

c. Embryo (or zygote, or oocyte) transfer procedures.

2. Frequency of:

a. Multiple gestations.

b. Cancellations.

3. The number of cycles carried out.

4. The average number of embryos transferred per cycle.

5. The rates in (1), (2a), and (4) will be categorized for:

a. ART using fresh embryos, those using cryo-preserved embryos only, and those using donor oocytes.

b. Age of woman at time of cycle (<35, 35–39 and >39).

6. To aid in the interpretation of rates, the following information will be included:

a. Clinic profile—What types of services the clinic offers (e.g., surrogacy, single women); the percentage of ART procedures which are IVF, GIFT, ZIFT; the percentage of procedures involving ICSI; the percentage of multiple pregnancies per transfer and the percentage of these multiple pregnancies which underwent selective reduction; and the percent distribution of causes of infertility.

b. Consumer-oriented explanation of all medical and statistical terms used in the report.

References

1. American Fertility Society. IVF & GIFT. A Patient's Guide to Assisted Reproductive Technology. American Fertility Society. Birmingham, Alabama, 1989.
2. The Fertility Clinic Success Rate and Certification Act of 1992 (Public Law 102–493).
3. American Fertility Society/Society for Reproductive Technology. Instructions for SART Data Collection System, 1993. American Fertility Society/Society for Assisted Reproductive Technology, Birmingham, Alabama, 1994.
4. American Fertility Society. Infertility: An Overview. A Guide for Patients. American Fertility Society, Birmingham, Alabama, 1994.
5. American Fertility Society. Investigation of the Infertile Couple. American Fertility Society, Birmingham, Alabama, 1991.
6. Wilcox LS, Peterson HB, Haseltine FP, Martin MC. Defining and Interpreting Pregnancy Success Rates for In Vitro Fertilization. Fertility and Sterility 1993; 60: 18–25.
7. Jones HW. On Reporting Pregnancies by Assisted Reproductive Technology. Fertility and Sterility 1993; 60: 759–761.

8. RESOLVE Assisted Reproductive Technologies Workbook RESOLVE, Inc., Boston, MA, 1994.

[FR Doc. 97–22611 Filed 8–25–97; 8:45 am]

BILLING CODE 4163–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request Proposed Projects

Title: Temporary Assistance for Needy Families (TANF) Tribal Plan.

OMB No.: 0970–0157.

Description: This document consists of an outline of how the Indian tribe's TANF program will be administered and operated. It is used to determine whether the plan is approvable and that the Indian tribe is eligible to receive a TANF grant.

Respondents: Tribal Govt.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
TANF Tribal Plan	18	1	60	1,080

Estimated Total Annual Burden Hours: 1,080.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: August 20, 1997.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 97–22619 Filed 8–25–97; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–484, HCFA–R–200]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration, HHS.

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, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this 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.

1. *Type of Information Collection Request:* Extension of a currently approved collection without change; *Title of Information Collection:* Attending Physician's Certification of Medical Necessity for Home Oxygen Therapy and Supporting Regulations 42 CFR 410.38 and 42 CFR 424.5; *Form Number:* HCFA-484 (OMB approval # 0938-0534); *Use:* To determine oxygen is reasonable and necessary pursuant to Medicare Statute, Medicare claims for home oxygen therapy must be supported by the treating physician's statement and other information including estimate length of need (# of months), diagnosis codes (ICD-9) and:

1. Results and date of the most recent arterial blood gas PO₂ and/or oxygen saturation tests.

2. The most recent arterial blood gas PO₂ and/or oxygen saturation test performed EITHER with the patient in a chronic stable state as an outpatient, OR within two days prior to discharge from an inpatient facility to home.

3. The most recent arterial blood gas PO₂ and/or oxygen saturation test performed at rest, during exercise, or during sleep.

4. Name and address of the physician/provider performing the most recent arterial blood gas PO₂ and/or oxygen saturation test.

5. If ordering portable oxygen, information regarding the patient's mobility within the home.

6. Identification of the highest oxygen flow rate (in liters per minute) prescribed.

7. If the prescribed liters per minute (LPM), as identified in item 6, are greater than 4 LPM, provide the results and date of the most recent arterial blood gas PO₂ and/or oxygen saturation test taken on 4 LPM.

If the PO₂=56-59, or the oxygen saturation=89%, then evidence of the beneficiary meeting at least one of the following criteria must be provided.

8. The patient having dependent edema due to congestive heart failure.

9. The patient having cor pulmonale or pulmonary hypertension, as documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement.

10. The patient having a hematocrit greater than 56%.

Form HCFA-484 obtains all pertinent information and promotes national

consistency in coverage determinations; *Frequency:* Other (as needed); *Affected Public:* Individuals/households, business or other for profit, and not for profit institutions; *Number of Respondents:* 300,000; *Total Annual Responses:* 300,000; *Total Annual Hours Requested:* 50,000.

2. *Type of Information Request:* Extension of a currently approved collection without change; *Title of Information Collection:* HEDIS 3.0 (Health Plan Data and Information Set), including the Health of Seniors and Consumer Assessment of Health Plans Study (CAHPS) surveys and supporting regulations 42 CFR 417.470, and 42 CFR 417.126; *Form Number:* HCFA-R-200 (OMB approval #0938-0701); *Use:* HEDIS and CAHPS will be used for 3 purposes: (1) To provide summary comparative data to the Medicare beneficiary to assist them in choosing among health plans; (2) to provide information to health plans for internal quality improvement activity; and (3) to provide HCFA, as purchaser, information useful for monitoring quality of and access to care provided by the plans; *Frequency:* Annually; *Affected Public:* Individuals or Households, non-profit and for profit HMOs which contract with HCFA to provide managed health care to Medicare beneficiaries; *Number of Respondents:* 293,834; *Total Annual Responses:* 293,834 *Total Annual Hours Requested:* 181,520.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, 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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: John P. Burke III, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 19, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 97-22588 Filed 8-25-97; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB); Correction

In the Health Care Financing Administration (HCFA) notice "Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget", published in the **Federal Register** on 8/20/97, 62 FR 44283, third column, second paragraph, "it was stated that "HCFA will respond as appropriate to the public comments received in response to the 10/24/97 **Federal Register** notice. * * *

However, the date referenced in this phrase was printed in error. The phrase is being corrected to read "HCFA will respond as appropriate to the public comments received in response to the 10/24/96 **Federal Register** notice. * * *

Dated: August 21, 1997

John P. Burke III,

HCFA Reports Clearance Officer, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Health Care Financing Administration.

[FR Doc. 97-22742 Filed 8-25-97; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Notice of Meetings

Pursuant to Pub. L. 92-463, notice is hereby given of meetings of the SAMHSA Center for Substance Abuse Treatment (CSAT) National Advisory Council and the SAMHSA National Advisory Council to be held in September 1997.

The CSAT National Advisory Council will have an open portion and include discussion of the Center's policy issues and current administrative, legislative, and program developments. If anyone needs special accommodations for persons with disabilities please notify the Contact listed below.

The meeting will also include the review, discussion, and evaluation of individual grant applications, contract proposals, and discussion of information about the Center for Substance Abuse Treatment's procurement plans. Therefore a portion of the meeting will be closed to the