

No.: HCFA-377, HCFA-378; *Use*: The HCFA-377 is the application used by an ASC wanting to participate in the Medicare program. The HCFA-378 is the survey form used by State survey agencies to determine ASC compliance with individual conditions of coverage. 42 CFR 416 is the regulation supporting the data collected on the HCFA-377 and HCFA 378; *Frequency*: Annually; *Affected Public*: State, local, or tribal governments, business or other for profit, not-for-profit institutions; *Number of Respondents*: 1,900; *Total Annual Responses*: 1,900; *Total Annual Hours*: 475.

6. *Type of Information Collection Request*: Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection*: Medigap Complaint Database and Supporting Regulation 42 CFR 403.210 (b); *Form No.*: HCFA-R-156; *Use*: The Medigap database is maintained by the National Association of Insurance Commissioners, which in turn, sends the Medigap-relevant data to HCFA. The information is used to monitor State handling of Medigap related complaints; *Frequency*: Quarterly; *Affected Public*: Business or other for-profit; *Number of Respondents*: 1; *Total Annual Responses*: 4; *Total Annual Hours*: 160.

7. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Comprehensive Outpatient Rehabilitation Facility (CORF) Eligibility and Survey Forms and Information Collection Requirements in 42 CFR 485.56, 485.58, 485.60; *Form No.*: HCFA-359, HCFA-360, HCFA-R-55; *Use*: In order to participate in the Medicare program as a CORF, providers must meet Federal conditions of participation. The certification form is needed to

determine if providers meet at least preliminary requirements. The survey form is used to record provider compliance with the individual conditions and report findings to HCFA; *Frequency*: Annually; *Affected Public*: Business or other for profit, not for profit institutions, State, local, or tribal governments; *Number of Respondents*: 162; *Total Annual Responses*: 324; *Total Annual Hours*: 526 (reporting), 77,014 (record keeping).

To obtain copies of the supporting statement and any related forms, 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 should be sent 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: October 28, 1996

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

[FR Doc. 96-28621 Filed 11-6-96; 8:45 am]

BILLING CODE 4120-03-P

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the

Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Evaluation of the Ryan White HIV/AIDS Dental Reimbursement Program—Title 776(b) of the Public Health Service Act authorizes the Secretary to make grants to assist accredited dental schools and post-doctoral dental programs to meet uncompensated costs for providing oral health care to HIV infected individuals. A survey will be conducted to determine the effect this reimbursement program has had on the conduct of HIV/AIDS education and services within institutions and their graduates receiving these funds.

The survey will assess the effect the Program has had on (1) the support and commitment of institutions to HIV/AIDS education and the provision of care; (2) the scope, content and conduct of HIV/AIDS education in participating institutions, (3) increasing the access to oral health care by HIV/AIDS patients; and (4) improving the integration of oral health care with health care and long-term HIV/AIDS case management under other components of the Ryan White Act. The survey will compare dental schools and hospitals awarded Ryan White HIV/AIDS dental reimbursement monies with eligible institutions which did not participate in the reimbursement program. An initial mail questionnaire will be followed up by a telephone interview. The telephone interview will use Computer Assisted Telephone Interview (CATI) technology. Burden estimates are as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Telephone Interview	204	1	204	.75	153
Service Delivery/Program Questionnaire	204	1	204	2.00	408
Total	204	2	408	1.375	561

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: October 30, 1996.

J. Henry Montes,
Associate Administrator for Policy Coordination.

[FR Doc. 96-28637 Filed 11-6-96; 8:45 am]

BILLING CODE 4160-15-P

Availability of Funds to Provide Technical and Non-financial Assistance to Federally Funded Migrant Health Centers

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

CFDA #: 93.129.

SUMMARY: The Health Resources and Services Administration (HRSA) anticipates that approximately \$1.1 million will be available in FY 1997 to support two cooperative agreements for the purpose of providing technical and non-financial assistance to Migrant Health Centers (MHCs) receiving funding under Section 330(g) of the Public Health Service (PHS) Act.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting health priorities. These cooperative agreements are related to the objectives cited for special populations, particularly people with low income and minorities, which constitute a significant portion of the migrant and seasonal farmworker (MSFW) population. Potential applicants may obtain a copy of Healthy People 2000 (Full Report; Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202/783-3238).

The PHS strongly encourages all cooperative agreement recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

DATES: Applications are due December 9, 1996. Applications will be considered to have met the deadline if they are: (1) received on/or before the deadline date; or (2) postmarked on/or before the deadline date and received in time for submission to the review committee. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing. Faxed copies of applications will not be accepted. Applications received after the announced closing date will not be considered for funding.

