

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.

**Type of Information Collection Request:** Extension of a currently approved collection; **Title of Information Collection:** Annual Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Participation Report and Supporting Regulations in 42 CFR 441.60; **Form No.:** HCFA-416 (OMB 0938-0354); **Use:** States are required to submit an annual report on the provision of EPSDT services to HCFA pursuant to section 1902(a)(43) of the Social Security Act. These reports provide HCFA with data necessary to assess the effectiveness of State EPSDT programs. It is also helpful in developing trend patterns, national projections, responding to inquiries, and determining a State's results in achieving its participation goal; **Frequency:** Annually; **Affected Public:** State, Local or Tribal Government; **Number of Respondents:** 56; **Total Annual Responses:** 56; **Total Annual Hours:** 1,568.

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/regsp/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. 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, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: October 15, 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 Care Financing Administration

[HCFA-1035-CN]

RIN 0938-A113

#### Medicare Program; Schedules of Per-Visit and Per-Beneficiary Limitations on Home Health Agency Costs for Cost Reporting Periods Beginning on or After October 1, 1998; Correction

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

**ACTION:** Correction of notice with comment period.

**SUMMARY:** In the August 11, 1998 issue of the **Federal Register** (63 FR 42912), we published a notice with comment period setting forth revised schedules of limitations on home health agency costs that may be paid under the Medicare program for cost reporting periods beginning on or after October 1, 1998. This document corrects technical and typographical errors made in that document.

**EFFECTIVE DATE:** October 1, 1998.

**FOR FURTHER INFORMATION CONTACT:** Cathy Johnson, (410) 786-5241.

## SUPPLEMENTARY INFORMATION:

### Background

In the August 11, 1998 notice, we announced the limitations for home health agencies for cost reporting periods beginning on or after October 1, 1998, including the per-visit limitations. In publishing table 3A, Type of Visits, setting forth the per-visit limitations by type, we inadvertently transposed the MSA and non-MSA cost limit numbers. This document corrects that error. The inadvertent transposition of these cost limits resulted in the need to correct the examples and tables that rely on the limits. This document corrects the examples and tables and corrects other technical and typographical errors. Therefore, we are making the following corrections:

### Correction of Errors

1. On page 42923, in column 3, the last six lines are corrected to read as follows:

a. Urban skilled nursing per-visit labor portion

$\$74.13 \times 1.0145693 = \$75.21$

b. Urban skilled nursing per-visit nonlabor portion

$\$20.84 \times 1.0145693 = \$21.14$

2. On page 42924, in the chart entitled "Computation of Revised Per-visit for Occupational Therapy," in line 1, "\$123.05" is corrected to read "\$108.10," and, in line 3, "\$123.94" is corrected to read "\$108.88."

3. On page 42924, in the chart entitled "Computation of Revised Per-Beneficiary Limitations for an HHA With a 1994 Base Period", in the last line, "\$5,521.72" is corrected to read "5,421.72".

4. On page 42925, the chart entitled "Determining the Aggregate Per-Visit Limitation" is corrected in its entirety to read as follows:

### DETERMINING THE AGGREGATE PER-VISIT LIMITATION

Area/type of visit	Number of visits	Per-visit limit <sup>(1)</sup>	Total limit
<b>Dallas-MSA:</b>			
Skilled nursing .....	11,550	94.93	1,096,442
Physical therapy .....	4,300	107.21	461,003
Home health aide .....	8,900	43.83	389,998
<b>Rural Texas:</b>			
Skilled nursing .....	5,000	87.18	435,900
Physical therapy .....	2,300	97.68	224,664
Home health aide .....	4,300	36.41	156,563
Aggregate limitation .....			2,764,570

(1) The per-visit has been adjusted by the appropriate wage-index and the budget neutrality adjustment factor of 1.03.

5. On page 42925 Table 3A is corrected in its entirety to read as follows:

TABLE 3A.—PER-VISIT LIMITATIONS TYPE OF VISIT

	Per-visit limitation	Labor portion	Nonlabor portion
MSA (NECMA) location:			
Skilled nursing care .....	\$ 94.97	\$74.13	\$20.84
Physical therapy .....	107.26	83.56	23.70
Speech therapy .....	107.97	83.99	23.98
Occupational therapy .....	108.15	84.05	24.10
Medical social services .....	130.69	101.38	29.31
Home health aide .....	43.84	34.21	9.63
NonMSA location:			
Skilled nursing care .....	108.17	88.44	19.73
Physical therapy .....	121.14	98.82	22.32
Speech therapy .....	126.52	103.01	23.51
Occupational therapy .....	123.10	99.81	23.29
Medical social services .....	167.78	136.78	31.00
Home health aide .....	45.16	36.88	8.28

6. On page 42926, in Table 3A, under the heading "Location" the following corrections are made:

a. In column 1, line 3, "County of Hawaii" is corrected to read "County of Honolulu".

b. In column 2, line 5, "1.2225" is corrected to read "1.225".

7. On page 42935, in the chart entitled "Impact of the IPS HHA Limits, Effective 10/1/98", the number "12.3" is moved from the first column to the last column of the previous line.

(Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance)

Dated: October 9, 1998.

**Michael W. Carleton,**

*Acting Deputy Assistant for Information Resources Management.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

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

In compliance with section 3506(c)(2)(A) of the Paperwork

Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

*Comments are invited on:* (a) Whether the proposed collections of information are 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; 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: GPRA Client Outcomes for the Substance Abuse and Mental Health Services Administration (SAMHSA)—NEW—*The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to improve the effectiveness and efficiency of substance abuse and

mental health treatment and prevention services across the United States. All of SAMHSA's activities are designed to ultimately reduce the gap in the availability of substance abuse and mental health services and to improve their effectiveness and efficiency. Data will be collected from all of SAMHSA-funded grants and contracts receiving initial funding in Fiscal Year 1998 and later years where client outcomes are to be assessed at intake and post-treatment. SAMHSA-funded projects will be required to submit this data as a contingency for their award. The analysis of the data will also help determine whether the goal of reducing health and social costs of drug use to the public is being achieved.

The primary purpose of the proposed data collection activity is to meet the reporting requirements of the Government Performance Review Act (GPRA) (Pub. L. 103-62) by allowing SAMHSA to quantify the effects and accomplishments of SAMHSA programs. In addition, the data will be useful in addressing goals and objectives outlined in ONDCP's *Performance Measures of Effectiveness*. Following is the estimated annual response burden for this effort.

	Number of clients	Responses/client	Hours/response	Annual burden
Center for Substance Abuse Treatment .....	15,000	1	.33	5,000
Center for Substance Abuse Prevention .....	30,000	1	.33	10,000
Center for Mental Health Services .....	27,000	1	.33	9,000
TOTAL .....	72,000	.....	.....	24,000