

form will request the following information of each applicant: (1) Manufacturing site legal business name; (2) Address; (3) Phone number; (4) FAX number; (5) Type of application; (6) FDA registration number; and (7) Date and signature.

The information on the form will be used to issue medicated feed mill licenses. The information requested on

the form is specifically mandated by the ADAA, except for the telephone and fax numbers. These numbers are needed so that FDA can contact the firm quickly when necessary. The additional burden of supplying this information is minimal. The likely respondents are feed manufacturing facilities.

FDA intends as soon as possible to issue a proposed rule that incorporates

the statutory feed mill licensing provisions. FDA does not anticipate that the proposed collection of information set forth in the proposed rule will differ from the proposed collection of information set forth above.

FDA estimates the burden of this collection of information as follows:

#### ESTIMATED ANNUAL REPORTING BURDEN: FIRST YEAR

Federal Food, Drug, and Cosmetic Act	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
512(m)(1)	2,000	1	2,000	0.25	500

There are no capital costs or operating and maintenance costs associated with this collection of information.

#### ESTIMATED ANNUAL REPORTING BURDEN: EACH SUCCEEDING YEAR

Federal Food, Drug, and Cosmetic Act	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
512(m)(1)	100	1	100	0.25	25

There are no capital costs or operating and maintenance costs associated with this collection of information.

FDA estimates 2,000 respondents within the first year based on the number of current MFA holders (approximately 2,000). Furthermore, FDA estimates 100 respondents for each succeeding year based on the average number of new firms that began to manufacture medicated feed in past years.

Dated: March 25, 1997.

**William B. Schultz,**

*Deputy Commissioner for Policy.*

[FR Doc. 97-8047 Filed 3-28-97; 8:45 am]

BILLING CODE 4160-01-F

#### Health Care Financing Administration [ORD-097-N]

#### New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: January 1997 and Supplement to December 1996 Listing

**AGENCY:** Health Care Financing Administration (HCFA).

**ACTION:** Notice.

**SUMMARY:** This notice identifies proposals that were submitted under the authority of section 1115 of the Social Security Act during the month of January 1997. No proposals were approved, disapproved, or withdrawn during this time period. The notice also identifies pending proposals for the month of January 1997. In addition, it also identifies an additional proposal

received in December 1996 that we inadvertently omitted in the December listing. (This notice can be accessed on the Internet at [HTTP://WWW.HCFA.GOV/ORD/ORDHP1.HTML](http://WWW.HCFA.GOV/ORD/ORDHP1.HTML).)

**COMMENTS:** We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

**ADDRESSES:** *Mail correspondence to:* Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, Mail Stop C3-11-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

**FOR FURTHER INFORMATION CONTACT:** Susan Anderson, (410) 786-3996.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a

number of policies and 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. Supplement to December 1996 Listing of New Proposals

In the December 1996 listing published in the **Federal Register** (62 FR 8451), under Section II. Other Section 1115 Demonstration Proposals, we inadvertently omitted the following new proposal:

*Demonstration Title/State:* South Dakota Quality Initiative—South Dakota.

*Description:* The South Dakota Quality Initiative project is designed to test the effectiveness and efficiency of replacing the existing mandated nursing home survey and certification process under the Omnibus Budget Reconciliation Act 1987 with a new system for quality measurement and improvement for nursing facilities participating in Medicare and Medicaid. Participation by nursing facilities will be voluntary.

*Date Received:* December 12, 1996.

*State Contact:* Joan Bachman, Administrator, Office of Health Care Facilities Licensure and Certification, South Dakota Department of Health, 615 East 4th Street, C/O 500 East Capitol Avenue, Pierre, South Dakota 57501, (605) 773-3356.

*Federal Project Officer:* Kay Lewandowski, Health Care Financing Administration, Office of Research and Demonstration, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

### III. Listing of New, Pending, Approved, Disapproved, and Withdrawn Proposals for the Month of January 1997

#### A. Comprehensive Health Reform Care Programs

##### 1. New Proposals

No new proposals were received during the month of January.

