and for issuing interpretations to regional offices regarding operational FFP issues.

- Develops and coordinates the fiscal aspects of the Medicaid program, and sets and interprets Federal funding policies and regional office and State operational procedures.

- Provides the definitive interpretation of Federal funding of State Medicaid administrative costs,

operational policies on the allocability and availability of Federal financial participation (FFP), and the appropriate FFP rates.

- Participates with HCFA components in development, review, and evaluation of State health system reforms under State Section 1115 waiver programs.

- Participates in development, implementation, oversight and negotiation activities related to the financial and budget neutrality provisions of the States' Section 1115 programs, managed care and other health care reform initiatives, including reporting, rate setting, and conditions of Federal financial participation.

- Performs statistical and analytical reviews of State agency and RO submissions to establish historical trends and projections of the Medicaid budget estimates and program expenditures related to States' Section 1115 programs, managed care and other health care reform initiatives.

- Participates in onsite reviews of State agencies and ROs for oversight, technical assistance and negotiation of issues related to the provisions of States' Section 1115 programs and health care reform initiatives.

- Develops evaluates, interprets and reviews policies, regulations, standards and procedures, and provides operational oversight, pertaining to physician referral provisions.

- Provides oversight for the implementation and continuing operational support related to physician referral.

- Develops, plans and executes analytical studies to identify programmatic, operational or management areas of fiscal vulnerability or which impact the fiscal integrity of the Medicaid program.

- Performs financial analyses of and makes recommendations for addressing areas of fiscal vulnerability.

- In partnership with States, develops approaches to improve the fiscal integrity of the Medicaid program and reduce areas of fiscal vulnerability.

- Supports cross-cutting activities in relation to functional areas of responsibilities involving: (1) Section 1115 waivers, (2) quality of care initiatives, (3) health care reform, (4) fraud and abuse strategies, (5) legislative development, (6) communication strategy and implementation, and (7) internal budgeting and contracting.

e. Office of Information Systems and Data Analysis (FAB8)

- Serves as the Bureau's focal point to improve State/Federal decision making through the effective use of information.

- Develops information requirements for decision making in State/Federal health care programs through its leadership role in defining information requirements via customer input, and reconciles information needs.

- Develops staff capability for information analysis by incorporating data and statistical analysis techniques into program/policy training, providing tools and materials necessary to facilitate data and information analysis, and ensures teams needing these skills are staffed with such members experienced in their use.

- Serves as clearinghouse for information on Medicaid programs and data availability to support comparative analyses.

- Monitors and tracks Medicaid population through 2082 and the Medicaid Statistical Information System data.

- Develops and maintains an automated system providing State-by-State inventories of Medicaid program characteristics.

- Develops, implements, and directs mathematical and statistical procedures, including sampling, precision, universe identification, etc., in support of the Medicaid quality control and assessment programs, as well as other Medicaid program activities.

- Provides statistical support and performs analyses related to Federal and State Medicaid program design quality and operations.

- Assists BDMS in setting standards to assure data accuracy and consistency through the development of data definitions, system edits, etc.

- Develops and maintains a centralized State data profile to support State and regional efforts to foster improvements to State program design via the assistance of technological advances made by other States and the private sector, including state-of-the-art technology in electronic data processing.

- Coordinates with all State Medicaid agencies, in conjunction with HCFA regional offices and BDMS, implementation of system coding and other changes related to the Medicare program's Physician Payment Reform initiative and other data initiatives such as common coding, uniform billing, and electronic data interchange.

- Develops, plans and executes analytical studies at the request of the Bureau Director; analyzes current Medicaid policies to identify weaknesses, define options for change, and assess their impact; and effectively communicates and disseminates findings associated with the program

analyses and policy studies described above.

- Analyzes large-scale databases and designs population-based surveys and other analyses to enhance program operations and policy coherency.

- Provides the bureau with internal systems expertise to produce and interpret operational performance indicators from the manipulation of computer-stored financial and program data and to review the integrity of systems operating within the Bureau.

- Serves as a focal point for Medicaid funding requests and coordinates with the appropriate components within HCFA and the Department and prepares the recommendations for final decisions regarding approval or disapproval.

