

Responses: 54; Total Annual Hours: 17,214.

To request copies of the proposed paperwork collection referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, management Planning and Analysis Staff, Attention: Linda Mansfield, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 27, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-8053 Filed 4-2-96; 8:45 am]

BILLING CODE 4120-03-P

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 summaries 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: Reinstatement, without change, of a previously approved collection for which approval has expired; **Title of Information Collection:** State Survey Agency List of Positions and Schedule of Equipment Purchases; **Form No.:** HCFA-1465, HCFA-1466; **Use:** The information collected is used by HCFA to determine the types of equipment

being purchased and the need for such equipment, the information also provides HCFA with the types and skill levels of surveyor positions that are being requested by the State; **Frequency:** Annually; **Affected Public:** State, local, and tribal government; **Number of Respondents:** 53; **Total Annual Hours:** 239.

2. Type of Information Collection Request: New Collection; **Title of Information Collection:** Granting and Withdrawal of Deeming Authority to National Accreditation Organizations; **Form No.:** HCFA-R-191; **Use:** The information collected is used by HCFA to determine whether a private accreditation organization's criteria for granting accreditation is equal to or more stringent than the criteria used by Medicare to determine Ambulatory Surgical Center eligibility for participation in the Medicare Program; **Frequency:** Other (initial application, as needed); **Affected Public:** Not for profit institutions; **Number of Respondents:** 2; **Total Annual Hours:** 192.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at <http://www.ssa.gov/hcfa/hcfahp2.html>, or to obtain the supporting statement and any related forms, 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 Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 27, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

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Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Health Care Financing Administration, HHS.

In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the Health Care Financing Administration (HCFA), Department of

Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subject: (1) The necessity and utility of 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: New collection; **Title of Information Collection:** Maximizing the Effectiveness of Home Health Care: The Influence of Service Volume and Integration With Other Care Settings on Patient Outcomes; **Form No.:** HCFA-R-189; **Use:** This study will examine (1) the relationship of home health care service volume and patient outcomes, and (2) the relationship of the physician role and integration of other services and patient outcomes; **Frequency:** Other (periodically); **Affected Public:** Not-for-profit institutions, business or other for profit, and individuals or households; **Number of Respondents:** 6,300; **Total Annual Hours:** 3,573.

2. Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, Outpatient Physical Therapy Speech Pathology Survey Report; **Form Nos.:** HCFA-1856, HCFA-1893; **Use:** The Medicare Program requires outpatient physical therapy providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the result of the onsite survey; **Frequency:** On occasion; **Affected Public:** Business or other for profit; **Number of Respondents:** 1,700; **Total Annual Hours:** 446.25.

3. Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; **Title of Information Collection:** Request for Certification as Supplier of Portable X-ray Services Under the Medicare/

Medicaid Programs, Portable X-ray Survey Report; *Form Nos.*: HCFA-1880, HCFA-1882; *Use*: The Medicare program requires portable x-ray suppliers to be surveyed for health and safety standards. The HCFA-1882 is the survey form that records survey results. The HCFA-1880 is used by the surveyors to determine if a portable x-ray applicant meets the eligibility requirements; *Frequency*: On occasion; *Affected Public*: Business or other for profit; *Number of Respondents*: 520; *Total Annual Hours*: 137.

4. Type of Information Collection
Request: Revision of a currently approved collection; *Title of Information Collection*: Physical Therapist in Independent Practice Request for Certification in the Medicare Program; *Form No.*: HCFA-262; *Use*: The HCFA-262 is used by the surveyors to determine if a physical therapist in independent practice requesting Medicare approval meets the eligibility requirements; *Frequency*: On occasion; *Affected Public*: Business or other for profit; *Number of Respondents*: 7,322; *Total Annual Hours*: 1,098.

5. Type of Information Collection
Request: Revision of a currently approved collection; *Title of Information Collection*: Request for Approval as a Hospital Provider of Extended Care Services (Swing-Bed) in the Medicare and Medicaid Programs; *Form No.*: HCFA-605; *Use*: The HCFA-605 is used for facility identification and screening. It will be completed by a hospital that is requesting approval and will initiate the process of determining the hospital's eligibility and for which bed count category the hospital wishes to request approval; *Frequency*: Other (one-time usage for initial application); *Affected Public*: Business or other for profit, not-for-profit institutions, Federal Government; *Number of Respondents*: 1,500; *Total Annual Hours*: 375.