##### 2. Pending Proposals

*Demonstration Title/State:* Arizona Health Care Cost Containment System (AHCCCS)—Arizona.

*Description:* Arizona proposes to expand eligibility under its current section 1115 AHCCCS program to individuals with incomes up to 100 percent of the Federal poverty level.

*Date Received:* March 17, 1995.

*State Contact:* Jack Kelly, Arizona Health Care Cost Containment System, 801 East Jefferson, Phoenix, AZ 85034, (602) 417-4680.

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

*Demonstration Title/State:* The Georgia Behavioral Health Plan—Georgia.

*Description:* Georgia proposes to provide behavioral health services under a managed care system through a section 1115 demonstration. The plan would be implemented by regional boards that would contract with third

party administrators to develop a network of behavioral health providers. The currently eligible Medicaid population would be enrolled in the program and would have access to a full range of behavioral health services. Once the program realizes savings, the State proposes to expand coverage to individuals who are not otherwise eligible for Medicaid.

*Date Received:* September 1, 1995.

*State Contact:* Margaret Taylor, Coordinator for Strategic Planning, Department of Medical Assistance, 1 Peachtree Street, NW, Suite 27-100, Atlanta, GA 30303-3159, (404) 657-2012.

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

*Demonstration Title/State:* Community Care of Kansas—Kansas.

*Description:* Kansas proposes to implement a "managed cooperation demonstration project" in four predominantly rural counties, and to assess the success of a non-competitive managed care model in rural areas. The demonstration would enroll persons currently eligible in the Aid to Families with Dependent Children (AFDC) and AFDC-related eligibility categories, and expand Medicaid eligibility to children ages 5 and under with family incomes up to 200 percent of the Federal poverty level.

*Date Received:* March 23, 1995.

*State Contact:* Karl Hockenbarger, Kansas Department of Social and Rehabilitation Services, 915 Southwest Harrison Street, Topeka, KS 66612, (913) 296-4719.

*Federal Project Officer:* Jane Forman, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-21-04, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Louisiana Health Access—Louisiana.

*Description:* Louisiana proposes to implement a fully capitated statewide managed care program. A basic benefit package and a behavioral health and pharmacy wrap-around would be administered through the managed care plans. The State intends to expand Medicaid eligibility to persons with incomes up to 250 percent of the Federal poverty level; those with incomes above 133 percent of the Federal poverty level would pay all or a portion of premiums.

*Date Received:* January 3, 1995.

*State Contact:* Carolyn Maggio, Executive Director, Bureau of Research

and Development, Louisiana Department of Health and Hospitals, P.O. Box 2870, Baton Rouge, LA 70821-2871, (504) 342-2964.

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

*Demonstration Title/State:* Missouri.

*Description:* Missouri proposes to require Medicaid beneficiaries to enroll in managed care delivery systems, and extend Medicaid eligibility to persons with incomes below 200 percent of the Federal poverty level. As part of the program, Missouri would create a fully capitated managed care pilot program to serve non-institutionalized persons with permanent disabilities on a voluntary basis.

*Date Received:* June 30, 1994.

*State Contact:* Jackie Jung, Division of Medical Services, Missouri Department of Social Services, P.O. Box 6500, Jefferson City, MO 65102-6500, (314) 751-5178.

*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.

*Demonstration Title/State:*

Community Care Systems—New Hampshire.

*Description:* The State submitted a revised proposal for "Community Care Systems." This system will provide capitated, managed acute care services not included in the health plan service package. The State proposed to implement this program in three phases: Phase 1 will enroll AFDC and AFDC-related children and families; Phase 2 will enroll the elderly population; and Phase 3 will enroll disabled adults and disabled children. The current waiver request is for Phase 1 only.