- Directs the development and issuance of regulations, specifications, requirements, procedures, and instructional material to implement and maintain operational systems for processing Medicaid claims/encounter data and defines their application to the States and program recipients.

- Monitors Medicaid automated systems requirements, standards and procedures pertaining to the review and evaluation of State agency automated data processing, claims/encounter data processing, information retrieval systems, and integrated eligibility systems, in terms of their development, operations and funding to determine State compliance with published Federal requirements.

- Performs periodic reviews of State systems to identify deficiencies with regard to failing to meet performance standards developed by these and other HCFA staff.

- Reviews and approves State agency requests for Federal Financial Participation (FFP) associated with the cost of developing and operating Medicaid claims/encounter data processing, information retrieval systems, as well as integrated eligibility systems.

- Provides policy guidance for the application of conceptual equivalency in the determination of whether uncertified automated systems meet the Federal Medicaid Management Information System (MMIS) requirements, as well as provides technical guidance to HCFA components involved in the development of MMIS re-certification standards.

- Central coordination/liaison office for working with other HCFA components (e.g. BDMS, BPO, HSQB, ORD, etc.) on data and system-related issues. Similarly relates to other governmental agencies and the private

sector on Medicaid issues, in concert with BDMS' overall strategy/guidance.

- Promotes standardized electronic data interchange (EDI) and its adoption by States; works with Regional Offices, the National Uniform Billing Committee, and other health care claims/encounter work groups toward this end together with the State Medicaid Director's Association, the Medicare program and other interested parties for purposes of developing national standards.

- Participates on the American National Standards Institute (ANSI) committees (and other similar groups) regarding data elements for eligibility, health care services, coverage, payment, etc. information.

- Monitors State electronic verification/claims submission/processing/payment systems, as well as HCPCS issues, and the conversion of the HCFA 1450 and 1500 to electronic formats.

- Coordinates with all State Medicaid Agencies the adoption of national standards for paper and electronic data interchange-based administrative transactions such as claims, encounters, remittance advice and eligibility inquiries.

f. Office of Program and Organizational Services (FAB9)

- Promote and support States' development of Medicaid program transitions to health system reform.

- Provide leadership to the Medicaid Bureau's coordinating activities related to State-initiated health system reforms accomplished through Statewide Section 1115 projects.

- Serve as the Medicaid Bureau's clearinghouse for information on State reform initiatives; identify needs and coordinate initiatives for technical assistance, information exchange and capacity building to further States' progress toward program reforms.

- Implement collaborative initiatives among Federal and State agencies and private organizations, for complementary efforts to improve health service delivery and/or financing in priority areas.

- Support management of Medicaid strategic planning, through analyses of data, trends and external forces, assessment of program activities in light of planned objectives, and coordination of Medicaid planning activities with other agencies and organizations.

- Serves as liaison with and ombudsman for the Medicaid regional components. Ensure that meaningful dialogue, instead of just one-way information flow, occurs during teleconferences and conferences.

Ensures involvement and participation by ORD and OMC when necessary to resolve operational conflicts impacting the Medicaid program. Represents the regions at leadership meetings of the Bureau, and provides leadership on Bureau priorities for regional office work.

- Compile and analyze other bureaus' plans to the extent they affect Medicaid resource use in the regions or in the bureau.

- Provide leadership in the development and revisions of the HCFA workplan related to the bureau's responsibilities or of the Medicaid Bureau work plan. Prepare Medicaid Bureau strategies.

- Represent the Bureau with AAORM staff. Participate in AAORM conference calls with the Regional Administrators and provide alerts to the leadership of the Medicaid Bureau when issues arise that will affect the Bureau's planning.

- Provide leadership within the Medicaid in the development of legislative implementation plans.

- Provides leadership on the evaluation of the Medicaid Bureau's structure and on the development and implementation of the means for dealing with the results of evaluations.

- Evaluates Medicaid operations and leadership, and HCFA-wide policies and programs to develop, coordinate, and implement bureau-wide management, budget, personnel and administrative policies and programs. Leads the design, implementation, and operation of Bureau processes, methods and policy to be followed by all subdivisions of the Bureau in the areas of budget and financial operations, procurement, work planning, personnel, management analysis and evaluation, administrative and general services, and equal employment opportunity.

