

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Form # HCFA-21, 21B, 21P, 21.11A, 21E, 64, 64.21, 64.21U, 64.21P, 64.21UP, 64EC, 64.21E, 64.9P, 64.10P, 64.11A, 64.9d]

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

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 (DHHS), has submitted to the Office of Management and Budget (OMB) the following request for Emergency review. We are requesting an emergency review because the collection of this information is needed prior to the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. The Agency cannot reasonably comply with the normal clearance procedures because of the need for States to report financial and related statistical information pursuant to the operation of their Medicaid programs, under title XIX of the Social Security Act, and their Children's Health Insurance Programs (CHIP) under title XXI of the Act. States will begin reporting information after the end of the third quarter of Federal fiscal year 1998 (after June 30, 1998). Without the capacity for States to report this information discussed below, the States and HCFA will not be able to properly implement the provisions enacted by the Balanced Budget Act (BBA) of 1997 related to the CHIP.

HCFA is requesting OMB review and approval of this collection within eleven working days, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individual designated below, within ten working days of publication of this notice in the **Federal Register**.

During this 180-day period HCFA will pursue OMB clearance of this collection as stipulated by 5 CFR 1320.5.

(1) *Type of Information Collection Request:* New Collection;

*Title of Information Collection:* Children's Health Insurance Program (CHIP) Budget and Expenditure System State Reporting Forms.

*Form Nos.:* HCFA-21, 21B, 21P, 21.11A, 21E;

*Use:* These forms will be used by State CHIP agencies to report CHIP program budget projections and actual CHIP program benefits and

administrative expenditures, and the numbers of children being served in the CHIP program, to the Health Care Financing Administration (HCFA). The information provided by these new forms will be used by HCFA to prepare the grant awards to States for the CHIP, to ensure that the appropriate level of Federal payments for State expenditures under the CHIP are made in accordance with the CHIP-related BBA legislative provisions of 1997, and to track, monitor, and evaluate the numbers of children being served by the CHIP.

**Note:** At this time Form HCFA-21E of this package is for States to report the numbers of children, by service delivery system, that are served in the States' CHIPs based on age categories. However, we are continuing to work with the States to develop an appropriate format for States to report the numbers of children, by service delivery system, that are served in the CHIP based on Federal poverty income level categories and under the age categories previously requested. When this format is finalized it will be incorporated into Form HCFA-21E.

For a short description of the CHIP reporting forms, see below:

- Form HCFA-21 Summary Sheet. Quarterly Children's Health Insurance Program Statement of Expenditures for Title XXI Summary Sheet. This form summarizes the total expenditures in the State's CHIP reported by the State for the reporting quarter.
- Form HCFA-21. Children's Health Expenditures by Type of Service for the Title XXI Program, Expenditures in this Quarter. States use this form to report CHIP current quarter expenditures in accordance with services categories authorized under title XXI.
- Form HCFA-21B. Children's Health Insurance Program Budget Report for the Title XXI Program State Expenditure Plan. States use this form to report their budget projections each quarter for their Title XXI CHIPs for the current and budget Federal fiscal years and broken out by quarter.
- Form HCFA-21P. Children's Health Expenditures by Type of Service for the Title XXI Program, Prior Period Adjustments. States use this form to report CHIP prior period adjustment expenditures claimed in the submission quarter in accordance with services categories authorized under title XXI.
- Form HCFA-21.11A. Provider-Related Donations and Health Care Related Taxes, Fees, and Assessments Received Under Section 1903(w) for Title XXI. States use this form to report CHIP-related State receipts of provider related donations, and health care related taxes, fees, and assessments.
- Form HCFA-21E. Children's Health Insurance Program, Number of Children

Served. States use this form to report the numbers of children, by service delivery system, that are served in the States' CHIPs based on age categories.

**Note:** HCFA is working with States to develop an appropriate format for States to report numbers of children, by service delivery system, that are served in the CHIP based on Federal poverty income level categories and under the age categories previously requested. When the format is finalized it will be incorporated into this form.

*Frequency:* Quarterly;

*Affected Public:* State and Federal government;

*Number of Respondents:* 56;

*Total Annual Responses:* 224;

*Total Annual Hours:* 7,840.

(2) *Type of Information Collection*

*Request:* Revision of a currently approved collection; Title of Information Collection: Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program.

*Form Nos.:* HCFA-64, 64.21, 64.21U, 64.21P, 64.21UP, 64EC, 64.21E, 64.9, 64.10, 64.10P, 64.11a, 64.9d;

*Use:* These new forms are revisions of the currently approved collection report Form HCFA-64. These forms will be used by State Medicaid agencies to report their actual CHIP-related Medicaid expenditures and the numbers of CHIP-related children, and other children being served in the Medicaid program, to the Health Care Financing Administration (HCFA). The forms will be used by the HCFA to ensure that the appropriate level of Federal payments for the State's CHIP-related Medicaid program expenditures are made in accordance with the CHIP and related Medicaid provisions of the BBA of 1997, and to track, monitor, and evaluate the numbers of CHIP-related children and other individuals being served by the Medicaid program.

