

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, proposes to submit to the Office of Management and Budget (OMB) the following proposal for the collection of information in compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 (Pub. L. 96-511):

Title of Information Collection: Operation Restore Trust Grantee Reports.

Type of Request: New.

Use: To collect and publish periodic summaries of proposed projects. These proposed projects constitute an evaluation of the Administration on Aging's Operation Restore Trust (ORT)

grantees. The mission of the Administration on Aging's ORT initiatives is to fight fraud, waste, and abuse in the Medicare and Medicaid programs. As part of a nation-wide partnership of public and private agencies and organizations, AoA funds grants through two mechanisms, the Health Insurance Portability and Accountability Act (HIPPA) (Pub. L. 104-191) and the Health Care Anti-fraud Waste and Abuse Community Volunteer Demonstration Program contained in the Omnibus Consolidated Appropriation Act of 1997. These two sets of projects provide education, training, outreach, and other services to build community coalitions, promote awareness, and stimulate action on the part of staff, volunteers, and beneficiaries to identify and report potential cases of inappropriate billing and other improper activity in the nation's publicly financed health insurance programs.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the performance of the

functions of the agency, including whether the information shall have practical utility; the accuracy of the agency's estimate of the burden of the proposed collection of information; 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. Data will be from all of the AoA funded sites receiving funding in Fiscal Year 1999 and later years where program outcomes are to be assessed on a semi-annual basis. The analysis of the data also will help to determine whether the goal of reducing health care waste, fraud, and abuse is being achieved.

The primary purpose of the proposed data collection activity is to meet the reporting requirements of the Government Performance Review Act (GPRA) (Pub. L. 103-62) by allowing AoA to quantify the effects and accomplishments of ORT programs.

	Number of clients	Responses/client	Hours/response	Annual burden hours	Annual burden cost
Semi-annual Reporting Form	30	2	1	60	\$1,800
Staff Interview	30	1	1	30	900
Trainee Interview	100	1	.5	50	1,500
Total	160	140	4,200

Frequency: Semi-annual.

Respondents: Health Insurance Portability and Accountability Act and Health Care Anti-fraud Waste and Abuse Community Volunteer Demonstration Program grantees To request more information concerning the proposed projects, or to obtain a copy of the information collection plans, call Kenton Williams (202) 619-3951. Written comments may be sent to Kenton Williams, Room 4730, Wilber Cohen Building, 330 Independence Avenue, SW Washington, DC 20201.

Written comments should be received within 60 days of this notice.

Dated: February 18, 1999.

June B. Faris,

Acting Director, Executive Secretariate Administration on Aging.

[FR Doc. 99-4491 Filed 2-23-99; 8:45 am]

BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

[Program Announcement 13655.911]

Grants to Indian Tribal Organizations for Supportive and Nutritional Services for Older Indians

AGENCY: Administration on Aging (AoA).

ACTION: Extension of deadline to apply for funds under the Older Americans Act, Title VI, grants for Native Americans, Part A—Indian Program.

SUMMARY: Due to extenuating circumstances the Administration on Aging is extending the date for which the Title VI grant applications for the grant period April 1, 1999–March 31, 2002 are due.

DATES: All applications must be received or postmarked on or before March 17, 1999.

FOR FURTHER INFORMATION CONTACT: M. Yvonne Jackson, Ph.D., Office for American Indian, Alaskan Native, and

Native Hawaiian Programs, Administration on Aging, Department of Health and Human Services, Wilbur J. Cohen Federal Building, Room 4743, 330 Independence Avenue, SW, Washington, DC 20201, telephone (202) 619-2713 as stated in the original **Federal Register** announcement dated October 30, 1998 on pages 58392–58396.

Dated: February 18, 1999.

Jeanette C. Takamura,

Assistant Secretary for Aging.

[FR Doc. 99-4485 Filed 2-23-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-08-99]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of

information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. The National Health and Nutrition Examination Survey (NHANES)—(0920-0237)—Revision—The National Center for Health Statistics (NCHS). The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically since 1970 by NCHS. NHANES will begin again in February 1999 and will be conducted on a continuous, rather than periodic, basis from that point on. The plan is to sample about 5,000 persons annually. They will receive an interview and a physical examination. A dress rehearsal of 555 sample persons is needed to test computer-assisted personal interviews

(including translations into Spanish), examination protocols, automated computer systems and quality control procedures. Participation in the dress rehearsal and main survey will be completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as coronary heart disease, arthritis, osteoporosis, pulmonary and infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, environmental exposures, and diet. NHANES data are used to establish the norms for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in the blood. Data from NHANES can be compared to those from previous surveys to monitor

changes in the health of the U.S. population. NHANES will also establish a national probability sample of genetic material for future genetic research for susceptibility to disease.