- Executes the budget for the bureau through the issuance of staff and dollar controls, budget allowances for administrative expenditures, and employment ceilings to the Bureau Director and team managers.

- Provides advice and assistance with regard to the development, coordination and control of manual issuances. Interprets and produces various program information reports.

- Serves as focal point for public information (e.g., newsletter articles, FOIA and Privacy Act requests, etc.). Plans, directs and coordinates the Bureau's paperwork burden reduction and information collection budget programs.

- Provides leadership of a program to ensure that the Bureau is responsive to States, regional offices, other central office components and the public.

Directs a Bureau-wide tracking and control system on correspondence, policies, regulations, action documents, etc., and provides training and technical assistance on standards for content of written documents.

- Represents the Medicaid Bureau and participates on teams charged with redesigning HCFA-wide administrative and management programs, policies and procedures.

- Serves as focal point for the General Accounting Office and the Office of the Inspector General reports relating to MB and coordinates other operational reviews of and within MB (e.g., internal control reviews).

- Develops and conducts a curriculum and courses to develop or increase the knowledge of the Medicaid program of staff from the MB, regional offices, States, and other partners and stakeholders.

- Coordinates, tracks, and produces reports on State plan amendments, home and community-based waivers, State plan preprints, legislative proposals (A19s), regulations, correspondence, and Section 1115 health care reform waivers.

- Develops and maintains general program compliance policies and tracks status of compliance issues.

- Serves as the liaison and coordinator between the public and other Federal agencies and the MB to address the needs of such individuals and organizations. These activities include securing appropriate attendees at meetings, participants on workgroup and teams, and tracking the MB resources committed to such activities.

- Develops and maintains a bureau administrative protocol and develops instructions for MB, regional offices, and States on submission and processing State plan amendments.

- Directs the Bureau's ADP activities relating to development, implementation, and administration of mainframe and PC-based ADP systems.

- Ensures adherence to all HCFA Automated Data Processing (ADP) security measures, policies, and procedures and assists with the development, modification, and review of ADP policies.

- Provides bureau support on issues related to microcomputer systems. Serves as the primary bureau contact point in coordinating with the Bureau of Data Management and Strategy on issues associated with system applications.

Dated: September 20, 1996.

Bruce C. Vladeck,

*Administrator, Health Care Financing Administration.*

[FR Doc. 96-33094 Filed 12-27-96; 8:45 am]

BILLING CODE 4120-01-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4061-N-04]

### Announcement of Funding Awards for Fiscal Year 1996 for Section 8 Family Self-Sufficiency Program Coordinators

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.

**ACTION:** Announcement 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 document notifies the public of funding awards for Fiscal Year (FY) 1996 to housing agencies (HAs) under the Section 8 Family Self-Sufficiency (FSS) program. The purpose of this Notice is to publish the names and addresses of the award winners and the amount of the awards made available by HUD to provide funding for FSS program coordinators.

**FOR FURTHER INFORMATION CONTACT:** Gerald J. Benoit, Director, Operations Division, Office of Rental Assistance, Office of Public and Indian Housing, Room 4220, Department of Housing and Urban Development, 451 Seventh Street, S.W., Washington, D.C. 20410-8000, telephone (202) 708-0477. (This telephone number is not toll-free.) A telecommunications device for hearing- and speech-impaired individuals (TTY) is available at 1-800-877-8339 (Federal Information Relay Service).

**SUPPLEMENTARY INFORMATION:** The purpose of the rental voucher and rental certificate programs is to assist eligible families to pay the rent for decent, safe, and sanitary housing. The FY 96 awards announced in this notice were selected for funding consistent with the provisions in the Notice of Funding Availability (NOFAs) published in the Federal Register on July 26, 1996 (61 FR 39261).

The funding for FSS service coordinators allows housing agencies to employ a coordinator to work with the Program Coordinating Committee and with local service providers to assure that program participants are linked to the supportive services they need to achieve self-sufficiency.