procedures for reviewing proposals. On September 27, 1994, we published a notice in the Federal Register (59 FR 49249) that specified (1) the principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

As part of our procedures, we publish a notice in the Federal Register with a monthly listing of all new submissions, pending proposals, approvals, disapprovals, and withdrawn proposals. Proposals submitted in response to a grant solicitation or other competitive process are reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process.

II. Listing of New, Pending, Approved, Disapproved, and Withdrawn Proposals for the Month of November 1996

## A. Comprehensive Health Reform Programs

1. New Proposals

No new proposals were received during the month of November.

2. Pending, Approved, Disapproved, and Withdrawn Proposals

We did not approve or disapprove any Comprehensive Health Reform Programs during November nor were any proposals withdrawn during that month. Pending proposals for the month of October found in the Federal Register of December 9, 1996, 61 FR 64914, remain unchanged with the exception of the following one new proposal submitted in October that is now pending.

*Demonstration Title/State:* State of Washington Medicaid Section 1115(a) Waiver Request—Washington.

*Description:* Under the "State of Washington Medicaid Section 1115(a) Waiver Request," the State is requesting waivers of the 75/25 and lock-in requirements. The State's intent is for the demonstration to subsume the current 1915(b) Health Options Program. The State is planning innovations with encounter data, Medicaid HEDIS, and quality measures for the disabled population.

Date Received: October 2, 1996.

*State Contact:* Jane Beyer, Assistant Secretary, Medical Assistance Administration, Department of Social and Health Services, P.O.Box 45500, Olympia, Washington 98504–5500, (360) 586–6513.

*Federal Project Officer:* Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3–18–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

# *B. Other Section 1115 Demonstration Proposals*

1. New, Pending, Approved, Disapproved, and Withdrawn Proposals

We did not receive any new proposals or approve or disapprove any Other Section 1115 Demonstration Proposals during the month of November nor were any proposals withdrawn during that month. Pending proposals for the month of October found in the Federal Register of December 9, 1996, 61 FR 64914, remain unchanged.

III. Requests for Copies of a Proposal

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquiries should be directed to HCFA at the address above.

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments). Dated: December 18, 1996.

Barbara Cooper,

Acting Director, Office of Research and Demonstrations.

[FR Doc. 97–1025 Filed 1–15–97; 8:45 am] BILLING CODE 4120–01–P

## Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 35, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

#### **Proposed Projects**

1. Project To Assess Bi/Multilingual Services Offered At Selected **Community And Migrant Health** Centers—NEW—Recognizing the importance of language-appropriate services to full and effective health care provision, the Office of Minority and Women's Health in the Bureau of Primary Health Care [BPHC], Health **Resources and Services Administration** [HRSA], proposes to conduct a voluntary survey to assess the composition and provision of bi/ multilingual services at 150 Community and Migrant Health Centers [C/MHCs] identified as likely to be serving such populations. This effort was developed so that information could be gathered to assist the field, funding agency staff, and policy makers in better understanding what works, what does not, and barriers and facilitators to effective health service provision for speakers of languages other than English.

The information gathered will provide HRSA with an information base upon which to build in making future program decisions regarding C/MHC resource and staffing needs in order to reduce or eliminate the barriers to health care often faced by non- or limited-English-speaking populations. The end result of the program will be to assist the funding agency to help C/ MHCs and by extension, other providers of health care for non- or limited-English speaking populations, to provide appropriate services. An estimate of the hour burden anticipated for the 150 C/MHC Directors to whom the survey will be mailed is shown below.

Form	No. of respondents	Responses per respond- ent	Hours per re- sponse	Total hour bur- den
Bi/Multilingual Services Survey	150 C/MHC Directors	1	2.5 hours	375 hours

2. Study on Ethnicity/Race of Subpopulations: User/Clients and Providers in Bureau-Supported Programs—NEW—National health statistics show that there are disproportionately high numbers of individuals from ethnic minority groups who have low incomes and limited access to health care. In addition, recent published studies indicate that cultural and linguistic barriers discourage many minority group members from seeking medical attention from certain service providers. For these reasons, and given the fact that certain diseases and disorders have a higher prevalence within particular ethnic groups, it is

important for the Bureau of Primary Health Care (BPHC) to have full understanding of the ethnicity of clients and providers at health centers supported through the Community Health Center Program, Migrant Health Center Program, Health Care for the Homeless, Primary Health Care in Public Housing, and the HIV Health Center Program. The ultimate purpose of this study is to examine subpopulation data on the service providers and users of these health care agencies supported by BPHC.

