

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:* New collection; *Title of Information Collection:* Hospital Standard for Potentially HIV Infectious Blood and Blood Products; *Form No.:* HCFA-R-190; *Use:* Hospitals must establish policies and procedures and document patient notification efforts if they have administered potentially HIV infectious blood and blood products; *Frequency:* On occasion; *Affected Public:* Business or other for profit, Not for profit institutions; *Number of Respondents:* 16; *Total Annual Responses:* 16; *Total Annual Hours Requested:* 16.

To request copies of the proposed paperwork collection referenced above, 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: Zaneta Davis, 7500 Security Boulevard, Room C2-26-17, Baltimore, Maryland 21244-1850.

Dated: February 6, 1996.

Kathleen B. Larson,  
Director, Management Planning and Analysis Staff.

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

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, 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 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 Request:* Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Medicaid Eligibility Criteria; *Form No.:* HCFA-SP-1; *Use:* To standardize the display of information on the posteligibility process in the State's Medicaid plan. The State plan is issued as a basis for Federal Financial Participation in the State program; *Frequency:* On occasion; *Affected Public:* Federal Government and State, local, or tribal government; *Number of Respondents:* 56; *Total Annual Responses:* 896; *Total Annual Hours:* 529.

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: February 8, 1996.

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

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### Information Collection Requirements Submitted for Public Comment: Submission for Office of Management and Budget (OMB) Review

**AGENCY:** Health Care Financing Administration, HHS.

In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Requirement abstracted below has been submitted to the Office of Management and Budget (OMB) for review and comment. Because of the many concerns raised by both suppliers and physicians during

this review process, HCFA has made several changes to the forms used to collect this 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 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 budget.

1. *Type of Information Collection Request:* Revision of a Currently Approved Collection; *Title of Information Collection:* Durable Medical Equipment Regional Carrier, Certificate of Medical Necessity; *Form No.:* HCFA-R-182; *Use:* A Certificate of Medical Necessity is a standardized format used to communicate information provide by an attending physician and a supplier of medical equipment and supplies. The information is used by carriers to determine the medical necessity of an item or service covered by the Medicare program and being used for the treatment of the Medicare beneficiary's condition. The CMNs currently under OMB review are necessary in order for HCFA to determine the medical necessity of the item or service. The information needed to make this determination requires application of medical judgment that can only be provided by a physician or other clinician who is familiar with the condition of the beneficiary. *Frequency:* On Occasion; *Affected Public:* Suppliers and Physicians, Business or other for profit, Federal Government; *Number of Respondents:* 140,000; *Total Annual Responses:* 6.8 million; *Total Annual Hours Requested:* 1.7 million.

The Federal Register notice with a 60-day comment period soliciting comments on this collection of information was published on October 13, 1995. To request copies of the proposed paperwork collection referenced above, call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collection should be sent before March 9, 1996, 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.