

*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.*

[FR Doc. 96-8055 Filed 4-2-96; 8:45 am]

BILLING CODE 4120-03-P

#### **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/