Users of NHANES data include Congress; the World Health Organization; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and evaluate recommended dietary allowances, food fortification policies, programs to limit environmental exposures, immunization guidelines and health education and disease prevention programs. Approval was received on 5/29/98 for only a pilot test of the revised survey—without the genetic research component. This submission requests three year approval for the dress rehearsal and the full survey, including all components.

The survey description, contents, and uses are the same as those in the **Federal Register** notice for the pilot test. The total annual burden hours are 51,414.

Burden category	No. of respondents	No. of responses/ respondent	Average burden/response (in hrs.)
1. Screening interview only	13,467	1	0.167
2. Screener and household interviews only	710	1	0.434
3. Screener, household, and SP interviews only	1,066	1	1.100
4. Screener, household, and SP interviews and primary MEC exam only	5,257	1	6.613
5. Screener, household, and SP interviews, primary MEC exam and full MEC replicate exam	263	1	11.613
6. Screener, household, and SP interviews, MEC exam and dietary replicate interview only (5% + optional 15%)	1,052	1	8.363
7. Home exam	71	1	2.700
8. Telephone follow-up of elderly -option	1,167	1	0.750

*2. The National Nursing Home Survey (NNHS)—(0920-0353)—Reinstatement—The National Center For Health Statistics(NCHS)—Section 306 of the Public Health Service Act states that the National Center for Health Statistics “shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions.”* The data system responsible for collecting this data is the National Health Care Survey (NHCS). The National Nursing Home Survey (NNHS) is part of the Long-term Care Component of the NHCS. The NNHS was conducted in 1973-74, 1977, 1985, 1995, and 1997. NNHS data describe

this major segment of the long-term care system and are used extensively for health care research, health planning and public policy. The survey provides detailed information on utilization patterns needed in order to make accurate assessments of the effects of health care reform on the elderly. The NNHS also provides detailed information to assess the need for and costs associated with such care. The use of long-term care services will become an increasingly important issue as the population continues to age. Data from earlier NNHS collections have been used by the National Immunization Program at CDC, Office of the U.S. Attorney General, the Bureau of Health Professionals, the National Institute of Dental and Craniofacial Research at

NIH, the Agency for Health Care Policy and Research, the American Health Care Association, Johnson and Johnson Pharmaceutical, the Rand Corporation and by several newspapers and journals. NNHS data cover: baseline data on the characteristics of nursing homes in relation to their residents and staff, Medicare and Medicaid certification, costs to residents, sources of payment, residents' functional status and diagnoses. Data collection is planned for the period July–November, 1999. Survey design is in process now. Sample selection and preparation of layout forms will precede the data collection by several months. The total annual burden hours are 4,500.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)
Facility Questionnaire	1,500	1	0.333
Current Resident Sampling List	1,500	1	0.333
Current Resident Questionnaire	1,500	6	0.17
Discharged Resident Sampling List	1,500	1	0.333
Discharged Resident Questionnaire	1,500	6	0.17

3. Provider Survey of Partner Notification and Partner Management Practices Following Diagnosis of a Sexually-Transmitted Disease (0920-0431)—Reinstatement—The National Center for HIV, STD, and TB Prevention (NCHSTP), Division of STD Prevention, CDC is proposing to conduct a national survey of physician's partner management practices following the diagnosis of a sexually-transmitted disease. Partner notification, a technique for controlling the spread of sexually-transmitted diseases is one of the five key elements of a long standing public health strategy to control sexually-transmitted infections in the US. At present, there is very little knowledge about partner notification practices outside public health settings despite the fact that most STD cases are seen in private health care settings. No descriptive data currently exist that allow the Centers for Disease Control and Prevention to characterize partner notification practices among the broad range of clinical practice settings where

