

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-4040]

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: Request for Enrollment in Supplementary Medical Insurance and Supporting Regulations in 42 CFR 407.10 and 407.11;

Form No.: HCFA-4040 (OMB# 0938-0245);

Use: The HCFA-4040 is used to establish entitlement to Supplementary Medical Insurance by Beneficiaries not eligible under Part A of Title XVIII or Title II of the Social Security Act. The HCFA-4040SP is the Spanish edition of this form.;

Frequency: Other: One Time Only;

Affected Public: Individuals or Households, Federal Government, and State, Local or Tribal Government;

Number of Respondents: 10,000;

Total Annual Responses: 10,000;

Total Annual Hours: 2,500.

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 E-mail your request, including your address and phone number, to 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 OMB Desk 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 22, 1999.

John Parmigiani,

Manager, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-5]

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: Physician Certifications/Recertifications in Skilled Nursing Facilities (SNFs) Manual Instructions and Supporting Regulations in 42 CFR 424.20;

Form No.: HCFA-R-5 (OMB# 0938-0454);

Use: The Medicare program requires as a condition for Medicare Part A payment for post-hospital skilled nursing facility (SNF) services, that a physician must certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification and recertification is

intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals. The documentation is a condition for Medicare Part A payment for post-hospital SNF care.

Frequency: On occasion;

Affected Public: State, Local or Tribal Government, Individuals or Households, Business or other for-profit, and Not-for-profit institutions;

Number of Respondents: 2,038,248;

Total Annual Responses: 947,816;

Total Annual Hours: 417,239.

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 E-mail your request, including your address and phone number, to 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 OMB Desk 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 22, 1999.

John Parmigiani,

Manager, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-297]

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: Existing collection in use without an OMB control number;

Title of Information Collection: Request for Employment Information;

Form No.: HCFA-R-297 (OMB #0938-NEW);

Use: This form is needed to determine whether a beneficiary can enroll in Part B Medicare and/or qualify for premium reduction. This form is used by the Social Security Administration to obtain information from employers regarding whether a Medicare beneficiary's coverage under a group health plan is based on current employment.

Frequency: On occasion;

Affected Public: Business or other for-profit;

Number of Respondents: 5,000;

Total Annual Responses: 5,000;

Total Annual Hours: 750.

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 E-mail your request, including your address and phone number, to 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 OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 22, 1999.

John Parmigiani,

Manager, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are 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 Project: Drug and Alcohol Services Information System (DASIS) (OMB No. 0930-0106, Revision)

The DASIS consists of three related data systems: the National Master

Facility Inventory (NMFI), the Uniform Facility Data Set (UFDS), and the Treatment Episode Data Set (TEDS). The NMFI includes all known substance abuse treatment facilities. The UFDS is an annual survey of all substance abuse treatment facilities listed in the NMFI. The TEDS is a compilation of client-level admission data and discharge data submitted by States on clients treated in facilities that receive State funds. Together, they provide information on the location, scope and characteristics of all known drug and alcohol treatment facilities in the United States, and the characteristics of clients receiving services. This information is needed to assess the nature and extent of these resources, to identify gaps in services, and to provide a database for treatment referrals.

A request is being prepared for OMB approval of proposed revisions to the annual UFDS survey. The following changes are proposed: (1) The UFDS survey will be conducted by mail, rather than by telephone; (2) Non-treatment (prevention) facilities will no longer be included in the annual survey; (3) Some questions will be reinstated (e.g., whether facility provides DUI/DWI services, percent of clients treated for alcohol abuse, drug abuse, or both); (4) Several questions will be added (e.g., whether facility treats only incarcerated or DUI/DWI clients, whether services are provided in languages other than English, availability of fully subsidized care or a sliding fee scale, receipt of public funding); (5) Some questions will be deleted (e.g., whether facility is a school, social services agency, community mental health center, community health center, or private group practice; facility accreditation; percent of clients being treated for substance abuse); (6) Several questions will be revised. Changes to the TEDS and NMFI are not planned.

Estimated annual burden for the DASIS activities is shown below.

| Type of respondent and activity | Number of respondents | Responses per respondent | Hours per response | Total burden hours |
|----------------------------------------------------|-----------------------|--------------------------|--------------------|--------------------|
| States | | | | |
| TEDS Admission Data ¹ | 52 | 4 | 6 | 1,248 |
| TEDS Discharge Data ¹ | 13 | 4 | 6 | 312 |
| NFR Update ^{1,2} | 56 | 128 | 0.08 | 573 |
| State Subtotal ¹ | 56 | | | 2,133 |
| Facilities | | | | |
| UFDS Questionnaire | 17,000 | 1 | .6 | 10,200 |
| Pre-screening of newly-identified facilities | 2,000 | 1 | .08 | 160 |
| Facility Subtotal | 19,000 | | | 10,360 |