*Date Received:* June 5, 1996.

*State Contact:* Terry Morton, Planning and Policy Development, State of New Hampshire, Department of Health and Human Services, 6 Hazen Drive, Concord, NH 03301-6505, (603) 271-4688.

*Federal Project Officer:* Cindy Shirk, Health Care Financing Administration, Office of Research and Demonstrations, Office of State Health Reform Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* The Partnership Plan—New York.

*Description:* New York proposes to move most of the currently eligible Medicaid population and Home Relief

(General Assistance) populations from a primarily fee-for-service system to a managed care environment. The State also proposes to establish special needs plans to serve individuals with HIV/AIDS and certain children with mental illnesses.

*Date Received:* March 17, 1995.

*State Contact:* Ellen Anderson, Deputy Commissioner, Division of Health and Long Term Care, 40 North Pearl Street, Albany, NY 12243, (518) 474-5737.

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

*Demonstration Title/State:* State of Texas Access Reform (STAR)—Texas.

*Description:* Texas is proposing a section 1115 demonstration that will restructure the Medicaid program using competitive managed care principles. A focal point of the proposal is to utilize local governmental entities (referred to as Intergovernmental Initiatives (IGIs)) and to make the IGI responsible for designing and administering a managed care system in its region. Approximately 876,636 new beneficiaries would be served during the 5-year demonstration in addition to the current Medicaid population. Texas proposes to implement the program in June 1996.

*Date Received:* September 6, 1995.

*State Contact:* Kay Ghahrermani, State Medicaid Office, P. O. Box 13247, Austin, TX 78711, (512) 424-6543.

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

*Demonstration Title/State:* Section 1115 Demonstration Waiver for Medicaid Expansion—Utah.

*Description:* Utah proposes to expand eligibility for Medicaid to all individuals with incomes up to 100 percent of the Federal poverty level (subject to limited cost sharing) and to enroll all Medicaid beneficiaries in managed care plans. The State also proposes to streamline eligibility and administrative processes and to develop a subsidized small employer health insurance plan.

*Date Received:* July 5, 1995.

*State Contact:* Michael Deily, Acting Division Director, Utah Department of Health, Division of Health Care Financing, 288 North 1460 West, P.O. Box 142901, Salt Lake City, UT 84114-2901, (801) 538-6406.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing

Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*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) Healthy 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:* Fred Fisher, 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 & Demonstration, Office of State Health Reform Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

### 3. Approved Conceptual Proposals

No conceptual proposals were approved during the month of January.

### 4. Approved Proposals

No proposals were approved during the month of January.

### 5. Disapproved Proposals

No proposals were disapproved during the month of January.

### 6. Withdrawn Proposals

No proposals were withdrawn during the month of January.

## B. Other Section 1115 Demonstration Proposals

### 1. New Proposals

The following proposal was received during the month of January.

*Demonstration Title/State:* Minnesota Long-Term Care Facility Waiver—Minnesota.

*Description:* The State of Minnesota has submitted a waiver application to provide Medicare waivers to conduct a demonstration related to the Medicare skilled nursing facility (SNF) benefit. This demonstration would involve: (1) the elimination of the 3-day hospital stay before Medicare pays for nursing home stays; (2) a change in coverage policy relating to respiratory therapy to allow for Medicare reimbursement for respiratory therapists in SNFs or in a home; (3) elimination of the minimum

data set assessment for nursing home residents expected to stay in nursing facilities for fewer than 30 days; and (4) a change in coverage policy relating to waiving the requirements according to which certified aides are authorized to feed long-term care facility residents.

*Date Received:* January 6, 1997.

*State Contact:* Stephanie L. Schwartz, Minnesota Department of Human Services, 444 Lafayette North, St. Paul, Minnesota 55155, (612) 297-7198.

