

Instrument	Estimated number of respondents	Number of responses per respondent	Average burden hours per respondent	Total burden hours
Family Violence Announcement	100	1	40	4000

Estimated Total Annual Burden: 20,340.
 In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.E., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: June 10, 1998.

Bob Sargis,

Acting Reports Clearance Officer,

[FR Doc. 98-15879 Filed 6-15-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Relocation of the Dockets Management Branch

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the relocation and partial closing of the Dockets Management Branch (DMB). During this relocation process, it is

necessary to partially close DMB to allow the staff to set up the new offices. This relocation will permit more efficient utilization of work and document storage space. The purpose of this document is to inform the public in advance to avoid confusion in carrying out DMB's functions.

FOR FURTHER INFORMATION CONTACT: Jennie C. Butler, Dockets Management Branch (HFA-305), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-7542.

SUPPLEMENTARY INFORMATION: On June 20, 1998, DMB will move from its current location at 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857, to a new location at 5630 Fishers Lane, rm. 1061, Rockville, MD 20857. Therefore, from June 19 to 22, 1998, DMB will be partially closed. During this time, the public reading room will be open from 9 a.m. to 4 p.m., normal business hours, to accept hand-delivered documents, but will not provide other services.

Anyone wishing to hand deliver documents to DMB on June 19, 1998, should go to 12420 Parklawn Dr., rm. 1-23, Rockville, MD 20857, and anyone wishing to hand deliver documents to DMB on June 22, 1998, should go to 5630 Fishers Lane, rm. 1061, Rockville, MD. Normal operations of DMB will resume on June 23, 1998, at the new location, 5630 Fishers Lane, rm. 1061, Rockville, MD 20857. Also starting on June 23, 1998, the new phone number for DMB will be 301-827-6860.

DMB, which is part of the Office of Management and Systems, is responsible for many activities under 21 CFR 10.20. The major functions of DMB include: (1) Serving as the entry point for citizen petitions, comments, hearing requests, and other documents related to FDA's rulemaking and administrative activities; (2) maintaining a public reading room where documents are available for public inspection; (3) providing copies of official records maintained in accordance with the Freedom of Information Act; and (4) providing advice and guidance regarding filing requirements pertaining to FDA's rulemaking or administrative activities.

Dated: June 10, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-250, and HCFA-R-153]

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 summary 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:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Secondary Payer and Supporting Regulations in 42 CFR 489.20; *Form No.:* HCFA-250 (OMB# 0938-0214); *Use:* Medicare Secondary Payer (MSP) is essentially the same concept known in the private insurance industry as coordination of benefits, and refers to those situations where Medicare does not have primary responsibility for paying the medical expenses of a Medicare beneficiary. HCFA contracts with health insuring organizations, herein referred to as intermediaries and

carriers, to process Medicare claims. HCFA charges its Medicare intermediaries and carriers with various tasks to detect MSP cases; develops and disseminates tools to enable them to better perform their tasks; and monitors their performance in achievement of their assigned MSP functions. Because intermediaries and carriers are also marketing health insurance products that may have liability when Medicare is secondary, the MSP provisions create the potential for conflict of interest. Recognizing this inherent conflict, HCFA has taken steps to ensure that its intermediaries and carriers process claims in accordance with the MSP provisions, regardless of what other insurer is primary. These information collection requirements describe the MSP requirements.; *Frequency*: Other—Monthly for New Beneficiaries Only; *Affected Public*: Individual or Households; *Number of Respondents*: 14,204,000; *Total Annual Responses*: 14,204,000; *Total Annual Hours*: 773,240.

(2) *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Drug Utilization Review and Supporting Regulations in 42 CFR 456.700; *Form No.*: HCFA-R-153, HCFA-R-153a (OMB# 0938-0659); *Use*: These information collection requirements are necessary to establish patient profiles in pharmacies, identify problems in prescribing and/or dispensing, determine each program's ability to meet minimum standards required for Federal financial participation, and ensure quality pharmaceutical care for Medicaid patients. State Medicaid agencies that have prescription drug programs are required to perform prospective and retrospective drug use review in order to identify aberrations in prescribing, dispensing and/or patient behavior.; *Frequency*: Annually; *Affected Public*: State, Local or Tribal Government, Business or other for-profit, and Not for profit institutions; *Number of Respondents*: 50; *Total Annual Responses*: 50; *Total Annual Hours*: 588,667.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, 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 Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-2028-N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: February 1998 and March 1998

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

ACTION: Notice.

SUMMARY: One new proposal for a Medicaid demonstration project was submitted to the Department of Health and Human Services during the month of February, and none was submitted in March 1998 under the authority of section 1115 of the Social Security Act. One proposal was approved in February, and no proposals were disapproved or withdrawn during February or March. (This notice can be accessed on the Internet at <http://www.hcfa.gov/cmso/sect115.htm>.)

Comments: We will accept written comments on this proposal. 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: Gloria Smiddy, Center for Medicaid and State Operations, Health Care Financing Administration, Mail Stop C3-18-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT: Gloria Smiddy, (410) 786-7723.

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 grant solicitation or other competitive process is reported as received during the month that such grants or bid is awarded, so as to prevent interference with the awards process.

II. Listing of New, Pending, Approved, Disapproved, and Withdrawn Proposals for the Months of February and March 1998

A. Comprehensive Health Reform Programs

1. New Proposal

No new proposals were received during the months of February or March 1998.

2. Pending Proposals

The following comprehensive health reform proposal is pending.

Demonstration Title/State: BadgerCare/Wisconsin.

Description: The State submitted a proposal that would use a combination of title XIX and title XXI funding to ensure access to health care for all children and parents in uninsured families with incomes below 185 percent of the Federal poverty level. Once enrolled, families would maintain