**Note:** At this time Forms HCFA-64.21E and HCFA-64EC of this package are for States to report the numbers of CHIP-related children and other children, by service delivery system, that are served in States' Medicaid programs based on age categories. However, we are continuing to work with the States to develop an appropriate format for States to report the numbers of children, by service delivery system, that are served in the States' Medicaid programs based on Federal poverty income level categories and under the age categories previously requested. When this format is finalized it will be incorporated into Forms HCFA-21E and HCFA-64EC.

For a short description of the CHIP-related Medicaid reporting forms, see below:

#### • HCFA-64 SUMMARY SHEET

Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Summary Sheet. The form HCFA-64 summary sheet is a one-page summary sheet summarizing the total expenditures reported for the quarter. The remaining forms provide additional detail and support the entries made on the summary sheet.

#### • HCFA-64.9

Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Expenditures in this Quarter. The form HCFA-64.9 is comprised of two pages that are used for detailing, by category, current quarter program expenditures by type of service (e.g., clinical services, dental services). The total figures from the form HCFA-64.9 are transferred to the form HCFA-64 Summary Sheet, Line 6, columns (a) and (b). A separate copy of the form HCFA-64.9 must also be submitted for each waiver granted to the State agency for which expenditures have been incurred. The total waiver figures are already incorporated in the expenditures reported on the "base" (one form) form HCFA-64.9.

#### • HCFA-64.9p

Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment. The form HCFA-64.9p supports claims or adjustments for prior period (years) which are transferred to the form HCFA-64 summary sheet and noted on Lines 7, 8, 10.A., and 10.B., columns (a) and (b). It contains the same service categories as the form HCFA-64.9. This two-page form details the program expenditures, by category, arraying the expenditures by fiscal year. A separate form HCFA-64.9p is prepared to support each fiscal year and each line entry (Lines 7, 8, 10.A., and 10.B.) on the summary sheet. If the prior period adjustment includes waiver-related expenditures, a separate form HCFA-64.9p must be filed for each waiver including HCBS waivers.

#### • HCFA-64.9d

Allocation of Disproportionate Share Hospital Payment Adjustments to Applicable FFYs. The form HCFA-64.9d has been created to track payments of DSH by Federal Fiscal Year. This one page form details, by Inpatient Hospital Services and Mental Health Facility Services, details the allotment and DSH payments by Federal Fiscal Years. This is authorized under § 1923(f) of the Act.

#### • HCFA-64.10

Expenditures for State and Local Administration for the Medical Assistance Program, Expenditures in this Quarter. The form HCFA-64.10 supports administrative expenditures reported on the summary sheet. This one page form details, by category, the current quarter expenditures for administering the Medicaid program. The total figures from the "base" form HCFA-64.10 summary sheet. The State agency must also file a separate form HCFA-64.10 or each of its waivers granted to the State agency for which expenditures have been incurred. The waiver expenditures reported on a supporting form HCFA-64.10 are already included with the overall expenditures reported on the "base" form HCFA-64.10.

#### • HCFA-64.10p

Expenditures for State and Local Administration for the Medical Assistance Program, Prior Period Adjustments. The form HCFA-64.10p is similar to the form HCFA-64.10 except that it addresses adjustments to prior period expenditures. The totals from the form HCFA-64.10p are transferred to the form HCFA-64 summary sheet, Lines 7, or 8, or 10.A., or 10.B., columns (c) and (d). A separate form HCFA-64.10p must be completed for each line item entry, by fiscal year, on the summary sheet.

#### • HCFA-64.11

Summary Total of Receipts from form HCFA-64.11A. The form HCFA-64.11 has been created to summarize the information reported on the various HCFA-64.11a forms. This is authorized under § 1903(w) of the Act.

#### • HCFA-64.11A

Actual Receipts by Plan Name. The form HCFA-64.11a has been created to report the actual receipts by plan names form provider-related donation and health care related taxes, fees and assessments. This is authorized under § 1903(w) of the Act.

• There are no forms numbered 64.1 through 64.8 because of form development and redevelopment over the years. There are also no forms detailing items 9.B. through 9.E. of the summary sheet because there is no need for further breakdown of these figures for reimbursement calculations.

HCFA-64.21 Quarterly Medical Assistance Expenditure By Children's Health Insurance Program Expenditure Categories. States will use this form to report current quarter expenditures for children who are determined

presumptively eligible under section 1920A of the Act.

HCFA-64.21U Quarterly Medical Assistance Expenditure Categories by Children's Health Insurance Program Expenditure Categories. States will use this form to report current quarter expenditures described under section 1905(u)(2) and 1905(u)(3) of the Act.

