

SFY 1995 payments in accordance with the effective date rules of 42 CFR 447.256(c). Therefore, the State's retroactive payment adjustments are not eligible for Federal financial participation.

While the State did publish notice of the SFY 1993 and 1994 adjustments, the State had indicated that public notice is not required because this amendment did not represent a significant change in the methods and standards for setting payment rates. HCFA disagreed. Since the State's currently approved plan provides for a nursing facility payment methodology for "disproportionate share" payments for SFYs 1991 and 1992 only, the State does not have methods or standards to presently authorize making such payments. Accordingly, the submission of this amendment, that established a new methodology in that a different percentage of medical assistance cost is used to determine the "disproportionate share" payments to county nursing facilities for SFYs 1993, 1994, and 1995, is a significant change for setting payment rates that must comply with the public notice requirements of 42 CFR 447.205(c).

Issue Regarding the Upper Limit

The State has not provided sufficient documentation in support of its assurance that the Medicare upper limit will not be exceeded because it did not incorporate the "disproportionate share" payments in the upper limit calculation. Pennsylvania was correct in stating that Federal law does not prohibit these payments; however, the State must establish that its payment rates, including these additional payments, meet the requirements of 42 CFR 447.253(b)(2) and 447.272. These two references state that aggregate Medicaid payments, to nursing facilities, will not exceed the amount that can reasonably be estimated to have been paid for those services under the Medicare payment principles.

Issue Regarding "Deemed Approval"

The State contends TN 94-17 was deemed approved by operation of law because it did not receive HCFA's request for additional information within 90 days of HCFA's receipt of the State's amendment. The applicable regulations at 42 CFR 447.256(b) state that if HCFA does not send notice to the State of its determination as to whether the assurances regarding a State plan amendment are acceptable within 90 days of the date HCFA receives the amendment, the assurances and the amendment will be deemed approved. In this case, the assurances and related

rate information were received by HCFA on January 3, 1995, making the 90th day April 3, 1995. As HCFA requested additional information regarding the proposed amendment by letter dated March 31, 1995, the 90-day requirement was met. The State's response, dated August 23, 1995, indicated that HCFA's request for additional information was postmarked April 5, 1995, and received on April 7, 1995. By letter dated September 19, 1995, the Philadelphia Regional Office notified the State that the 90-day requirement does not require that the State receive HCFA's response within 90 days. Because the Regional Office sent the response on March 31, 1995, it informed the State that the 90-day requirement had been met and that the amendment was not deemed approved.

The deficiencies described above allowed HCFA no choice but to recommend disapproval of Pennsylvania 94-17.

The notice to Pennsylvania announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Ms. Feather O. Houstoun,
Secretary, Department of Public Welfare,
Health and Welfare Building, P.O. Box
2675, Harrisburg, Pennsylvania 17120

Dear Ms. Houstoun: I am responding to your request for reconsideration of the decision to disapprove Pennsylvania State Plan Amendment (SPA) 94-17.

Pennsylvania submitted SPA 94-17 for approval on December 29, 1994. The issues involved in this reconsideration are as follows: (1) the revised supplement submitted with SPA 94-17 provides for DSH payments to county nursing facilities prior to the proposed effective date of the plan amendment in violation of federal law at 42 CFR 447.256(c); (2) Federal appropriations law, as interpreted by HCFA prohibit the "retroactive payment adjustments" which would be authorized under SPA 94-17; (3) the State failed to publish adequate public notice in advance of the alleged change in its payment methods in accordance with the requirements at 42 CFR 447.205(c); and (4) the State did not submit adequate information in support of its Medicare upper limit assurance at 42 CFR 447.272 and 447.253(b)(2).

I am scheduling a hearing on your request for reconsideration to be held on April 10, 1996, on the Fifth Floor; Room 5020; 3535 Market Street; Philadelphia, Pennsylvania. If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR Part 430.

I am designating Mr. Stanley Katz as the presiding officer. If these arrangements present any problems, please contact the presiding officer. In order to facilitate any communication which may be necessary between the parties to the hearing, please

notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 786-2661.

Sincerely,

Bruce C. Vladeck,
Administrator.

(Section 1116 of the Social Security Act (42 U.S.C. section 1316); 42 CFR section 430.18) (Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: February 23, 1996.

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

[FR Doc. 96-5001 Filed 3-4-96; 8:45 am]

BILLING CODE 4120-01-P

Health Resources and Services Administration

Rural Health Research Centers; Availability of Funds

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy (ORHP), Health Resources and Services Administration, announces that applications are being accepted for cooperative agreements to support Rural Health Research Centers. This program is authorized by Section 301, Title III, of the Public Health Service Act. These centers will conduct policy relevant research on rural health services issues of multi-state and national significance, and disseminate the findings of their research.

