

action by an independent advisory committee of experts. A petition is to be in the form of a petition for reconsideration under § 10.33(b) (21 CFR 10.33(b)). A petitioner shall identify the form of review requested (hearing or independent advisory committee) and shall submit with the petition supporting data and information showing that there is a genuine and substantial issue of material fact for resolution through administrative review. After reviewing the petition, FDA will decide whether to grant or deny the petition and will publish a notice of its decision in the Federal Register. If FDA grants the petition, the notice will state the issue to be reviewed, the form of review to be used, the persons who may participate in the review, the time and place where the review will occur, and other details.

Petitioners may, at any time on or before January 16, 1996, file with the Dockets Management Branch (address above) two copies of each petition and supporting data and information, identified with the name of the device and the docket number found in brackets in the heading of this document. Received petitions may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

This notice is issued under the Federal Food, Drug, and Cosmetic Act (secs. 515(d), 520(h) (21 U.S.C. 360e(d), 360j(h))) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.10) and redelegated to the Director, Center for Devices and Radiological Health (21 CFR 5.53).

Dated: December 4, 1995.

Joseph A. Levitt,

*Deputy Director for Regulations Policy, Center for Devices and Radiological Health.*

[FR Doc. 95-30611 Filed 12-14-95; 8:45 am]

BILLING CODE 4160-01-F

## Health Care Financing Administration [ORD-082-N]

### New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act

October 1995.

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

**ACTION:** Notice.

**SUMMARY:** This notice lists new proposals for Medicaid demonstration projects submitted to the Department of Health and Human Services during the month of October 1995 under the authority of section 1115 of the Social

Security Act. This notice also lists proposals that were approved, disapproved, pending, or withdrawn during this time period. (This notice can be accessed on the Internet at [HTTP://WWW.SSA.GOV/HCFA/HCFAHP2.HTML](http://WWW.SSA.GOV/HCFA/HCFAHP2.HTML).)

**COMMENTS:** We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

**ADDRESSES:** Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, Mail Stop C3-11-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

**FOR FURTHER INFORMATION CONTACT:** Susan Anderson, (410) 786-3996.

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. On September 27, 1994, we published a notice in the Federal Register (59 FR 49249) that specified (1) the principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

As part of our procedures, we publish a notice in the Federal Register with a monthly listing of all new submissions, pending proposals, approvals, disapprovals, and withdrawn proposals. Proposals submitted in response to a grant solicitation or other competitive process are reported as received during the month that such grant or bid is

awarded, so as to prevent interference with the awards process.

## II. Listing of New, Pending, Approved, and Withdrawn Proposals for the Month of October 1995

### A. Comprehensive Health Reform Programs

#### 1. New Proposals

No new proposals were received during the month of October.

#### 2. Pending Proposals

*Demonstration Title/State:* Better Access for You (BAY) Health Plan Demonstration—Alabama.

*Description:* Alabama proposes to create a mandatory managed care delivery system in Mobile County for non-institutionalized Medicaid beneficiaries and an expansion population of low-income women and children. The network, called the Bay Health Network, would be administered by the PrimeHealth Organization, which is owned by the University of South Alabama Foundation. The State also proposes to expand family planning benefits for pregnant women whose income is less than 133 percent of the Federal poverty level.

*Date Received:* July 10, 1995.

*State Contact:* Vicki Huff, Director, Managed Care Division, Alabama Medicaid Agency, P.O. Box 5624, Montgomery, AL 36103-5624, (334) 242-5011.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Arizona Health Care Cost Containment System (AHCCCS)—Arizona.

*Description:* Arizona proposes to expand eligibility under its current section 1115 AHCCCS program to individuals with incomes up to 100 percent of the Federal poverty level.

*Date Received:* March 17, 1995

*State Contact:* Mabel Chen, M.D., Director, Arizona Health Care Cost Containment System, 801 East Jefferson, Phoenix, AZ 85034, (602) 271-4422.

*Federal Project Officer:* Joan Peterson, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* The Georgia Behavioral Health Plan—Georgia.