ADDRESSES: Application kits (PHS form 5161-1 with revised face sheets DHHS Form 424, as approved by the Office of Management and Budget (OMB) under control number 0937-0189), may be obtained from: HRSA Grants Application Center, Suite 100, 40 W. Gude Drive, Rockville, MD 20850. The

telephone number is toll-free 1-888-300-HRSA. The e-mail address is HRSA.GAC@IX.NETCOM.COM. Completed applications for awards for the provision of technical and other non-financial assistance to MHCs must be sent to: HRSA Grants Application Center at the above address. For information on grants management issues, please contact the Grants Management Specialist, Nancy Benson, at 301/594-4232.

FOR FURTHER INFORMATION CONTACT: For general program information and information about these technical assistance funds, contact Jack Egan, Deputy Director, Migrant Health Program (MHP), 4350 East-West Highway, Room 7-4A2, Bethesda, MD 20814 (301) 594-4303 (JEGAN@HRSA.DHHS.GOV) or Susan Hagler at the same address and phone number (SHAGLER@HRSA.DHHS.GOV).

SUPPLEMENTARY INFORMATION: One cooperative agreement of up to \$750,000 will be for a national clearinghouse on MSFW health issues. The "clearinghouse" grantee will provide technical assistance that helps MHCs increase access to health care for MSFWs. The grantee will develop such products as a MHC directory and a newsletter, establish a toll free health center referral line, and serve as a repository for MSFW health issues. The other cooperative agreement of up to \$325,000 will be for a clinical network for clinicians serving MSFWs. The "clinical network" grantee will provide technical assistance that helps farmworker clinicians give the best possible care to MSFWs. The grantee will develop such products as a clinical newsletter, bilingual patient education materials, new provider orientation materials and will establish a network of clinical colleagues upon whom to call when needed. These cooperative agreements will be awarded under section 330(k) of the PHS Act (42 U.S.C. 254b (k)) with a budget period of one year and a project period of up to five years.

There are an estimated 3 to 5 million farmworkers in the United States who experience multiple health problems associated with the nature of farm labor and numerous barriers to accessing primary health care and human services. The health of MSFWs is a major concern of the U.S. Department of Health and Human Services (HHS). Section 330(k) of the PHS Act authorizes Federal funding for the provision of comprehensive primary health services, supplemental health services, referral to providers for

supplemental services, environmental health services, accident prevention programs, and information on the availability and proper use of health services and services which promote optimal use of health services by MSFWs and their families. MHCs must provide services which are accessible, affordable, and appropriate for the population served.

Often, however, the staff of MHCs feel very isolated from each other and the health care environment in which they are working. MHCs are expected to be part of comprehensive systems of care through networking with local health departments and other providers of services in the community. Yet this can be a difficult task to accomplish, given the size of most MHCs. For this reason, the Bureau of Primary Health Care (BPHC) provides funding for technical and non-financial assistance for the MHCs.

The two grantees will help the MHCs keep abreast of the latest health issues facing MSFWs, both clinically and administratively. They will help the clinicians and administrators of the MHCs coordinate care and network resources for a population that is desperately in need. Finally, these grantees will provide MHCs with access to information and other MHCs so that together they can improve the health of MSFWs.

Eligible Applicants

Eligible applicants for the technical assistance cooperative agreement are public and private nonprofit entities.

Criteria for Evaluating Applications

Applications will be evaluated and rated on the applicant's ability to meet the following criteria:

- (1) The extent to which the applicant demonstrates an adequate understanding of the total health needs of MSFWs;
- (2) The extent to which the applicant demonstrates a capability to serve as a resource to federally funded Migrant Health Centers/Projects to maximize collaboration, identify and integrate resources in assisting farmworkers;
- (3) Experience of the proposed project personnel in working with migrant farmworker health issues;
- (4) The adequacy and appropriateness of the proposed work plan that addresses specific Migrant Health Program priorities and focuses on the outcomes as well as the methodology to be employed;
- (5) Appropriateness of proposed budget and staffing;

(6) Adequacy of the proposal to evaluate the outcomes of the activities proposed; and

(7) The cost effectiveness of the application.

Federal Responsibilities Under Cooperative Agreements

Federal responsibilities under the cooperative agreement, in addition to the usual monitoring and technical assistance, will include: (1) Participation in the development and approval of an initial workplan, in accord with changing events in government policies and in the health care environment, and modification thereof, as appropriate; (2) consultation and cooperation with the grantee regarding the grantee's preparation and dissemination of materials; and (3) approval of specific studies and projects.