6. Galley Revision of a currently approved collection; Title of Information Collection: Organ Procurement Organization's Request for Designation; *Form No.*: HCFA-576; *Use*: The information provided on this form serves as a basis for certifying organ procurement organizations (OPO) for participation in the Medicare and Medicaid programs and will indicate whether the OPO is meeting the specified performance standards for reimbursement of service; *Frequency*: Biennially; *Affected Public*: Business or other for profit, not-for-profit institutions; *Number of Respondents*: 80; *Total Annual Hours*: 160.

To request copies of the proposed paperwork collections referenced above,

E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: March 27, 1996.

Kathleen B. Larson,
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96-8054 Filed 4-2-96; 8:45 am]

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Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory bodies scheduled to meet during the months of April and May 1996:

Name: National Advisory Council on Nurse Education and Practice

Date and Time: April 18-19, 1996 8:30 a.m. to 5:00 p.m.

Place: Chesapeake Conference Room, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. The meeting is open to the public with the exception of the period from approximately 9:30 a.m.—10:30 a.m. on April 19, when grant applications will be reviewed.

Agenda: Report on and discussion of the legislative and budget status of Title VIII nursing programs, discussion of follow-up actions from the Council on Graduate Medical Education/National Advisory Council on Nurse Education and Practice Joint Meeting, discussion of issues related to the basic nursing workforce, and review of applications for the Nursing Education Opportunities Program for Individuals from Disadvantaged Backgrounds.

The meeting will be closed to the public on April 19, 9:30 a.m. to 10:30 a.m. for review of grant applications. The closing is in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., and the Determination by the Associate Administrator for Policy Coordination, Health Resources and Services Administration, pursuant to Public Law 92-463.

Anyone wishing to obtain a roster of members, minutes of meetings, or other

relevant information should write or contact Ms. Melanie Timberlake, Executive Secretary, National Advisory Council on Nurse Education and Practice, Parklawn Building, Room 9-35, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-5688.

Name: National Advisory Council on the National Health Service Corps

Date and Time: April 26-28, 1996.

Place: Marriott Residence Inn, 7335 Wisconsin Avenue, Bethesda, Maryland. The meeting is open to the public.

Agenda: The agenda will include orientation of new members, National Health Service Corps (NHSC) budget and policy updates, discussion of proposed strategies for fulfilling needs for oral health professionals, and workgroup meetings on NHSC policy issues.

The meetings will begin on Friday at 5:00 p.m. and adjourn at 9:00 p.m. On Saturday, the meeting will begin at 8:00 a.m. and adjourn at 5:30 p.m. Sunday's meeting will begin at 8:00 a.m. and adjourn at 12:00 noon.

Anyone requiring information regarding the subject Council should contact Ms. Jewel Davis, National Advisory Council on the National Health Service Corps, 8th floor, 4350 East West Highway, Rockville, Maryland 20857, Telephone (301) 594-4144.

Name: National Advisory Council on Migrant Health

Date and Time: May 2-3, 1996-8:00 a.m.

Place: Nashville Convention Center, 601 Commerce Street, Nashville, TN 37203-3724, 615/742-2000. The meeting is open to the public.

Agenda: The agenda includes an overview of Council general business activities and priorities. In addition, the Council will review and discuss the 1996 National Advisory Council on Migrant Health Recommendations.

The Council meeting is being held in conjunction with the National Association of Community Health Centers, Annual Farmworker Health Conference, May 4-6, 1996. The Conference will take place at the Stouffer Renaissance Nashville Hotel located at 611 Commerce Street, Nashville, TN 37203 (615/255-8400).

Anyone requiring information regarding the subject Council should contact Susan Hagler, Migrant Health Program, Staff Support to the National Advisory Council on Migrant Health, Bureau of Primary Care, Health Resources and Services Administration, 4350 East West Highway, Room 7-A51, Bethesda, Maryland 20814, Telephone (301) 594-4302.

Name: HRSA AIDS Advisory Committee
Time: May 22-23, 1996 8:30 a.m.

Place: Embassy Row Hotel, Ambassador Room, 2015 Massachusetts Avenue, N.W. Washington, D.C. 20036. The meeting is open to the public.

Agenda: The Committee will address the impact of Medicaid/Managed Care on service