*Description:* Georgia proposes to provide behavioral health services under a managed care system through a

section 1115 demonstration. The plan would be implemented by regional boards that would contract with third party administrators to develop a network of behavioral health providers. The currently eligible Medicaid population would be enrolled in the program and would have access to a full range of behavioral health services. Once the program realizes savings, the State proposes to expand coverage to individuals who are not otherwise eligible for Medicaid.

*Date Received:* September 1, 1995.

*State Contact:* Margaret Taylor, Coordinator for Strategic Planning, Department of Medical Assistance, 1 Peachtree Street, NW, Suite 27-100, Atlanta, GA 30303-3159, (404) 657-2012.

*Federal Project Officer:* Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

*Demonstration Title/State:* MediPlan Plus—Illinois.

*Description:* Illinois seeks to develop a managed care delivery system using a series of networks, either local or statewide, to tailor its Medicaid delivery system to the needs of local urban neighborhoods or large rural areas.

*Date Received:* September 15, 1994.

*State Contact:* Tom Toberman, Manager, Federal/State Monitoring, 201 South Grand Avenue East, Springfield, IL 62763, (217) 782-2570.

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Community Care of Kansas—Kansas.

*Description:* Kansas proposes to implement a "managed cooperation demonstration project" in four predominantly rural counties, and to assess the success of a non-competitive managed care model in rural areas. The demonstration would enroll persons currently eligible in the Aid to Families with Dependent Children (AFDC) and AFDC-related eligibility categories, and expand Medicaid eligibility to children ages 5 and under with family incomes up to 200 percent of the Federal poverty level.

*Date Received:* March 23, 1995.

*State Contact:* Karl Hockenbarger, Kansas Department of Social and Rehabilitation Services, 915 Southwest Harrison Street, Topeka, KS 66612, (913) 296-4719.

*Federal Project Officer:* Jane Forman, Health Care Financing Administration,

Office of Research and Demonstrations, Mail Stop C3-21-04, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Louisiana Health Access—Louisiana.

*Description:* Louisiana proposes to implement a fully capitated statewide managed care program. A basic benefit package and a behavioral health and pharmacy wrap-around would be administered through the managed care plans. The State intends to expand Medicaid eligibility to persons with incomes up to 250 percent of the Federal poverty level; those with incomes above 133 percent of the Federal poverty level would pay all or a portion of premiums.

*Date Received:* January 3, 1995.

*State Contact:* Carolyn Maggio, Executive Director, Bureau of Research and Development, Louisiana Department of Health and Hospitals, P.O. Box 2870, Baton Rouge, LA 70821-2871, (504) 342-2964.

*Federal Project Officer:* Gina Clemons, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Missouri.

*Description:* Missouri proposes to require Medicaid beneficiaries to enroll in managed care delivery systems, and extend Medicaid eligibility to persons with incomes below 200 percent of the Federal poverty level. As part of the program, Missouri would create a fully capitated managed care pilot program to serve non-institutionalized persons with permanent disabilities on a voluntary basis.

*Date Received:* June 30, 1994.

*State Contact:* Donna Checkett, Director, Division of Medical Services, Missouri Department of Social Services, P.O. Box 6500, Jefferson City, MO 65102-6500, (314) 751-6922.

*Federal Project Officer:* Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* The Granite State Partnership for Access and Affordability in Health Care—New Hampshire.

*Description:* New Hampshire proposes to extend Medicaid eligibility to adults with incomes below the AFDC cash standard and to create a public insurance product for low-income workers. The State also seeks to implement a number of pilot initiatives to help redesign its health care delivery system.

*Date Received:* June 14, 1994.

*State Contact:* Barry Bodell, New Hampshire Department of Health and Human Services, Office of the Commissioner, 6 Hazen Drive, Concord, NH 03301-6505, (603) 271-4332.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* The Partnership Plan—New York.

*Description:* New York proposes to move most of the currently eligible Medicaid population and Home Relief (General Assistance) populations from a primarily fee-for-service system to a managed care environment. The State also proposes to establish special needs plans to serve individuals with HIV/AIDS and certain children with mental illnesses.