Other Award Information

These awards are not subject to the provision of Executive Order 12372 or the Public Health System Reporting Requirement.

Dated: November 1, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96-28638 Filed 11-6-96; 8:45 am]

BILLING CODE 4160-15-P

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory bodies scheduled to meet during the month of December 1996.

Name: Advisory Commission on Childhood Vaccines (ACCV)

Date and Time: December 4, 1996; 10:00 a.m.-5:00 p.m. December 5, 1996; 9:00 a.m.-5:00 p.m.

Place: Parklawn Building, Conference Rooms G & H, 5600 Fishers Lane, Rockville, Maryland 20857.

The meeting is open to the public.

The first day of the meeting, Tuesday, December 4, will consist of a meeting of one of the Commission's workgroups.

Name: Workgroup on Intent, Provisions and Process

Agenda: Agenda items will include, but not be limited to, discussion of the following issues: Program and policy issues related to the operation of the Vaccine Injury Compensation Program.

The full Commission will meet on Thursday, December 5, from 9:00 a.m. to 5:00 p.m. Agenda items will include, but not be limited to: A report from the Workgroup on Intent, Provision, and Process; a review of the proposed

changes to the Vaccine Information Statements for polio and DTP (DTaP); and routine Program reports.

Public comment will be permitted before the end of the Workgroup meeting on December 4, as well as the full Commission meeting on December 5. Oral presentations will be limited to 5 minutes per public speaker.

Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Ms. Melissa Palmer, Principal Staff Liaison, Division of Vaccine Injury Compensation, Bureau of Health Professions, Health Resources and Services Administration, Room 8A-35, 5600 Fishers Lane, Rockville, MD 20857, Telephone (301) 443-6593. Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. The Division of Vaccine Injury Compensation Program will notify each presenter by mail or telephone of their assigned presentation time. Persons who do not file an advance request for presentation, but desire to make an oral statement, may sign-up in Conference Rooms G & H on December 4-5. These persons will be allocated time as time permits.

Anyone requiring information regarding the Commission should contact Ms. Palmer.

Agenda Items are subject to change as priorities dictate.

Dated: November 4, 1996.

Jackie E. Baum,

Advisory Committee Management Officer,
HRSA.

[FR Doc. 96-28680 Filed 11-6-96; 8:45 am]

BILLING CODE 4160-15-P

National Institutes of Health

National Cancer Institute; Notice of Meeting of the National Cancer Advisory Board and Its Subcommittees

Pursuant to Public Law 92-463, notice is hereby given of the meeting of the National Cancer Advisory Board, National Cancer Institute, and its Subcommittees on November 18-20, 1996. Except as noted below, the meetings of the Board and its Subcommittees will be open to the public to discuss issues relating to committee business as indicated in the

notice. Attendance by the public will be limited to space available.

The Committee Management Office, National Cancer Institute, National Institutes of Health, Executive Plaza North, Room 630E, 9000 Rockville Pike, Bethesda, Maryland 20892 (301/496-5708), will provide summaries of the meetings and rosters of the Board members, upon request.

A portion of the Board meeting will be closed to the public in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Public Law 92-463, for the review, discussion and evaluation and discussion of issues pertaining to intramural programmatic areas and/or NCI personnel and discussion of recommendations regarding NCI staff. These discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning the individuals associated with the programs, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Carole Frank, Committee Management Specialist, at 301/496-5708 in advance of the meeting.

Name of Committee: Policy and Advocacy Ad Hoc Subcommittee.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600A, 61030 Executive Blvd., Bethesda, MD 20892-7405; (301) 496-4291.

Date of Meeting: Nov. 18, 1996.

Place of Meeting: Conference Room 8, Building 31C, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Open: 7:00 pm to 8:00 pm.

Agenda: To discuss the role of the NCAB in advocacy activities and in advising NCI on extramural and intramural policy.

Name of Committee: Subcommittee on Clinical Investigations.

Contact Person: Dr. Robert E. Wittes, Acting Executive Secretary, National Cancer Institute, NIH, Building 31, Room 3A52, 9000 Rockville Pike, Bethesda, MD 20892; (301) 496-4291.

Date of Meeting: November 18, 1996.

Place of Meeting: Conference Room 8, Building 31C, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Open: 8:15 pm to 9:30 pm.

Agenda: To discuss clinical trials reimbursement issues.

Name of Committee: National Cancer Advisory Board.

Contact Person: Dr. Marvin R. Kalt, Executive Secretary, National Cancer Institute, NIH, Executive Plaza North, Room 600A, 6130 Executive Blvd., Bethesda, MD 20892-7405; (301) 496-5147.