

Dated: March 23, 1999.

Donald Sykes,

Director, Office of Community Services

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-2032-N]

RIN 0938-AJ28

Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 1999

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

ACTION: Notice.

SUMMARY: The Social Security Act provides for the Medicaid program to pay all or part of the Medicare Part B premiums for beneficiaries belonging to two specific eligibility groups of low-income Medicare beneficiaries, referred to as Qualifying Individuals (QIs). This notice announces the Federal fiscal year 1999 allotments that are available for State agencies to pay Medicare Part B premiums for these two eligibility groups.

EFFECTIVE DATE: This document is defined as a major rule under the congressional review provisions of 5 U.S.C. section 804(2). As indicated in the preamble of this notice, pursuant to section 5 U.S.C. section 808(2), for good cause we find that prior notice and comment procedures are unnecessary and impracticable. Pursuant to 5 U.S.C. section 808(2), this notice is effective October 1, 1998, for allotments for payment of Medicare Part B premiums for individuals in calendar year 1999 from the allocation for fiscal year 1999.

FOR FURTHER INFORMATION CONTACT: Miles McDermott, (410) 786-3722.

SUPPLEMENTARY INFORMATION:

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I. Background

Section 1902 of the Social Security Act (the Act) sets forth the requirements for State plans to provide medical assistance. Prior to August 5, 1997, section 1902(a)(10)(E) of the Act specified that the State Medicaid plan must provide for Medicare cost-sharing for three eligibility groups of low-income Medicare beneficiaries. These three groups included qualified Medicare beneficiaries (QMBs), specified low-income Medicare beneficiaries (SLMBs), and qualified disabled and working individuals (QDWIs).

A QMB is an individual entitled to Medicare Part A with income at or below the Federal poverty level and resources below \$4,000 for an individual and \$6,000 for a couple. A SLMB is an individual who meets the QMB criteria, except that his or her income is between a State established level (at or below the Federal poverty level) and 120 percent of the Federal poverty level. A QDWI is an individual who is entitled to enroll in Medicare Part A, whose income does not exceed 200 percent of the Federal poverty level for a family of the size involved, whose resources do not exceed twice the amount allowed under the Supplementary Security Income (SSI) program, and who is not otherwise eligible for Medicaid. The definition of Medicare cost-sharing at section 1905(p)(3) of the Act includes payment for premiums for Medicare Part B.

Section 1902(a)(10)(E) of the Act requires States to provide for Medicaid payment of the Medicare Part B

premiums for two additional eligibility groups of low-income Medicare beneficiaries, referred to as qualifying individuals (QIs).

Under section 1902(a)(10)(E)(iv)(I) of the Act, State agencies are required to pay the full amount of the Medicare Part B premium for selected QIs who would be QMBs except that their income level is at least 120 percent but less than 135 percent of the Federal poverty level for a family of the size involved. These individuals cannot otherwise be eligible for medical assistance under the approved State Medicaid plan.

The second group of QIs, under section 1902(a)(10)(E)(iv)(II) of the Act, includes Medicare beneficiaries who would be QMBs except that their income is between 135 percent and 175 percent of the Federal poverty level for a family of the size involved. These QIs may not be otherwise eligible for Medicaid under the approved State plan, but are eligible for a portion of Medicare cost-sharing consisting only of a percentage of the increase in the Medicare Part B premium attributable to the shift of Medicare home health coverage from Part A to Part B (as provided in section 4611 of the Balanced Budget Act of 1997 (BBA)).

Section 1933(a) specifies that a State agency must provide, through a State plan amendment, for medical assistance to pay for the cost of Medicare cost-sharing on behalf of QIs who are selected to receive assistance.