*Date Received:* March 17, 1995.

*State Contact:* Richard T. Cody, Deputy Commissioner, Division of Health and Long Term Care, 40 North Pearl Street, Albany, NY 12243, (518) 474-9132.

*Federal Project Officer:* Debbie Van Hoven, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* State of Texas Access Reform (STAR)—Texas.

*Description:* Texas is proposing a section 1115 demonstration that will restructure the Medicaid program using competitive managed care principles. A focal point of the proposal is to utilize local governmental entities (referred to as Intergovernmental Initiatives (IGIs)) and to make the IGI responsible for designing and administering a managed care system in its region. Approximately 876,636 new beneficiaries would be served during the 5-year demonstration in addition to the current Medicaid population. Texas proposes to implement the program in June 1996.

*Date Received:* September 6, 1995.

*State Contact:* Cathy Rossberg, State Medicaid Office, P.O. Box 13247, Austin, TX 78711, (512) 502-3224.

*Federal Project Officer:* Alisa Adamo, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Section 1115 Demonstration Waiver for Medicaid Expansion—Utah.

*Description:* Utah proposes to expand eligibility for Medicaid to all individuals with incomes up to 100 percent of the Federal poverty level

(subject to limited cost sharing) and to enroll all Medicaid beneficiaries in managed care plans. The State also proposes to streamline eligibility and administrative processes and to develop a subsidized small employer health insurance plan.

*Date Received:* July 5, 1995.

*State Contact:* Michael Deily, Acting Division Director, Utah Department of Health, Division of Health Care Financing, 288 North 1460 West, P.O. Box 142901, Salt Lake City, UT 84114-2901, (801) 538-6406.

*Federal Project Officer:* David Walsh, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

### 3. Approved Conceptual Proposals (Awards of Waivers Pending).

No conceptual proposals were approved during the month of October.

### 4. Approved Grant Proposals (Award of Waivers Pending).

No grant proposals were awarded during the month of October.

### 5. Approved Proposals.

The following comprehensive health reform proposals were approved during the month of October.

*Demonstration Title/State:* Kentucky Partnership Plan—Kentucky.

*Description:* The State was awarded a demonstration to implement the "Kentucky Partnership Plan," an amendment to its original proposal. Under the demonstration, the State will be divided into eight managed care regions incorporating both public and private providers into a single managed care network which will offer the standard State Medicaid benefit package to all non-institutionalized Medicaid beneficiaries. Mental health and long-term care services will continue to be offered through the fee-for-service system.

*Date Received:* June 19, 1995.

*Date Approved:* October 6, 1995.

*State Contact:* Larry A. McCarthy, Commonwealth of Kentucky, Department for Medicaid Services, 275 East Main Street, Frankfort, KY 40621, (502) 564-8196.

*Federal Contact:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:*

SoonerCare—Oklahoma.

*Description:* Oklahoma will implement a 5-year statewide managed care demonstration using both fully and partially capitated delivery systems. The

emphasis of the program is to address access problems in rural areas by encouraging the development of rural-based managed care initiatives. The State will employ traditional fully capitated managed care delivery models for urban areas and will introduce a series of partial capitation models in the rural areas of the State. All currently eligible, non-institutionalized Medicaid beneficiaries will be enrolled during the first 2 years of the project.

*Date Received:* January 6, 1995.

*Date Approved:* October 12, 1995.

*State Contact:* Leigh Brown, Oklahoma Health Care Authority, 4545 North Lincoln Blvd., Suite 124, Oklahoma City, Oklahoma 73105, (405) 530-3269.

*Federal Project Officer:* Patricia Selinger, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

### 6. Disapproved Proposals

No comprehensive health reform proposals were disapproved during the month of October.

### 7. Withdrawn Proposals

No comprehensive health reform proposals were withdrawn during the month of October.

## B. Other Section 1115 Demonstration Proposals

### 1. New Proposals

The following proposal was received during the month of October:

*Demonstration/Title:* Medicaid Family Planning Services for Women of Childbearing Age—Arkansas.