STDs are diagnosed, including acute or urgent care, emergency room, or primary and ambulatory care clinics. The existing literature contains descriptive studies of partner notification in public health clinics, but no baseline data exist as to the practices of different physician specialties across different practice settings. The CDC proposes to fill that gap through a national sample survey of 7,000 physicians who treat patients with STDs in a wide variety of clinical settings; an 80% completion rate is anticipated (n=5,040 surveys). This survey will provide the baseline data necessary to characterize infection control practices, especially partner notification practices, for syphilis, gonorrhea, HIV, and chlamydia and the contextual factors that influence those practices. Findings from the proposed national survey of physicians will assist CDC to better focus STD control and partner notification program efforts and to allocate program resources appropriately. Without this information,

CDC will have little information about STD treatment, reporting, and partner management services provided by physicians practicing in the US. With changes underway in the manner in which medical care is delivered and the move toward managed care, clinical functions typically provided in the public health sector will now be required of private medical providers. At present, CDC does not have sufficient information to guide future STD control efforts in the private medical sector. The current OMB approval for this collection covered the pilot only and expired on October 31, 1998. The pilot varied the respondent payment to equal subsections of the sample using amounts of \$0, \$15, and \$25. The re-submission of the full information collection package will include a description of the results of the pilot including details of the response rates overall and break down by use of the various response rates. The total annual burden hours are 2,268.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)
Clinicians who see STDs	4,032	1	0.5
Clinicians who do not see STDs	1,008	1	.25

4. School Health Policies and Programs Study 2000 (SHPPS 2000)—New—The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The purpose of this request is to obtain OMB clearance to conduct a study of school health policies and programs in elementary, middle/junior, and senior high schools nationwide. A similar study was conducted in 1994 (OMB No. 0920-

0340). SHPPS 2000 will assess the characteristics of eight components of school health programs at the elementary, middle/junior, and senior high school levels: health education, physical education and activity, health services, food service, school policy and environment, mental health and social services, faculty and staff health promotion, and family and community involvement. SHPPS 2000 data will be

used to provide end-of-decade measures for 18 national health objectives for 2000 and as a baseline measure for at least 17 draft objectives for 2010. No other national source of data exists for these 2000 and draft 2010 objectives. The data also will have significant implications for policy and program development for school health programs nationwide. The total annual burden hours are 26,416.

ANNUAL BURDEN HOURS FOR SHPPS 2000 MAIN DATA COLLECTION, SPRING 2000

Questionnaire/activity	Respondent	Number of respondents	Burden hours per respondent
State Health Education	State officials	51	1.00
State Physical Education and Activity	State officials	51	1.00
State Health Services	State officials	51	1.00
State Food Service	State officials	51	1.00
State Questionnaire on School Policy and Environment	State officials	51	1.25
State Mental Health and Social Services	State officials	51	1.00

ANNUAL BURDEN HOURS FOR SHPPS 2000 MAIN DATA COLLECTION, SPRING 2000—Continued

Questionnaire/activity	Respondent	Number of respondents	Burden hours per respondent
State Faculty and Staff Health Promotion	State officials	51	0.50
Assist with identifying state level respondents and with recruiting districts and schools.	State officials	51	1.00
District Health Education	District officials	1148	1.00
District Physical Education and Activity	District officials	1148	1.00
District Health Services	District officials	1148	1.00
District Food Service	District officials	1148	1.00
District Questionnaire on School Policy and Environment	District officials	1148	1.25
District Mental Health and Social Services	District officials	1148	1.00
District Faculty and Staff Health Promotion	District officials	1148	0.50
Assist with identifying district and school level respondents and with recruiting schools.	District officials	350	1.00
Assist with identifying and scheduling school level respondents	School officials	1539	1.00
School Health Education	Health education lead teachers, principals, or designees.	1539	1.00
School Physical Education and Activity	Physical education lead teachers, principals, or designees.	1539	1.00
School Health Services	School nurses, principals, or designees.	1539	1.00
School Food Service	Food service managers, principals, or designees.	1539	1.00
School Questionnaire on School Policy and Environment	Principals or designees	1539	1.50
School Mental Health and Social Services	Counselors, principals, or designees.	1539	1.00
School Faculty and Staff Health Promotion	Principals or designees	1539	0.50
Health Education Classroom Teacher	Health education teachers (Average 1.5 per school).	2309	0.80
Physical Education and Activity Classroom Teacher	Physical education teachers (Average 2 per school).	3078	0.80