Section 1933(b) of the Act sets forth the rules that State agencies must follow in selecting QIs and providing payment for Medicare Part B premiums. Specifically, the State agency must permit all QIs to apply for assistance and must select individuals on a first-come, first-served basis selecting QIs in the order in which they apply. Under section 1933(b)(2)(B) of the Act, when selecting persons who will receive assistance in the years after 1998, State agencies must give preference to those individuals who received assistance as QIs, QMBs, SLMBs, or QDWIs in the last month of the previous year and who continue to be (or become) QIs. Under section 1933(b)(4), persons selected to receive assistance in a calendar year are entitled to receive assistance for the remainder of the year, but not beyond, as long as they continue to qualify. The fact that an individual is selected to receive assistance at any time during the year does not entitle the individual to continued assistance for any succeeding year. Because the State's allotment is limited by law, section 1933(b)(3) of the Act provides that the State agency must limit the number of QIs so that the amount of assistance provided during

the year is approximately equal to the State's allotment for that year.

Section 1933(c) of the Act limits the total amount of Federal funds available for payment of Part B premiums each fiscal year and specifies the formula to be used to determine an allotment for each State from this total amount. For State agencies that execute a State plan amendment in accordance with section 1933(a) of the Act, a total of \$1.5 billion was allocated over 5 years as follows: \$200 million in FY 1998; \$250 million in FY 1999; \$300 million in FY 2000; \$350 million in FY 2001; and \$400 million in FY 2002.

The Federal matching rate for Medicaid payment of Medicare Part B premiums for QIs is 100 percent for expenditures up to the amount of the State's allotment. No Federal matching funds are available for expenditures in excess of the State's allotment amount.

Administrative expenses associated with the payment of Medicare Part B premiums for QIs remain at the 50 percent matching level and may not be taken from the State's allotment.

The amount available for each fiscal year is to be allocated among States according to the formula set forth in section 1933(c)(2) of the Act. The formula provides for an amount to each State agency that is to be based on each State's share of the Secretary's estimate of the ratio of—

(1) An amount equal to the sum of the following:

(a) Twice the total number of individuals who meet all but the income requirements for QMBs, whose incomes are at least 120 percent but less than 135 percent of the Federal poverty level, and who are not otherwise eligible for Medicaid; and

(b) The total number of individuals in the State who meet all but the income

requirements for QMBs, whose incomes are at least 135 percent but less than 175 percent of the Federal poverty level, and who are not otherwise eligible for Medicaid; to

(2) The sum of all of these individuals under item (1) for all eligible States.

II. Provisions of This Notice

This notice announces the availability of individual State allotments for Federal fiscal year 1999 for the Medicaid payment of Medicare Part B premiums for QIs identified under sections 1902(a)(10)(E)(iv)(I) and (II) of the Act. The formula used to calculate these allotments was described in detail in the announcement of the Federal fiscal year 1998 allotments (63 FR 3754, January 26, 1998), and, except for the incorporation of the latest data, has been used here without changes.

FY 1999 STATE ALLOTMENTS FOR PAYMENT OF PART B PREMIUMS UNDER SEC. 4732 OF THE BBA OF 1997

State	(a) M1 ¹	(b) M2 ²	(c) 2x(a)+(b)	State share of (c) (percent)	State FY99 al- location (\$000)
AK	0	3	3	0.05	116
AL	33	75	141	2.18	5,548
AR	25	37	87	1.35	3,368
AZ	16	62	94	1.46	3,639
CA	93	309	495	7.66	19,162
CO	15	27	57	0.88	2,207
CT	8	60	76	1.18	2,942
DC	2	4	8	0.12	310
DE	4	10	18	0.28	697
FL	98	262	458	7.09	17,730
GA	41	96	178	2.76	6,891
HI	4	10	18	0.28	697
IA	17	47	81	1.25	3,136
ID	4	17	25	0.39	968
IL	70	173	313	4.85	12,117
IN	28	107	163	2.52	6,310
KS	14	50	78	1.21	3,020
LA	32	57	121	1.87	4,684
MA	35	82	152	2.35	5,884
MD	21	71	113	1.75	4,374
ME	8	29	45	0.70	1,742
MI	52	127	231	3.58	8,942
MN	25	54	104	1.61	4,026
MO	26	88	140	2.17	5,420
MS	27	39	93	1.44	3,600
MT	6	16	28	0.43	1,084
NC	51	122	224	3.47	8,671
ND	6	13	26	0.39	968
NE	11	29	51	0.79	1,974
NH	8	19	35	0.54	1,355
NJ	48	129	225	3.48	8,710
NM	9	22	40	0.62	1,548
NV	7	18	32	0.50	1,239
NY	94	241	429	6.64	16,607
OH	62	180	304	4.71	11,768
OK	27	52	106	1.64	4,103
OR	20	55	95	1.47	3,678
PA	80	202	362	5.61	14,014
RI	7	20	34	0.53	1,316
SC	26	67	119	1.84	4,607
SD	5	10	20	0.31	774
TN	36	55	127	1.97	4,916
TX	80	208	368	5.70	14,246
UT	5	21	31	0.48	1,200

