

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.

1. *Type of Request:* Revision of a currently approved collection; *Title of Information Collection:* Certification of Medicaid Eligibility Quality Control (MEQC) Payment Error Rates and supporting regulations 42 CFR 431.802–822 and 42 CFR 431.865; *Form No.:* HCFA–301; *Use:* This certification is the new form by which States will report their MEQC payment error rate findings. This form represents aggregate data which were formerly collected through the Integrated Review Schedule. Regulations 42 CFR 431.802–822 and 42 CFR 431.865 requires the States to submit this data in the MEQC program; *Frequency:* Semi-annually; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 51; *Total Annual Responses:* 102; *Total Annual Hours:* 22,515.

To request copies of the proposed paperwork collection referenced above, E-mail your request, including your address, 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 should be sent within 60 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: August 14, 1996.

Edwin J. Glatzel,

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

[FR Doc. 96–21424 Filed 8–21–96; 8:45 am]

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#### [HCFA R–44]

#### **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:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Title Conditions of Participation for Rehabilitation Agencies and Conditions for Coverage for Physical Therapists in Independent Practice; *Form No.:* HCFA R–44; *Use:* This information is needed to determine if an agency or therapist is in compliance with published health and safety requirements. Respondents are outpatient clinics, rehabilitation agencies, public health agencies, and therapists in independent practice. *Frequency:* On occasion; *Affected Public:* Business or other for-profit; *Number of Respondents:* 9,634; *Total Annual Responses:* 9,634; *Total Annual Hours Requested:* 26,397.

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>, 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, DC 20503.

Dated: August 14, 1996.

Edwin J. Glatzel,

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

[FR Doc. 96–21426 Filed 8–21–96; 8:45 am]

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#### **Health Resources and Services Administration**

#### **Cooperative Agreement With the George Mason University Center for Health Policy**

**AGENCY:** Health Resources and Services Administration (HRSA), Health and Human Services (HHS).

**SUMMARY:** The Office of Rural Health Policy (ORHP), Health Resources and Services Administration, announces its intent to award funds in FY 1996 to support a grant to the George Mason University Center for Health Policy, in Fairfax, Virginia.

The Office of Rural Health Policy works closely with numerous national organizations with rural health policy and program interests. Virtually all of these groups are either headquartered in the Washington, DC area, or locate their principal policy office here. The involvement of these associations, foundations and other organizations in addressing rural health concerns is limited by the lack of availability of readily available information on rural health policy and programs, by the lack of any educational forum for building common understanding of current directions in rural health policy, and by the lack of any facilitation of sharing among the rural health representatives of these organizations. The office intends, through this grant, to sponsor invitational meetings three or four times per year which would be high quality educational forums that would encourage the development and exchange of ideas and approaches to rural health problems solving, and would encourage the growth of expertise on rural health among the invited participants. The grant would also provide for ongoing communication on rural health issues meetings, conferences etc., as well as background papers as needed.

HRSA plans to award this grant to the George Mason Center, because of its unique characteristics, skills and superior qualifications in the Washington area in rural health issues as well as its mandate and ability to conduct conferences and forums health policy leadership workshops, research and position papers, and collaboration with professional and community based organizations. Accordingly, HRSA has determined that there is adequate basis for awarding this grant to the George Mason Center without competition.

**Authority:** This grant is authorized under Section 301 of the Public Health Service Act. With funds appropriated under Public Law 103–112 (Omnibus Budget Reconciliation Act of 1996).

**AVAILABILITY OF FUNDS:** Approximately \$150,000 will be made available to support the grant for a budget period of one year, beginning FY 1996. The project period will be four years at a total cost of approximately \$600,000.

**OTHER AWARD INFORMATION:** This program is not subject to the provision of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented by 45 CFR Part 100).

**FOR FURTHER INFORMATION:** Contact Jeffrey Human, Director, Office of Rural Health Policy, 5600 Fishers Lane, Room 9-05, Rockville, MD 20857, (301) 443-0835, jhuman@hrsa.ssw.dhhs.gov.

Dated: August 16, 1996.

Ciro V. Sumaya,  
Administrator.

