

the voting shares of Bank of Norfolk, Norfolk, Nebraska.

In connection with this application, North Central Bancorp has also applied to acquire Columbus Financial Corporation, and thereby indirectly acquire Columbus Federal Savings Bank, both in Columbus, Nebraska, and thereby engage in the operation of a savings association, pursuant to § 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, September 21, 1999.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 99-24987 Filed 9-24-99; 8:45 am]

BILLING CODE 6210-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for State Children's Health Insurance Programs and for Selected Portions of State Medicaid Programs for October 1, 1999 Through September 30, 2000; Correction

**ACTION:** Notice of Correction.

**SUMMARY:** This Notice corrects the Enhanced Federal Medical Assistance Percentages (EFMAP) for eight states as published in the January 12, 1999 **Federal Register**. Five states (Arkansas, Georgia, Kentucky, South Carolina and Utah) should have had an EFMAP .01% higher than the values published in January. Three states (Florida, Maine and South Dakota) should have had an EFMAP .01% lower than that published in January.

**EFFECTIVE DATES:** The corrected percentages will be effective for each of the 4 quarter-year periods in the period beginning October 1, 1999 and ending September 30, 2000.

#### FOR FURTHER INFORMATION CONTACT:

Robert Stewart or Jennifer Tolbert, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 442E Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, Telephone (202) 690-6870.

**SUPPLEMENTARY INFORMATION:** On January 12, 1999, the Department published in the **Federal Register** (PP. 1805-1808) the Federal Medical Assistance Percentages (FMAP) and the Enhanced Federal Assistance Percentages (EFMAP). The FMAP values

were correct. The EFMAP values for eight states were slightly in error because of a failure to round the FMAP values from which the EFMAP values were computed. The correct EFMAP values for the eight states are:

#### CORRECTED ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 1999-SEPTEMBER 30, 2000

[Fiscal year 2000]

State	Enhanced Federal medical assistance percentages
Arkansas .....	81.00
Florida .....	69.56
Georgia .....	71.92
Kentucky .....	79.39
Maine .....	76.35
South Carolina .....	78.97
South Dakota .....	78.10
Utah .....	80.09

#### FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 1999-SEPTEMBER 30, 2000

[Fiscal year 2000]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Alabama .....	69.57	78.70
Alaska .....	59.80	**71.86
American Samoa .....	50.00	*65.00
Arizona .....	65.92	76.14
Arkansas .....	72.85	81.00
California .....	51.67	66.17
Colorado .....	50.00	65.00
Connecticut .....	50.00	65.00
Delaware .....	50.00	65.00
District of Columbia .....	70.00	**79.00
Florida .....	56.52	69.56
Georgia .....	59.88	71.92
Guam .....	50.00	*65.00
Hawaii .....	51.01	65.71
Idaho .....	70.15	79.11
Illinois .....	50.00	65.00
Indiana .....	61.74	73.22
Iowa .....	63.06	74.14
Kansas .....	60.03	72.01
Kentucky .....	70.55	79.39
Louisiana .....	70.32	79.22
Maine .....	66.22	76.35
Maryland .....	50.00	65.00
Massachusetts .....	50.00	65.00
Michigan .....	55.11	68.58
Minnesota .....	51.48	66.04
Mississippi .....	76.80	83.76
Missouri .....	60.51	72.36
Montana .....	72.30	80.61

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES,  
EFFECTIVE OCTOBER 1, 1999–SEPTEMBER 30, 2000—Continued  
[Fiscal year 2000]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Nebraska .....	60.88	72.62
Nevada .....	50.00	65.00
New Hampshire .....	50.00	65.00
New Jersey .....	50.00	65.00
New Mexico .....	73.32	81.32
New York .....	50.00	65.00
North Carolina .....	62.49	73.74
North Dakota .....	70.42	79.29
Northern Mariana Islands .....	50.00	*65.00
Ohio .....	58.67	71.07
Oklahoma .....	71.09	79.76
Oregon .....	59.96	71.97
Pennsylvania .....	53.82	67.67
Puerto Rico .....	50.00	*65.00
Rhode Island .....	53.77	67.64
South Carolina .....	69.95	78.97
South Dakota .....	68.72	78.10
Tennessee .....	63.10	74.17
Texas .....	61.36	72.95
Utah .....	71.55	80.09
Vermont .....	62.24	73.57
Virgin Islands .....	50.00	*65.00
Virginia .....	51.67	66.17
Washington .....	51.83	66.28
West Virginia .....	74.78	82.35
Wisconsin .....	58.78	71.15
Wyoming .....	64.04	74.83

\*For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI and Part A of title IV will be 75 per centum.

\*\*For 1998, 1999, and 2000, the values in the table were set for state plans under Titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for Alaska is 54.13. For the District of Columbia, the percentage for other such purposes is 50.00.

The Department regrets the error.

Dated: September 17, 1999.

**Brian P. Burns,**

*Deputy Assistant Secretary for Information Resources Management.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[INFO–99–42]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the

proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

#### Proposed Project

Families, Communities, and Diabetes Management Project—New—National

Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Diabetes Translation. Diabetes Type 2 is a serious chronic metabolic disease with serious potential health consequences that include both psychological and physical health conditions. Diabetes care is important in the management of this disease. Previous studies examining factors that influence diabetes management have examined psychological, patient-provider relationships, family and social support, health insurance availability and utilization, dietary consumption, and levels of physical activity. Most of what is known about managing diabetes has been generated using results based on findings with predominately white audiences. Therefore, NCCDPHP, Division of Diabetes Translation, intends to conduct a longitudinal study examining complex inter-and intra-personal factors unique to African-American and Mexican-American adults living with diabetes. Also contributing to this study will be family members of these individuals. Examination of these factors will help to develop effective