

Purpose: The purpose of this meeting is to provide a forum for consultation and discussion among African American gay men from non-governmental organizations and representatives from the Division of HIV/AIDS, IRS (DHAP) to address the HIV/AIDS prevention and education needs of African American gay men.

This project, known as the "People of Color Initiative", provides the foundation for examining the HIV/AIDS prevention and education needs within communities of color. This consultation will be the first of several to assess and respond to the prevention and education needs in these communities.

Matters to be Discussed: HIV prevention and education needs within the African American community for men who have sex with men.

Contact Person for More Information: Marcus W. Johnson, Division of HIV/AIDS Prevention, Intervention, Research and Support Community Assistance, Planning and National Partnerships Branch, National Center for HIV, STD and TB Prevention Centers for Disease Control and Prevention, 1600 Clifton Road, NE, M/S E-58, Atlanta, GA 30333. E-mail, mhj3@cdc.gov.

Dated: October 1, 1998.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-26843 Filed 10-6-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Data Policy and Standards Staff, Announces the Following Meeting

Name: ICD-9-CM Coordination and Maintenance Committee meeting, Vols. 1, 2 & 3 (Diagnosis & Procedures).

Times and Dates: 9 a.m.-4 p.m., Monday, November 2, 1998. 9 a.m.-4 p.m., Tuesday, November 3, 1998.

Place: The Health Care Financing Administration, Auditorium, 7500 Security Boulevard, Baltimore, Maryland.

Status: Open to the public.

Purpose: The ICD-9-CM Coordination and Maintenance (C&M) Committee will hold its second meeting of the 1998 cycle on Monday and Tuesday, November 2-3, 1998. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification. 2

Matters to be Discussed: Agenda items include Human Monocytic Ehrlichiosis (HME) and Human Granulocytic Ehrlichiosis (HGE); Screening for Osteoporosis; Lack of normal physiological development for infants and children; Adult failure to thrive; Observation for suspected child abuse/neglect; Endovascular repair of abdominal aortic aneurysm; Implantation of musculoskeletal stimulator with tendon transplant; Transplant of intestine; Addenda.

Contact Person For Additional Information: Gretchen Young-Charles, 301/

436-7050 ext. 124 (diagnosis), or Amy Gruber, 410/786-1542 (procedures), NCHS, CDC, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782.

Dated: October 1, 1998.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request Proposed Project

Title: Child Care and Development Fund Tribal Annual Financial Report.

OMB No.: New.

Description: The form provides specific data regarding claims and provides a mechanism for Tribes to report program expenditures. Failure to collect this data would seriously compromise ACF's ability to monitor expenditures. This information is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress.

Respondents: Tribal Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-696T	236	1	8	1,888

Estimated Total Annual Burden Hours: 1,888.

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, SW; Washington, DC 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: October 1, 1998.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 98-26914 Filed 10-6-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request Proposed Project

Title: Developmental Disabilities Council State Plan.

OMB No.: 0980-0162.

Description: Developmental Disabilities Councils (DD Councils) in each State are required under the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C., 6000 *et seq.*) to develop plans on a triennial basis and to review those plans at least annually. Each council develops its plan as a basis for promoting systems change

and capacity building in service systems for persons with developmental disabilities in the State. The State plan must be made available for public comment in the State and must be approved by the Governor of the State. After that it is submitted to the Department of Health and Human Services, which will use the information

to ensure compliance of the State with requirements in the Act. The information in the State plan is also used as one basis for providing technical assistance, such as during site visits.

Respondents: State, Local or Tribal Govt.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Three Year State Plan	55	1	100	5,500

Estimated Total Annual Burden Hours: 5,500.

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, 370 L'Enfant Promenade, SW, Washington, DC 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 comment and suggestions submitted within 60 days of this publication.

Dated: October 1, 1998.

Robert Sargis,

Acting Reports Clearance Officer.

[FR Doc. 98-26915 Filed 10-6-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-260]

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

AGENCY: Health Care Financing Administration.

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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. Due to the fact that the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part

1320, we are requesting an emergency review.

The Balanced Budget Act of 1997 (BBA) included a number of quality assurance provisions for managed care organizations contracting with Medicare and Medicaid. The Quality Improvement System for Managed Care (QISMC), developed with the assistance of State and industry representatives, consists of a set of standards and guidelines that are designed to implement the BBA provisions and the regulations, HCFA-1030-FC (which establishes the Medicare+Choice program) and HCFA-2001-P (which revises the Medicaid managed care program). For Medicare, the QISMC document is equivalent to a program manual. As such, the document simply represents HCFA's administrative interpretation of the Medicare+Choice requirements relating to an organization's operation and performance in the areas of quality measurement and improvement and the delivery of health care and enrollee services. These standards and guidelines are derivatives of the regulatory requirements, and are necessary to implement the requirements in a consistent manner. For Medicaid, the standards and guidelines are tools for States to use at their discretion in ensuring the quality of managed care organizations with Medicaid contracts. The QISMC standards for Medicaid managed care organizations parallel many of the BBA quality assurance provisions and were developed in conjunction with the regulation HCFA-2001-P. Therefore, while States are free to develop their own standard for Medicaid managed care organizations to meet the quality assurance provisions of the BBA, QISMC is a recommended vehicle for consistency and compliance with the BBA. Further, use of the QISMC