HCFA-64.21P Quarterly Medical Assistance Expenditures By Children's Health Insurance Program expenditure categories. States will use this form to report prior period expenditures for children who are determined presumptively eligible under section 1920A of the Act.

HCFA-64.21UP Quarterly Medical Assistance Expenditures by Children's Health Insurance Program Expenditure Categories, Prior Period Expenditures. States will use this form to report prior period expenditures described under section 1905(u)(2) and (3) of the Act.

HCFA-64.21E Number of Children Served Related to Children's Health Insurance Program. States use this form to report the numbers of CHIP-related children, by service delivery system, that are served in the States' Medicaid programs based on age categories.

**Note:** HCFA is working with States to develop an appropriate format for States to report numbers of CHIP-related children, by service delivery system, that are served in the States' Medicaid programs related to CHIP based on Federal poverty income level categories and under the age categories previously requested. When the format is finalized it will be incorporated into this form.

HCFA-64EC Number of Children Served Related to Children's Health Insurance Program. States use this form to report the numbers of children (other than CHIP-related children), by service delivery system, that are served in the States' Medicaid programs based on age categories.

**Note:** HCFA is working with States to develop an appropriate format for States to report numbers of children (other than CHIP-related children), by service delivery system, that are served in the Medicaid program based on Federal poverty income level categories and under the age categories previously requested. When the format is finalized it will be incorporated into this form.

*Frequency:* Quarterly;

*Affected Public:* State and Federal government;

*Number of Respondents:* 56;

*Total Annual Responses:* 224;

*Total Annual Hours:* 16,464.

To obtain copies of the supporting statement and any related forms 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, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326.

HCFA is requesting OMB review and approval of these collections within eleven working days of publication in the **Federal Register**. However, comments on these information collections and record keeping requirements must be received by the designees referenced below, within ten working days of publication in the **Federal Register**: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Laura Oliven, HCFA Desk Officer.

Dated: June 9, 1998.

**John P. Burke III,**

*HCFA Reports Clearance Officer, 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 Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited 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) 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: HIV/AIDS Dental Reimbursement Program

(OMB No. 0915-0151)—Extension and Revision—This is a request for extension and revision of the instructions used by accredited dental schools and post-doctoral dental programs requesting reimbursement for documented uncompensated costs for providing oral health care for HIV-infected individuals. Awards are authorized under section 776(b) of the Public Health Service Act (42 U.S.C. 294n).

The HIV/AIDS Bureau needs to collect this information to determine the amount of the reimbursement award that is made to each institution. The information will also assist the Health Resources and Services Administration (HRSA) in understanding: (1) the extent to which dental programs are involved in the treatment of HIV-infected individuals; (2) the type of individuals seeking care; (3) the scope and extent of HIV oral health services provided; (4) the time and costs involved in providing these services; and (5) how the funds used by the institutions are allocated.

Comparisons are requested between HIV and non-HIV infected patients to enable HRSA to determine the impact on dental programs of providing oral health services to HIV-infected patients.

The hourly burden estimate has increased substantially based on the experience of the grantees in completing the information required.

Collection	Number of respondents	Hours per response	Total burden hours
Reimbursement Request .....	125	20	2,500

Send comments to HRSA Reports Clearance Officer, Room 14-36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this Notice.

Dated: June 12, 1998.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 63 FR 7422 dated February 13, 1998). This notice reflects the establishment of the Health Resources and Services Administration's (HRSA) five (5) Field Clusters in the Office of Field Coordination (RS5). This notice also updates the functional statements for the Division of Facilities and Loans (RR2) in the Office of Special Programs (RR). The changes are as follows.

I. Under Part R, HRSA, establish a new chapter as the "HRSA Field Clusters (RS5F)," to read as follows:

#### Section RS5F-00 Mission

The HRSA Field Clusters are comprised of the Northeast Cluster, the Southeast Cluster, the Midwest Cluster, the West Central Cluster and the Pacific West Cluster. These clusters support the Department's mission of improving the health of the Nation's population by administering HRSA field health programs and activities to assure a coordinated HRSA effort in support of national health policies and State and local needs within the field. The clusters will assist HRSA in addressing cross-cutting program issues and initiatives to achieve program goals, and in providing a HRSA focal point for responding to the needs of State and local governments, community agencies and others involved in the planning or provision of general health. This organizational structure will support intergovernmental activities which respond to health issues on both the State and local levels, help administer health activities and programs to provide prevention of health problems, and assure access to and quality of general health services.

#### Section RS5F-10 Organization

Each cluster is headed up by a Field Coordinator who reports to the Director, Office of Field Coordination, who reports to the Associate Administrator for Management and Program Support.

The clusters are organized as follows:

##### A. Northeast Cluster (RS5F1)

1. Philadelphia, PA.—lead city