*Description:* Arkansas seeks to extend Medicaid eligibility for family planning services only to postpartum women under 133 percent of the Federal poverty level who would have lost benefits 60 days after delivery. The demonstration will streamline the application process for these women and make income requirements less stringent. Women will be eligible for family planning benefits for 5 years or the length of the demonstration.

*Date Received:* October 2, 1995.

*State Contact:* David Rickard, Arkansas Department of Human Services, 329 Donaghey Building, P.O. Box 1437, Little Rock, AK 72203-1437, (501) 682-8650.

*Federal Contact:* Rosemarie Hakim, Ph.D., Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

### 2. Pending Proposals

*Demonstration Title/State:* Alternatives in Medicaid Home Care Demonstration—Colorado.

*Description:* Colorado proposes to conduct a pilot project that eliminates the restriction

on provision of Medicaid home health services in locations other than the beneficiary's place of residence. The proposal would also permit nursing aides to perform functions that historically have been provided only by skilled nursing staff. Medicaid beneficiaries participating in the project will be adults (including both frail elderly clients and younger clients with disabilities) who can live independently and self-direct their own care. The project would provide for delegation of specific functions from nurses to certified nurses aides, pay nurses for shorter supervision and monitoring visits, and allow higher payments to aides performing delegated nursing tasks. Currently, home health agency nursing and nurse aide services are paid on a per visit basis. Each visit is approximately 2-4 hours in duration, and recipients must require skilled, hands-on care.

*Date Received:* June 3, 1995.

*State Contact:* Dann Milne, Director, Department of Health Care Policy, and Financing, 1575 Sherman Street, Denver, CO 80203-1714, (303) 866-5912.

*Federal Project Officer:* Phyllis Nagy, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration/Title:* Integrated Care and Financing Project Demonstration—Colorado.

*Description:* Colorado proposes to conduct an Integrated Care and Financing Project demonstration. Specifically, the Colorado Department of Health Care Policy and Financing proposes to add institutional and community-based long-term care services to a health maintenance organization (HMO) and make the HMO responsible for providing comprehensive medical and supportive services through one capitated rate. The project would include all Medicaid eligibility groups, including individuals with dual eligibility.

*Date Received:* September 28, 1995.

*State Contact:* Dann Milne, Office of Long-Term Care System Development, State of Colorado Department of Health Care Policy and Financing, 1575 Sherman Street, Denver, CO 80203-1714, (303) 866-5912.

*Federal Contact:* Melissa McNiff, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Georgia's Children's Benefit Plan—Georgia.

*Description:* Georgia submitted a section 1115 proposal entitled "Georgia Children's Benefit Plan" to provide preventive and primary care services to children aged 1 through 5 living in families with incomes between 133 percent and 185 percent of the Federal poverty level. The duration of the project is 5 years with proposed project dates of July 1, 1995 to June 30, 2000.

*Date Received:* December 12, 1994.

*State Contact:* Jacquelyn Foster-Rice, Georgia Department of Medical Assistance, 2 Peachtree Street Northwest, Atlanta, GA 30303-3159, (404) 651-5785.

*Federal Project Officer:* Maria Boulmetis, Health Care Financing Administration, Office of Research and Demonstrations, Mail

Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Family Planning Services Section 1115 Waiver Request—Michigan.

*Description:* Michigan seeks to extend Medicaid eligibility for family planning services to all women of childbearing age with incomes at or below 185 percent of the Federal poverty level, and to provide an additional benefit package consisting of home visits, outreach services to identify eligibility, and reinforced support for utilization of services. The duration of the project is 5 years.

*Date Received:* March 27, 1995.

*State Contact:* Gerald Miller, Director, Department of Social Services, 235 South Grand Avenue, Lansing, MI 48909, (517) 335-5117.

*Federal Project Officer:* Suzanne Rotwein, Ph.D., Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Montana Mental Health Access Plan—Montana.