In the first stage of the study, emphasis will be on gathering, organizing, analyzing, and reporting on

ethnicity/race data that are currently available. This stage will be in preparation for a mail survey of health centers who receive BPHC support (through the programs listed above) to obtain detailed data on the ethnic/racial composition of users and providers. The mail survey will also request information on their data collection processes for ethnicity and race, which will be used to guide future BPHC efforts to collect race/ethnicity subpopulation data, making maximum use of the data collection and storage methods already employed by BPHC grantees.

Type of respondent	No. of respondents	Responses per respond- ent	Average hours per response	Total burden hours
BPHC Grantees	800	1	1	800

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14–36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 10, 1997.

J. Henry Montes,

Director, Office of Policy and Information Coordination.

[FR Doc. 97–1060 Filed 1–15–97; 8:45 am] BILLING CODE 4160–15–P

#### DEPARTMENT OF THE INTERIOR

#### National Environmental Policy Act Revised Implementing Procedures

**AGENCY:** Department of the Interior. **ACTION:** Notice of Final Revised Procedures for the Fish and Wildlife Service (Service).

**SUMMARY:** This notice announces final revised procedures for implementing the National Environmental Policy Act (NEPA) for actions implemented by the Fish and Wildlife Service in Appendix 1 in the Department of the Interior's (Departmental) Manual (516 DM 6). The revisions update the agency's procedures, originally published in 1984, based on changing trends, laws, and consideration of public comments. Most importantly, the revisions reflect new initiatives and Congressional

mandates for the Service, particularly involving new authorities for land acquisition activities, expansion of grant programs and other private land activities, and increased Endangered Species Act (ESA) permit and recovery activities. The revisions promote cooperating agency arrangements with other Federal agencies; early coordination techniques for streamlining the NEPA process with other Federal agencies, Tribes, the States, and the private sector; and integrating the NEPA process with other environmental laws and executive orders

EFFECTIVE DATE: January 16, 1997.

**FOR FURTHER INFORMATION CONTACT:** Don Peterson, Environmental Coordinator, Fish and Wildlife Service, at (703) 358–2183.

**SUPPLEMENTARY INFORMATION:** The Service's existing procedures for implementing NEPA with regard to actions proposed to be carried out by the Service appear in Appendix 1 to Chapter 6, Part 516, of the Departmental Manual (516 DM 6, Appendix 1). These procedures are consistent with the Council on Environmental Quality's (CEQ) Regulations for Implementing the Procedural Provisions of NEPA (Regulations). These procedures (Appendix 1) were previously published in the Federal Register on July 1, 1982 (47 FR 28841), and were incorporated into the Departmental Manual on April 30, 1984. Proposed revised procedures were published in the Federal Register on May 1, 1996 (61 FR 19308), for 45-day public review. The comment period closed June 17, 1996.

The final revisions update organizational changes in the Service (section 1.1); provide general guidance for NEPA compliance for Service activities (section 1.2); update guidance to State, local, and private applicants for permits and Federal assistance provided through Service-administered programs (section 1.3); update and expand the categorical exclusions to reflect increased responsibilities, including the implementation of several new programs (section 1.4); add a new section that identifies Service actions normally requiring an environmental assessment (EA) (section 1.5); and revise the list of major actions normally requiring the development of an environmental impact statement (EIS) (section 1.6). The Appendix must be read in conjunction with the Department's NEPA procedures (516 DM 1-6) and CEQ's Regulations (40 CFR 1500-1508). The Department's overall NEPA procedures were published in the Federal Register on April 23, 1980 (45 FR 27541), and were revised in 49 FR 21437, on May 21, 1984.

**RESPONSE TO COMMENTS:** A total of eight responses were received during the public comment period. As a result of