ANNUAL BURDEN HOURS FOR VALIDITY/RELIABILITY STUDY, SPRING 2000

Questionnaire	Respondent	Number of respondents	Burden hours per respondent
State Health Education	State officials	32	0.25
State Physical Education and Activity	State officials	32	0.25
State Health Services	State officials	32	0.20
State Food Service	State officials	32	0.20
State Questionnaire on School Policy and Environment	State officials	32	0.40
State Mental Health and Social Services	State officials	32	0.25
State Faculty and Staff Health Promotion	State officials	32	0.20
District Health Education	District officials	82	0.25
District Physical Education and Activity	District officials	82	0.25
District Health Services	District officials	82	0.20
District Food Service	District officials	82	0.20
District Questionnaire on School Policy and Environment	District officials	82	0.40
District Mental Health and Social Services	District officials	82	0.25
District Faculty and Staff Health Promotion	District officials	82	0.40
School Health Education	Health education lead teachers, principals, or designees.	82	0.80
School Physical Education and Activity	Physical education lead teachers, principals, or designees.	82	0.80
School Health Services	School nurses, principals, or designees.	82	0.80
School Food Service	Food service managers, principals, or designees.	82	0.80
School Questionnaire on School Policy and Environment	Principals or designees	82	1.25
School Mental Health and Social Services	Counselors, principals, or designees.	82	0.80
School Faculty and Staff Health	Principals or designees	82	0.40
Promotion Health Education Classroom Teacher	Health education teachers (Average 1.5 per school).	82	0.80
Physical Education and Activity Classroom Teacher	Physical education teachers (Average 2 per school).	82	0.80

ANNUAL BURDEN HOURS FOR SHPPS FIELD TEST, SPRING 1999

Questionnaire	Respondent	Number of respondents	Burden hours per respondent
District Health Education	District officials	9	2.00
District Physical Education and Activity	District officials	9	2.00
District Health Services	District officials	9	2.00
District Food Service	District officials	9	2.00
District Questionnaire on School Policy and Environment	District officials	9	2.50
District Mental Health and Social Services	District officials	9	2.00
District Faculty and Staff Health Promotion	District officials	9	1.00
School Questionnaire on School Policy and Environment (interview and reinterview).	Principals or designees	80	3.00
Health Education Classroom Teacher (interview and reinterview)	Health education teachers	80	1.60

ANNUAL BURDEN HOURS ACROSS ALL SHPPS 2000 STUDY COMPONENTS

Study component	Number of respondents	Total burden hours
Main Study Data Collection, Spring 2000	26,493	25,115.9
Validity/Reliability Study, Spring 2000	1,536	810.4
Field Test, Spring 1999	223	489.5
Total	28,252	26,415.8

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

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BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Announcement of Availability of Funds and Request for Applications Under the Office of Community Services' Urban and Rural Community Economic Development Program for Fiscal Year 1999

AGENCY: Office of Community Services, ACF, DHHS.

ACTION: Notice.

SUMMARY: The Office of Community Services (OCS) announces that Application Kits for the Urban and Rural Community Economic Development Program will be available on February 26, 1999. The closing date for submission of applications will be May 12, 1999.

The purpose of the OCS Urban and Rural Community Economic Development grant is to provide financial assistance to private non-profit community development corporations (CDCs) to conduct economic development activities that provide employment and business development opportunities for low-income persons,

stimulate job creation, and revitalize communities which suffer from disinvestment and physical deterioration. Information relative to the following categories was published in the **Federal Register** Notice on December 28, 1998: Program Contact Person; Legislative Authority; Type of Awards; Project Periods and Budget Periods; Eligible Applicants and Availability of Funds, and Review Criteria.

Funds are awarded in 7 different priority areas (Operational grants, Historically Black Colleges and Universities, Pre-Developmental grants; Training and technical assistance, Administrative and management expertise, Developmental grants, and Rural community development). Refer to the Application Kit for a more complete description of eligible applicants for each priority areas.

Copies of the Urban and Rural Community Economic Development Application Kit may be obtained by calling (202) 401-9354, 401-9345, or 401-1195. This application kit will be posted on the OCS Website soon after it becomes available. The OCS Website address is: <http://www.acf.dhhs.gov/programs/ocs>.

FOR FURTHER INFORMATION CONTACT: Thelma Woodland (202) 401-5294.

Dated: February 18, 1999.

Donald Sykes,

Director, Office of Community Services.

[FR Doc. 99-4514 Filed 2-23-99; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-270]

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.

Type of Information Request: Extension of a currently approved collection;

Title of Information Collection: Managed Care organization Year 2000