FY 1999 STATE ALLOTMENTS FOR PAYMENT OF PART B PREMIUMS UNDER SEC. 4732 OF THE BBA OF 1997—
Continued

State	(a) M1 ¹	(b) M2 ²	(c) 2×(a)+(b)	State share of (c) (percent)	State FY99 al- location (\$000)
VA	12	73	97	1.50	3,755
VT	5	7	17	0.26	658
WA	12	54	78	1.21	3,020
WI	18	58	94	1.46	3,639
WV	20	40	80	1.24	3,097
WY	2	5	9	0.14	348
Total	1378	3702	6458	100.00	250,000

¹ Three-year average (1995–7) of number (000) of Medicare beneficiaries in State who are not enrolled in Medicaid but whose incomes are at least 120% but less than 135% of FPL.

² Three-year average (1995–7) of number (000) of Medicare beneficiaries in State who are not enrolled in Medicaid but whose incomes are least 135% but less than 175% of FPL.

III. Waiver of Advance Public Comment and 30-Day Delay in Effective Date

We ordinarily publish an advance notice in the **Federal Register** for a notice containing substantive determinations to provide a period for public comment. However, we may waive that procedure if we find good cause that notice and comment are impractical, unnecessary, or contrary to the public interest. In addition, we also normally provide a delay of 30 days in the effective date. However, if adherence to this procedure would be impractical, unnecessary, or contrary to public interest, we may waive the delay in the effective date.

We find good cause to waive notice and comment procedure for this final notice. The law sets out in detail the specific amounts available for each Federal fiscal year for Medicare Part B premiums for QIs and the formula that is used to determine individual State allotments. No public comments were received as a result of the January 26, 1998, **Federal Register** Notice of the FY 1998 State allotments. (63 FR 3754). In addition, the latest data from the U.S. Census Bureau on the number of possible QIs in the States used in the statutory formula, as discussed in section V. of this notice, is not available until too late in the calendar year. Therefore, it would be impracticable, unnecessary, and contrary to the public interest to submit this notice to the public for a notice and comment procedure.

Also, because States can begin making payments for Medicare Part B premiums for QIs as early January 1, 1999, we are not making the effective date of the notice the usual 30 days after publication. For the reasons discussed above, we find good cause to waive the usual 30-day delay.

IV. Effect of the Contract With America Advancement Act

Normally, under 5 U.S.C. section 801, as added by section 251 of Public Law 104–121, the effective date of a major rule is delayed 60 days for congressional review. This notice has been determined to be a major rule under 5 U.S.C. section 804(2) for purposes of congressional review. However, as indicated in section III of this notice, we have found that good cause exists to dispense with prior notice and comment procedures since they are unnecessary and impracticable under the circumstances. Pursuant to 5 U.S.C. section 808(2), a rule shall take effect at such time as the Federal agency promulgating the rule determines, if it finds, for good cause, that prior notice and comment procedures are unnecessary or impracticable. Accordingly, under the exemption provided in 5 U.S.C. section 808(2), this notice is effective January 1, 1999, for allotments for payments of Medicare Part B premiums for individuals in calendar year 1999 from the allotment for fiscal year 1999.