*Federal Project Officer:* Sam Brown, Health Care Financing Administration, Office of Research and Demonstrations, Office of Beneficiary and Program, R&D, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

### 2. Pending Proposals

*Demonstration Title/State:*

Alternatives in Medicaid Home Care Demonstration—Colorado.

*Description:* Colorado proposes to conduct a pilot project that eliminates the restriction on provision of Medicaid home health services in locations other than the beneficiary's place of residence. The proposal would also permit nursing aides to perform functions that historically have been provided only by skilled nursing staff. Medicaid beneficiaries participating in the project will be adults (including both frail elderly clients and younger clients with disabilities) who can live independently and self-direct their own care. The project would provide for delegation of specific functions from nurses to certified nurses aides, pay nurses for shorter supervision and monitoring visits, and allow higher payments to aides performing delegated nursing tasks. Currently, home health agency nursing and nurse aide services are paid on a per visit basis. Each visit is approximately 2-4 hours in duration, and recipients must require skilled, hands-on care.

*Date Received:* June 3, 1995.

*State Contact:* Dann Milne, Director, Department of Health Care Policy and Financing, 1575 Sherman Street, Denver, CO 80203-1714, (303) 866-5912.

*Federal Project Officer:* Phyllis Nagy, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration/Title:* Integrated Care and Financing Project Demonstration—Colorado.

*Description:* Colorado proposes to conduct an Integrated Care and Financing Project demonstration. Specifically, the Colorado Department of Health Care Policy and Financing proposes to add institutional and

community-based long-term care services to a health maintenance organization (HMO) and make the HMO responsible for providing comprehensive medical and supportive services through one capitated rate. The project would include all Medicaid eligibility groups, including individuals with dual eligibility.

*Date Received:* September 28, 1995.

*State Contact:* Dann Milne, Office of Long-Term Care System Development, State of Colorado Department of Health Care Policy and Financing, 1575 Sherman Street, Denver, CO 80203-1714, (303) 866-5912.

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

*Demonstration Title/State:* Georgia's Children's Benefit Plan—Georgia.

*Description:* Georgia submitted a section 1115 proposal entitled "Georgia Children's Benefit Plan" to provide preventive and primary care services to children ages 1 through 5 years living in families with incomes between 133 percent and 185 percent of the Federal poverty level. The duration of the project is 5 years with proposed project dates of July 1, 1995 to June 30, 2000.

*Date Received:* December 12, 1994.

*State Contact:* Jacquelyn Foster-Rice, Georgia Department of Medical Assistance, 2 Peachtree Street Northwest, Atlanta, GA 30303-3159, (404) 651-5785.

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

*Demonstration Title/State:* Family Planning Services Section 1115 Waiver Request—Michigan.

*Description:* Michigan seeks to extend Medicaid eligibility for family planning services to all women of childbearing age with incomes at or below 185 percent of the Federal poverty level, and to provide an additional benefit package consisting of home visits, outreach services to identify eligibility, and reinforced support for utilization of services. The duration of the project is 5 years.

*Date Received:* March 27, 1995.

*State Contact:* Gerald Miller, Director, Department of Social Services, 235 South Grand Avenue, Lansing, MI 48909, (517) 335-5117.

*Federal Project Officer:* Suzanne Rotwein, Ph.D., Health Care Financing Administration, Office of Research and

Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Family Planning Proposal—New Mexico.

*Description:* New Mexico proposes to extend Medicaid eligibility for family planning services to all women of childbearing age with incomes at or below 185 percent of the Federal poverty level.

*Date Received:* November 1, 1994.

*State Contact:* Bruce Weydemeyer, Director, Division of Medical Assistance, P.O. Box 2348, Santa Fe, NM 87504-2348, (505) 827-3106.

*Federal Project Officer:* Rosemarie Hakim, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Continuing Care Networks (CCN) Demonstration—Monroe County, New York.