This program announcement for the above stated program is subject to the appropriation of funds. Applicants are advised that this program announcement is a contingency action being taken to assure that should funds become available for this purpose, awards can be made in a timely fashion consistent with the needs of the program. At this time, given a continuing resolution and the absence of FY 1996 appropriations for this program, the award of cooperative agreements cannot be assured and the amount of funds available cannot be estimated. Should funds become available, awards will be made to up to five Rural Health Research Centers for up to \$480,000 per center per year in total costs (direct plus indirect). The project period for these cooperative agreements is not to exceed 4 years, subject to the availability of funds. Should funds become available, notification of the total funding amount

available will be mailed to all persons who received application packets from the Grants Management Officer, c/o Global Exchange, Inc.

DATES: Applications must be received by the close of business May 31, 1996, to be considered for competition.

Applications shall be considered as meeting the deadline if they are either (1) received on or before the deadline date; or (2) postmarked on or before the deadline date and received in time for submission to the review committee. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Applications not meeting the deadline will be returned to the applicant.

ADDRESSES: Requests for application packets and completed applications should be addressed to: The Grants Management Officer, c/o Global Exchange, Inc., 7910 Woodmont Avenue, Suite 400, Bethesda, Maryland 20814; tel: 1-800-784-0345; fax: 301-652-5264.

FOR FURTHER INFORMATION CONTACT: For information on program aspects, contact: Patricia Taylor, Ph.D., Office of Rural Health Policy, Room 9-05, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-0835.

For information or technical assistance regarding business, budget, or financial issues contact: the Office of Grants Management, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, 301/594-4260.

The Standard Application Form and general instructions for competing applications, Form PHS 398 (revised 5/95) Public Health Service Grant, have been approved by the Office of Management and Budget (OMB No. 0925-0001). The narrative description of the research plan and the budget justification may not exceed a combined length of 30 pages.

SUPPLEMENTARY INFORMATION:

Eligible Applicants

All public and private entities, both non-profit and for-profit, are eligible to apply.

Information Session for Prospective Applicants

An information session for prospective applicants will be held at 10 a.m., Wednesday, April 3, 1996, in Room H, Parklawn Conference Center, Third Floor, Parklawn Building, 5600 Fishers Lane, Rockville MD. The information session will focus on the

programmatic and administrative details of the program. Also, questions from prospective applicants will be answered. A summary of this meeting will be available by faxed request to "Meeting Summary, RHRC Program," 301/443-2803.

Applications

Applicants should follow the instructions in Application Form PHS 398 where appropriate and the Supplemental Instructions where indicated. Applicants are strongly encouraged to obtain the application materials from the Grants Manager Officer, c/o Global Exchange, Inc., at the address above. This will assure that applicants have the complete application packet including the Supplemental Instructions.

Notification

In order to allow ORHP to plan for the Objective Review Process, applicants are encouraged to notify ORHP in writing of their intent to apply. This notification serves to inform ORHP of the anticipated number of applications which are being submitted. The address is: Patricia Taylor, Ph.D.; Office of Rural Health Policy; Health Resources and Services Administration; Parklawn Building Room 9-05; Rockville MD 20857. If notification is offered, it should be received by April 30, 1996.

Program Objectives

These awards will enable organizations to support research centers that conduct policy relevant research on rural health issues. Should funds become available, awards will be made for up to three general Rural Health Research Centers and up to two analytic Rural Health Research Centers for project periods not to exceed 4 years. These centers will be expected to (1) conduct policy relevant rural health services research and policy analyses and (2) disseminate their research findings and policy analyses to the rural health policy audience.

Background

The objective of the Rural Health Research Center cooperative agreement program is to increase the amount of high quality, policy relevant rural health services research and policy analysis being conducted in the nation. It is intended that the research and policy analysis reports of these centers will be useful to policy makers as they work to maintain and improve the availability, affordability and accessibility of health care services for rural residents.

The work carried out by each center will be multi-disciplinary, conducted

principally by social scientists in such disciplines as economics, organizational behavior, statistics, political science, sociology, and geography. Center staff may also include researchers from other relevant disciplines, for example, medicine, nursing, law and public health.

The general centers and analytic centers will have different emphases. The general Rural Health Research Centers will concentrate on rural health services research. Individual projects, which will generally require one to two years to complete, may include but are not limited to collection and analysis of new data, secondary analysis of existing data, comparative case studies, and evaluation of demonstration projects. These centers will be responsive to the diverse policy information needs of rural health policy makers in their multi-state regions as well as at the national level.

The analytic Rural Health Research Centers will concentrate on analytic policy studies that will be immediately useful in national policy development activities. These analyses, which will generally be completed in less than a year, will rely primarily on existing national data bases or synthesize findings from a variety of other studies to address national health policy issues affecting rural residents, communities and providers. These centers will have demonstrated capabilities in policy analysis, research methodologies, and data handling. In particular, they will have extensive experience with and access to large scale national data sets; and expertise in the linkage of and analyses across data sets.