*Description:* Montana proposes to provide all mental health services for current Medicaid-eligible individuals through managed care and to expand Medicaid eligibility to persons with incomes up to 200 percent of the Federal poverty level. Newly eligible individuals would receive only mental health benefits, and would not be eligible for other health services under the demonstration. A single statewide contractor would provide the mental health services and also determine eligibility, perform inspections, and handle credentialing.

*Date Received:* June 16, 1995.

*State Contact:* Nancy Ellery, State Medicaid Director, Department of Social and Rehabilitation Services, P.O. Box 4210, 111 North Sanders, Helena, MT 59604-4210, (406) 444-4540.

*Federal Project Officer:* Nancy Goetschius, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Family Planning Proposal—New Mexico.

*Description:* New Mexico proposes to extend Medicaid eligibility for family planning services to all women of childbearing age with incomes at or below 185 percent of the Federal poverty level.

*Date Received:* November 1, 1994.

*State Contact:* Bruce Weydemeyer, Director, Division of Medical Assistance, P.O. Box 2348, Santa Fe, NM 87504-2348, (505) 827-3106.

*Federal Project Officer:* Suzanne Rotwein, Ph.D., Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* CHOICES—Citizenship, Health, Opportunities, Interdependence, Choices and Supports—Rhode Island.

*Description:* Rhode Island proposes to consolidate all current State and Federal funding streams for adults with developmental disabilities under one program using managed care/managed competition.

*Date Received:* April 5, 1994.

*State Contact:* Susan Babin, Department of Mental Health, Retardation, and Hospitals, Division of Developmental Disabilities, 600 New London Avenue, Cranston, RI 02920, (401) 464-3234.

*Federal Project Officer:* Melissa McNiff, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Family Planning Services Eligibility Requirements Waiver—South Carolina.

*Description:* South Carolina proposes to extend Medicaid coverage for family planning services for 22 additional months to postpartum women with monthly incomes under 185 percent of the Federal poverty level. The objectives of the demonstration are to increase the number of reproductive age women receiving either Title XIX or Title X funded family planning services following the completion of a pregnancy, increase the period between pregnancies among mothers eligible for maternity services under the expanded eligibility provisions of Medicaid, and estimate the overall savings in Medicaid spending attributable to providing family planning services to women for 2 years postpartum. The duration of the proposed project would be 5 years.

*Date Received:* May 4, 1995.

*State Contact:* Eugene A. Laurent, Executive Director, State Health and Human Services Finance Commission, P.O. Box 8206, Columbia, SC 29202-8206, (803) 253-6100.

*Federal Project Officer:* Suzanne Rotwein, Ph.D., Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-24-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

*Demonstration Title/State:* Wisconsin.  
*Description:* Wisconsin proposes to limit the amount of exempt funds that may be set aside as burial and related

expenses for SSI-related Medicaid beneficiaries.

*Date Received:* March 9, 1994.

*State Contact:* Jean Sheil, Division of Economic Support, Wisconsin Department of Health and Social Services, 1 West Wilson Street, Room 650, P.O. Box 7850, Madison, WI 53707, (608) 266-0613.

*Federal Project Officer:* J. Donald Sherwood, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-16-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

### 3. Approved Conceptual Proposals (Award of Waivers Pending)

No conceptual proposals were awarded during the month of October.

### 4. Approved Proposals

The following proposal was approved during the month of October.

*Demonstration Title/State:* Demonstration of Integrated Care Management Systems for High-Cost/High-Risk Medicaid Beneficiaries—Maryland.

*Description:* Maryland is testing a new case management delivery system for high-cost/high-risk Medicaid beneficiaries and those at risk to become high-cost. The program seeks to maintain or improve access to providers and the quality of the care provided. The demonstration also should lower health care costs by reducing hospital readmission rates and by maintaining patients in the lowest-cost medically appropriate setting. The University of Maryland Baltimore County Center for Health Program Development and Management, under contract to the State, is responsible for the demonstration's operations.

*Date Received:* July 8, 1994.

*Date Approved:* October 6, 1995.