*Description:* The CCN project is designed to test the efficiency and effectiveness of financing and delivery systems which integrate primary, acute and long term care services under combined Medicare and Medicaid capitation payments. Participants will be both Medicare only, and dually eligible Medicare/Medicaid beneficiaries, who are 65 or older. Enrollment will be voluntary for all participants.

*Date Received:* July 1, 1996.

*State Contact:* C. Christopher Rush, Assistant Bureau Director, Bureau of Long Term Care, Division of Health and Long Term Care, New York State Department of Social Services, 40 North Pearl Street, Albany, New York 12243-0001, (518) 473-5507.

*Federal Project Officer:* Kay Lewandowski, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-23-04, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* CHOICES—Citizenship, Health, Opportunities, Interdependence, Choices and Supports—Rhode Island.

*Description:* Rhode Island proposes to consolidate all current State and Federal funding streams for adults with developmental disabilities under one program using managed care/managed competition.

*Date Received:* April 5, 1994.

*State Contact:* Susan Babin, Department of Mental Health, Retardation, and Hospitals, Division of Developmental Disabilities, 600 New London Avenue, Cranston, RI 02920, (401) 464-3234.

*Federal Project Officer:* Melissa McNiff, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Family Planning Services Eligibility Requirements Waiver—South Carolina

*Description:* South Carolina proposes to extend Medicaid coverage for family planning services for 22 additional months to postpartum women with monthly incomes under 185 percent of the Federal poverty level. The objectives of the demonstration are to increase the number of reproductive age women receiving either Title XIX or Title X funded family planning services following the completion of a pregnancy, increase the period between pregnancies among mothers eligible for maternity services under the expanded eligibility provisions of Medicaid, and estimate the overall savings in Medicaid spending attributable to providing family planning services to women for 2 years postpartum. The duration of the proposed project would be 5 years.

*Date Received:* May 4, 1995.

*State Contact:* Eugene A. Laurent, Executive Director, State Health and Human Services Finance Commission, P.O. Box 8206, Columbia, SC 29202-8206, (803) 253-6100.

*Federal Project Officer:* Suzanne Rotwein, Ph.D., Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* South Dakota Quality Initiative —South Dakota.

*Description:* The South Dakota Quality Initiative project is designed to test the effectiveness and efficiency of replacing the existing mandated nursing home survey and certification process under the Omnibus Budget Reconciliation Act of 1987 with a new system for quality measurement and improvement for nursing facilities participating in Medicare and Medicaid. Participation by nursing facilities will be voluntary.

*Date Received:* December 12, 1996.

*State Contact:* Joan Bachman, Administrator, Office of Health Care Facilities Licensure and Certification, South Dakota Department of Health, 615 East 4th Street, C/O 500 East Capitol Avenue, Pierre, South Dakota 57501, (605) 773-3356.

*Federal Project Officer:* Kay Lewandowski, Health Care Financing Administration, Office of Research and Demonstration, Mail Stop C3-21-06,

7500 Security Boulevard, Baltimore, Maryland 21244-1850.

*Demonstration Title/State:* Wisconsin.

*Description:* Wisconsin proposes to limit the amount of exempt funds that may be set aside as burial and related expenses for SSI-related Medicaid beneficiaries.

*Date Received:* March 9, 1994.

*State Contact:* Jean Sheil, Division of Economic Support, Wisconsin Department of Health and Social Services, 1 West Wilson Street, Room 650, P.O. Box 7850, Madison, WI 53707, (608) 266-0613.

*Federal Project Officer:* J. Donald Sherwood, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-16-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Wisconsin Partnership Program—Wisconsin.

*Description:* Wisconsin has submitted Medicare section 222 demonstration and Medicaid section 1115 waiver requests to implement the "Wisconsin Partnership Program" in specific counties of the State. This program will test two innovative models of care, one for frail elderly and one for persons with disabilities, utilizing a multi-disciplinary team to manage care. The team is to include the beneficiary, a nurse practitioner, the beneficiary's choice of primary care physician, and a social worker or independent living coordinator. Consumer choice of care, settings and the manner of service delivery is a key component of the program. The demonstration will test the use of consumer-defined quality indicators to measure and improve the quality of service provided to people who are elderly and people with disabilities.