In each year of the cooperative agreement, a center will be funded to carry out a number of research or policy analytic projects. These projects together constitute a center's research agenda or policy analysis agenda for the year. Each applicant's proposed research or policy analysis agenda should be well focused, preferably on no more than three clearly delineated areas of rural health services research or policy. Examples of focus areas include but are not limited to:

Rural Health Care Financing/System Reform

- Rural impact of Medicare, Medicaid and private insurer policies
- Rural impact of managed care, including managed care carve-outs, on access, cost and quality of health and mental health services
- Rural considerations in health care insurance, legislative, regulatory and other reforms

Rural Systems Building

- Maintenance of health services capacity in rural communities through system development
- Development and operation of rural networks, managed care organizations, and provider sponsored organizations
- Alternative models for delivering health services, including alternative models for small rural hospitals

Rural Health Professions Supply

- Financing
- Training
- Recruitment
- Retention
- Mid-level health care practitioners

Meeting the Health Care Needs of Rural Populations

- Low income residents
- Racial and cultural groups
- Age groups (e.g., adolescents)
- Occupational groups (e.g., farm families)

Awards will be in the form of cooperative agreements. The ORHP involvement in the conduct of the cooperative agreements will generally include:

- Approval of key research staff
- Joint center/program staff participation in development of the center's annual agenda of research and policy analytic projects
- Possible center/program staff cooperation in study and survey designs
- Possible center/program staff cooperation in preparation and publication of results
- Joint center/program staff participation in designing strategies for dissemination of center reports to the rural health policy audience

Healthy People 2000

The Health Resources and Services Administration urges applicants to submit proposed research agendas that address specific objectives of "Healthy People 2000." Potential applicants may obtain a copy of "Healthy People 2000" (Full Report; Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (telephone 202-783-3238).

Review Procedures

Applications will be assessed for responsiveness to this notice. Any applications judged nonresponsive because they are incomplete, in an improper type size or exceed the specified page limit will be returned

without further consideration. All responsive applications will undergo objective review for scientific merit.

Review Criteria for General Rural Health Research Centers

Grant applications for general rural health research centers will be evaluated on the basis of the following criteria:

1. The qualifications and achievements of the principal investigator, including level of productivity and quality of research on general and rural health services; record in use of research findings by health policy makers at state and national levels; record in timely completion of Department of Health and Human Services' funded health services research studies; experience in leading research teams; and appropriateness of time commitment. Expertise in Medicare and Medicaid is desirable.

2. The multi-disciplinary mix, number, qualifications and achievements of the senior personnel of the center, including level of productivity and quality of research on rural and general health services, demonstrated methodological skills, and experience in management and use of large data sets; record in use of their research findings by health policy makers at state and national levels; record in timely completion of U.S. Department of Health and Human Services' funded health services research studies; and appropriateness of their specific time commitments. Expertise in Medicare and Medicaid is desirable.

3. The quality of the organizational, physical and institutional arrangements to operate the proposed center, including computer facilities, access to large national data sets, and the availability of adequate space for routine interaction among the core research staff.

4. The planned level of commitment of the applicant institution to the proposed center including its specific plans to support research personnel and the organizational and management structure of the center.

5. The quality of the two individual research project proposals presented as part of this application.

6. The importance and relevance of the center's proposed Year One research agenda to rural health policy issues of multi-state and national concern, whether it is focused on no more than three clearly delineated substantive areas of rural health services, and degree to which it is a realistic and well conceived program in view of available skills and funding resources.

7. The appropriateness of the proposed budget.

Review Criteria for Analytic Rural Health Research Centers

Grant applications for analytic rural health research centers will be evaluated on the basis of the following criteria:

1. The qualifications and achievements of the principal investigator, including level of productivity and quality of national health policy analyses on general and rural issues; experience in leading research teams; and appropriateness of time commitment. Expertise in Medicare, Medicaid and rural health policy is highly desirable.

2. The multi-disciplinary mix, number, qualifications and achievements of the senior personnel of the center, including level of productivity and quality of national health policy analyses and health services research on rural and general issues, expertise in Medicare, Medicaid and rural health policy, demonstrated methodological skills, experience in production of analytic reports suitable for professional and lay audiences, experience in management and use of large data sets, and expertise in the linkage of and analyses across data sets; and appropriateness of their specific time commitments.

3. The record of the applicant organization and the lead investigators in timely completion of health services research and policy analytic studies funded by the U.S. Department of Health and Human Services.

4. The quality of the organizational, physical and institutional arrangements to operate the proposed center, including computer facilities, access to large scale national data sets, and the availability of adequate space for routine interaction among the core research staff.