*State Contact:* Martin P. Wasserman, M.D., J.D., Department of Health and Mental Hygiene, State of Maryland, 201 West Preston Street, Baltimore, MD 21201, (410) 225-6500.

*Federal Project Officer:* William D. Clark, Health Care Financing Administration, Office of Research and Demonstrations, Mail Stop C3-21-06, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

### 5. Disapproved Proposals

No proposals were disapproved during the month of October.

### 6. Withdrawn Proposals

No proposals were withdrawn during the month of October.

**IV. Requests for Copies of a Proposal**

Requests for copies of a specific Medicaid proposal should be made to the State contact listed for the specific proposal. If further help or information is needed, inquiries should be directed to HCFA at the address above.

(Catalog of Federal Domestic Assistance Program, No. 93.779; Health Financing Research, Demonstrations, and Experiments.)

Dated: December 8, 1995.

Bruce C. Vladeck,  
*Administrator, Health Care Financing Administration.*

[FR Doc. 95-30559 Filed 12-14-95; 8:45 am]

**BILLING CODE 4120-01-P**

**Office of the Secretary**

**Findings of Scientific Misconduct**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) has made final findings of scientific misconduct in the following case:

*Harry L. June, Ph.D., Indiana University-Purdue University at Indianapolis:* On November 21, 1995, ORI found that Harry L. June, Ph.D., Indiana University-Purdue University (IUPUI) at Indianapolis, committed scientific misconduct by falsifying three letters of recommendation submitted with and in support of a FIRST Award

application to the Public Health Service (PHS).

Dr. June has entered into a Voluntary Exclusion Agreement with ORI in which he has accepted ORI's finding and has agreed to exclude himself voluntarily, for the three (3) year period beginning November 21, 1995, from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

In addition, Dr. June has voluntarily agreed to accept the administrative sanctions imposed by IUPUI, which include requirements that Dr. June:

- (1) Take a course in research ethics;
- (2) Be supervised by a senior faculty member for not less than three years; and

(3) Submit all grant applications to his supervisor for review for at least one month prior to the agency deadline and to the Dean's office at least two weeks prior to the agency deadline.

No scientific publications were required to be corrected as part of this Agreement.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852.

Lyle W. Bivens,  
*Director, Office of Research Integrity.*  
[FR Doc. 95-30602 Filed 12-14-95; 8:45 am]  
**BILLING CODE 4160-17-P**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities Under OMB Review**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301)443-0525.

Evaluation of High Risk Youth Substance Abuse Prevention Initiatives—New—The Center for Substance Abuse Prevention (CSAP) will conduct a cross-site evaluation of approximately 50 demonstration projects targeting high risk youth to assess the effectiveness of the demonstration program in: (1) preventing and/or reducing substance abuse among at-risk youth; and (2) intervention strategies for reducing selected risk factors and enhancing protective factors. Youth participating in the programs and comparison group youth will complete self-administered questionnaires at four points in time, including baseline, program exit, and 6 months and 18 months following program exit. The annual burden estimate is shown below:

	Number of Respondents	Number of responses per respondent	Average burden per response (hours)	Total annual burden (hours)
Youth .....	12,000	1	0.433 hrs	5,205 hrs

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10236, Washington, D.C. 20503.

Dated: December 11, 1995.

Richard Kopanda,  
*Acting Executive Officer, SAMHSA.*  
[FR Doc. 95-30565 Filed 12-14-95; 8:45 am]  
**BILLING CODE 4162-20-P**

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**Office of the Assistant Secretary for Community Planning and Development**

[Docket No. N-95-1917; FR-3778-N-66]

**Federal Property Suitable as Facilities to Assist the Homeless**

**AGENCY:** Office of the Assistant Secretary for Community Planning and Development, HUD.

**ACTION:** Notice.

**SUMMARY:** This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by

HUD for suitability for possible use to assist the homeless.

**ADDRESSES:** For further information, contact Mark Johnston, room 7256, Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708-1226; TDD number for the hearing- and speech-impaired (202) 708-2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

**SUPPLEMENTARY INFORMATION:** In accordance with 56 FR 23789 (May 24, 1991) and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real