

Administration (MVP), 1800 F Street, NW., Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT:
Al Matera, Office of GSA Acquisition Policy (202) 501-1224.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSA is requesting the Office of Management and Budget (OMB) to reinstate information collection, 3090-0243, concerning Fixed Price Contracts. This information collection prescribes an economic price adjustment clause in Federal Supply Service multiple award service (MAS) contracts. This clause is used to adjust MAS contract price and requires a MAS contractor to furnish certain pricing information when the MAS contractor requests a price adjustment under the MAS contract.

B. Annual Reporting Burden

Respondents: 2,914; annual responses: 4,371; average hours per response: .5; burden hours: 2,186.

Copy of Proposal

A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street, NW., Washington, DC 20405, or by telephoning (202) 501-3822, or by faxing your request to (202) 501-3341.

Dated: April 23, 1998.

Ida M. Ustad,

Deputy Associate Administrator, Office of Acquisition Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the

HRSA Reports Clearance Officer on (301) 443-1891.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Development and Testing of Emergency Department Utilization as a Measure of Effectiveness for the Health Care for the Homeless Program (NEW)

The Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) seeks clearance from OMB to conduct a performance evaluation of the Health Care for the Homeless Program (HCH). A primary goal of this program is to provide a "medical home" for homeless persons in the community, improving their access to primary care. The evaluation will test the hypothesis that the presence of an HCH program in a community reduces the inappropriate (i.e., non-urgent) use of emergency departments (ED) by single homeless adults. The results from this evaluation will provide BPHC with evidence of the HCH program's ability to divert inappropriate use of emergency departments by homeless individuals.

The study will compare the ED experience of HCH program users and non-HCH program users while considering three categories of influencing factors: (1) Predisposing factors (demographics), (2) enabling factors (insurance status and community characteristics), and (3) needs factors (physical and mental health status, presence of drug or alcohol problems). The analysis requires primary data collection through interviews of homeless individuals in communities where there are HCH grantees. The data collection instrument for this evaluation is a brief (20 minute) questionnaire that will measure self-reported health care utilization during the study period, health status and perceived health care needs, and demographics. Information from the study will be used in conjunction with data from ED records of homeless individuals with self-reported ED use during the study period to determine whether a particular ED

visit should be considered "urgent" or "non-urgent".

One thousand three hundred and fifty respondents are expected to be surveyed once. It is expected to take 20 minutes to complete each survey for a total of 450 burden hours.

Send comments to Lyman Van Nostrand, HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: April 22, 1998.

Jane Harrison,

Acting Director, Division of Policy Review and Coordination.

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