*Date Received:* February 28, 1996.

*State Contact:* Mary Rowin, State of Wisconsin, Department of Health and Social Services, 1 West Wilson Street, P.O. Box 7850, Madison, WI 53707, (608) 261-8885.

*Federal Contact:* William Clark, Health Care Financing Administration,

Office of Research and Demonstrations, Office of Beneficiary and Program Research and Demonstrations, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

3. Approved, Disapproved, and Withdrawn Proposals

There were no proposals approved, disapproved, or withdrawn during the month of January.

**IV. 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: February 28, 1997.

**Barbara Cooper,**

*Acting Director, Office of Research and Demonstrations.*

[FR Doc. 97-7987 Filed 3-28-97; 8:45 am]

BILLING CODE 4120-01-P

**Indian Health Service**

**Proposed Collection; Comment Request; Evaluation of the IHS-Supported Alcohol and Substance Abuse Treatment Programs for American Indian/Alaska Native Women**

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Indian Health Service (IHS) is publishing a summary of a proposed project to be submitted to the Office of Management and Budget (OMB) for review and approval.

**Proposed Collection**

*Title:* Evaluation of the IHS-Supported Alcohol and Substance Abuse Treatment Program for American Indian/Alaska Native (AI/AN) women.

*Type of Information Collection Request:* New. *Need and Use of the Information*

*Collection:* Section 703, "Indian Women Treatment Programs" of Public Law 102-573, the *Indian Health Care Amendments of 1992*, (the act) authorize the IHS to develop and implement a comprehensive alcohol and substance abuse (A/SA) program that specifically addresses the cultural, historical, social, and child care needs of AI/AN women. Section 801 of these Amendments requires a report on the progress made in meeting the objectives of the Act, a review of programs established or assisted pursuant to the Act, and an assessment of such programs. Support Services International, Inc. (SSI) an Indian-owned consulting firm, will develop the data collection instruments and conduct the study. The information collected will be used to assess and improve the effectiveness of the IHS-supported A/SA treatment program.

Data will be collected from a sample of AI/AN women who use the services provided by the IHS-supported A/SA treatment programs, and from a sample of treatment program staff. Findings from the study will be used to determine: (1) what works, what does not work, and why; (2) what resources are required for successful A/SA treatment for AI/AN women; (3) what factors help or hinder women from maintaining sobriety; (4) how many women achieve success (3-, 6-, and 12-months after admission into A/SA treatment); (5) what are the characteristics, life conditions, and service needs of the women who use the treatment programs, (6) what are the common strengths and problems of the treatment programs, and what are recommendations for improvement. The study is expected to be completed in FY 1998. *Affected Public:* Individuals.

See Table 1 below for Types of Data Collection Instruments, Estimated Number of Respondents, Number of Responses per Respondent, Average Burden Hour per Response, and Total Annual Burden Hour.

TABLE 1.

Data collection instrument	Estimated number of respondents	Responses per respondent	Average burden hour per response*	Total annual burden hours
Project director .....	24	1	0.75 hr (45 minutes) .....	18.0
Project staff .....	216	1	0.50 hr (30 minutes) .....	108.0
Client intake .....	550	1	0.50 hr (30 minutes) .....	275.0
Client history .....	550	1	1.00 hr (60 minutes) .....	550.0
Client discharge .....	523	1	0.50 hr (30 minutes) .....	261.5
Client 3-month follow-up .....	467	1	0.42 hr (25 minutes) .....	196.1
Client 6-month follow-up .....	440	1	0.50 hr (30 minutes) .....	220.0
Client 12-month follow-up .....	412	1	0.42 hr (25 minutes) .....	173.4