5. The quality of the two individual analytic policy study proposals presented as part of this application.

6. The importance and relevance of the center's proposed Year One agenda of analytic policy studies to rural health policy issues of national concern, whether it is focused on no more than three well delineated substantive areas of rural health policy, and the degree to which it is a realistic and well conceived program in view of available skills and funding resources.

7. The appropriateness of the proposed budget.

In awarding grants, geographic distribution of centers will be considered.

Other Information

The Rural Health Research Centers Grant Program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

The OMB Catalog of Federal Domestic Assistance number is 93.155.

Dated: February 29, 1996.

Ciro V. Sumaya,
Administrator.

[FR Doc. 96-5113 Filed 3-4-96; 8:45 am]

BILLING CODE 4160-15-P

National Institutes of Health**National Center for Human Genome Research; Notice of Closed Meeting**

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix), notice is hereby given of the following meeting:

Name of Committee: Human Genome Research Initial Review Group.

Date: March 18, 1996.

Time: 2:00-6:00 pm.

Place: Teleconference, NIH, Building 38A, Room 605, 9000 Rockville Pike, Bethesda, Maryland.

Contact Person: Ms. Linda Engel, Chief, Office of Scientific Review, National Center for Human Genome Research, National Institutes of Health, Building 38A, Room 604, Bethesda, Maryland 20892, (301) 402-0838.

Purpose/Agenda: To review and evaluate grant applications and/or contract proposals. The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. The applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program No. 93.172, Human Genome Research)

Dated: February 28, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96-5019 Filed 3-4-96; 8:45 am]

BILLING CODE 4140-01-M

National Institute of Nursing Research; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting:

Name of Committee: Nursing Science Review Committee.

Date: March 14-15, 1996.

Time: 8:30 a.m. until adjournment.

Place: Holiday Inn Chevy Chase, Chase Meeting Room, 5520 Wisconsin Avenue, Bethesda, Maryland 20815.

Contact Person: Dr. Mary Stephens-Frazier, 9000 Rockville Pike, Building 45, Room 3AN.12, Bethesda, Maryland 20892, (301) 594-5971.

Purpose/Agenda: To review and evaluate grant applications.

The meeting will be closed in accordance with the provisions set forth in secs. 552(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than fifteen days prior to the meeting due to the partial shutdown of the Federal Government and urgent need to meet timing limitations imposed by the grant review cycle.

(Catalog of Federal Domestic Assistance Programs No. 93.361, Nursing Research, National Institutes of Health.)

Dated: February 27, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96-5018 Filed 3-4-96; 8:45 am]

BILLING CODE 4140-01-M

National Institute of Environmental Health Sciences; Notice of a Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Environmental Health Sciences Special Emphasis Panel (SEP) meeting:

Name of SEP: Endocrine Disrupting Chemicals and Women's Health Outcomes (RFA-96-003).

Date: March 19-21, 1996.

Time: 8:00 P.M.

Place: (3/19/96) Omni Europa Hotel, Research Triangle Park, NC. (3/20-21/96) NIEHS, South Campus Building 101-C, Research Triangle Park, NC.

Contact Person: Dr. Carol Shreffler, National Institute of Environmental Health Sciences, P.O. Box 12233, Research Triangle Park, NC 27709, (919) 541-1445.

Purpose/Agenda: To review and evaluate grant applications.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than fifteen days prior to this meeting due to the

urgent need to meet timing limitations imposed by the grant review cycle.

(Catalog of Federal Domestic Assistance Programs Nos. 93.113, Biological Response to Environmental Agents; 93.114, Applied Toxicological Research and Testing; 93.115, Biometry and Risk Estimation; 93.894, Resource and Manpower Development, National Institutes of Health.)

Dated: February 28, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96-5114 Filed 3-4-96; 8:45 am]

BILLING CODE 4140-01-M

National Institute of Mental Health; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting of the National Institute of Mental Health Special Emphasis Panel:

Agenda/Purpose: To review and evaluate grant applications.

Committee Name: National Institute of Mental Health Special Emphasis Panel.

Date: March 21, 1996.

Time: 10 a.m.

Place: Georgetown Holiday Inn, 2101 Wisconsin Avenue, N.W., Washington, DC 20007.

Contact Person: Donna Ricketts, Parklawn, Room 9-101, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301-443-3936.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program Numbers 93.242, 93.281, 93.282).

Dated: February 28, 1996.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 96-5115 Filed 3-4-96; 8:45 am]

BILLING CODE 4140-01-M

Substance Abuse and Mental Health Services Administration**Cosponsorship of the Caring for Every Child's Mental Health: Communities Together Campaign**

AGENCY: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of opportunity for cosponsorship.

SUMMARY: The Center for Mental Health Services (CMHS), a component of the