[FR Doc. 96-21399 Filed 8-21-96; 8:45 am]

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### **Final Project Requirements and Review Criteria for Cooperative Agreements for Partnerships for Health Professions Education for Fiscal Year 1996**

The Health Resources and Services Administration (HRSA) announces the final project requirements and review criteria for cooperative agreements for Partnerships for Health Professions Education. This model/demonstration program will be jointly funded under sections 738(b) (Minority Faculty Fellowship Program), 739 (Centers of Excellence in Minority Health Professions Education), and 740 (Health Careers Opportunity Program) of the Public Health Service Act, as amended by the Health Professions Education Extension Amendments of 1992, Pub. L. 102-408, dated October 13, 1992.

#### **Purpose**

The purposes of this program are to: (1) Assist schools in supporting programs of excellence in health professions education for minority students, (2) assist individuals from disadvantaged backgrounds to undertake education to enter and graduate from a health professions school and (3) to assist schools in increasing the number of underrepresented minority faculty members at such schools.

A proposed notice was published in the Federal Register on April 29, 1996 at 61 FR 18750 for public comment. No comments were received during the 30-day comment period. Therefore, the proposed project requirements and review criteria will be retained as follows:

#### **Final Project Requirements**

The following project requirements are final:

1. The Partnerships for Health Professions Education cooperative agreement is to include efforts to increase the numbers and quality of:

(a) Minority and disadvantaged health professionals who provide health services to underserved populations and  
(b) Minority faculty serving in health professions schools. This would be accomplished through comprehensive geographically defined cooperative initiatives involving several educational and community-based institutions and organizations. Specifically, the project is to establish and test a model comprehensive program in a defined geographic area (e.g., region, state, metropolitan or rural area). The project would bring together a variety of educational and community entities into a formal educational continuum that addresses:

(a) The needs of minority and disadvantaged students through graduation from a health professions school, and

(b) Junior minority faculty aspiring to senior faculty positions in health professions schools.

2. The proposed model must encompass formulation of academic-community educational partnerships including:

(a) Formal linkages among health profession and prehealth profession schools, where both have strong histories and established administrative infrastructures for addressing the types of purposes proposed in this model program;

(b) Linkages among health professions schools and community based health care entities serving underserved populations. This would allow targeted health professions school students to be offered experiences in the delivery of health services in community-based facilities located at sites remote from the institution; and

c. Consortium arrangements (where appropriate) among participating health professions schools.

4. The Partnerships for Health Professions Education Programs shall, for a geographically prescribed area establish:

(a) An educational and non-educational support system designed to improve the quality of the minority applicant pool involving preliminary education, facilitating entry (including post baccalaureate projects where appropriate) and retention activities at the health professions school level. There should be an uninterrupted

continuum to assist students through graduation from a health professions school. This would be accomplished through development and implementation of activities related to all the purposes identified in sections 738(b), 739, and 740 of the PHS Act.

(b) Minority faculty development initiatives designed to recruit and provide a formal structured program of preparation in such areas as pedagogical skills, program administration, grant writing and publication skills, research methodology, development of research proposals and community service abilities under a senior faculty mentor. It should involve pre-faculty appointment, faculty fellowship opportunities and retention for junior minority faculty in health professions schools;

(c) Information resources and curricula addressing minority health issues and clinical education at community based sites remote from the health professions school that predominantly serve underserved populations; and

(d) Faculty and student research on health issues particularly affecting minority groups.

5. Measurable, outcome oriented and time framed performance outcome standards will be used to evaluate the project.

6. All award recipients must agree to maintain institutional expenditures of non-Federal funds in an amount not less than the previous fiscal year.

7. Program activities and experiences related to the establishment of the Partnerships for Health Professions Education Program must be documented in a format that would allow for future duplication by other institutional organizations.

#### **Final Review Criteria**

The following criteria are final:

1. The relationship of the applicants proposal to the purposes stated for the Partnerships for Health Professions Education Program, the comprehensiveness and geographic base of the proposed project, the extent to which linkages with community entities and institutions are documented, and the degree to which the proposed project plans are transferable to other institutions.

2. The extent, institutional commitment and outcomes of past efforts and activities of the institution in conducting minority/disadvantaged programs, the extent to which applicant data indicate trends, the numbers and type (race/ethnicity, gender) of individuals that can be expected to benefit from the project, and suitability