V. Regulatory Impact Statement

We have examined the impact of this notice as required by Executive Order 12866 and the Regulatory Flexibility Act (RFA) (Public Law 96–354). Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects; distributive impacts; and equity). The RFA requires agencies to analyze options for regulatory relief for small businesses. For purposes of the RFA, States and individuals are not considered to be small entities.

This notice allocates, among the States, Federal funds to provide Medicaid payment for Medicare Part B

premiums for two additional groups of low-income Medicare beneficiaries. The total amount of Federal funds available during a Federal fiscal year and the formula for determining individual State allotments are specified in the law. We have applied the statutory formula for the State allotments except for the use of specified data. Because the data specified in the law were not currently available, we have used comparable data from the U.S. Census Bureau on the number of possible QIs in the States, as described in detail in the January 26, 1998, **Federal Register** Notice of the FY 1998 State allotments. (63 FR 3754). These new allotments for FY 1999 incorporate the latest data from the Census Bureau covering 1995 through 1997, as specified in the footnote to the table above.

We believe the statutory provisions implemented in this notice will have a positive effect on States and individuals. Federal funding at the 100 percent matching rate is available for Medicare cost-sharing for Medicare Part B premium payments for QIs and a greater number of low-income Medicare beneficiaries will be eligible to have their Medicare Part B premiums paid under Medicaid.

Section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis for any notice that may have a significant impact on the operations of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside a Metropolitan Statistical Area and has fewer than 50 beds.

We are not preparing analyses for either the RFA or section 1102(b) of the Act, because we have determined and certify that this notice will not have a significant economic impact on a

substantial number of small entities, or a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Authority: Sections 1902(a)(10)(E) and 1933 of the Social Security Act (42 U.S.C. 1396a(a)(10)(E) and 1396x), and section 4732 of Public Law 105-33.

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: October 16, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: December 10, 1998.

Donna E. Shalala,

Secretary.

[FR Doc. 99-7078 Filed 3-26-99; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4445-N-08]

Notice of Proposed Information Collection: Comment Request

AGENCY: Office of the Assistant Secretary for Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments due date:* May 28, 1999.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Wayne Eddins, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Vance Morris, Director, Single Family Home Mortgage Insurance Division, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410, telephone (202) 708-2700 (this is not a toll free number) for copies of the proposed forms and other available information.

SUPPLEMENTARY INFORMATION: The Department is submitting the proposed

information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Title I Property Improvement & Manufactured Home Loan Programs (24 CFR part 201).

OMB Control Number, if applicable: 2502-0328.

Description of the need for the information and proposed use: This Notice requests an amendment to HUD-92541, Builder's Certification of Plans, Specifications, and Site to include an option for the builder to provide an evaluation certificate in lieu of a Letter of MAP Amendment (LOMA) or Letter of MAP Revision (LOMR) thus making it easier to comply with new regulations.

Agency Form Numbers, if applicable: HUD-637, 646, 27029, 27030, 55013, 55014, 56001, 56001MH, 56002, 56002MH, 56004, 92802.

Estimation of the total numbers of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: The estimated number of respondents is 304,185, the total annual responses are 349,970, and the total annual burden hours of response are estimated at 145,417.

Status of the proposed information collection: Extension of previously approved collection.

Authority: The Paperwork Reduction Act of 1995, 44 U.S.C., Chapter 35, as amended.

Dated: March 17, 1999.

William C. Apgar,

Assistant Secretary for Housing—Federal Housing Commissioner.

[FR Doc. 99-7615 Filed 3-26-99; 8:45 am]

BILLING CODE 4210-27-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

(Docket Nos. FR-4340-FA-07, FR-4363-FA-07, and FR-4368-FA-02)

Fiscal Year 1998 Announcements of Selection for Funding

AGENCY: Office of the Secretary—Office of Lead Hazard Control, HUD.

ACTION: Announcement of funding awards.

SUMMARY: In accordance with section 102(a)(4)(C) of the Department of Housing and Urban Development Reform Act of 1989, this announcement notifies the public of funding decisions made by the Department in a competition for funding under the Notices of Funding Availability for Lead-Based Paint Hazard Control in Privately Owned Housing; Lead Hazard Control Research; Local Lead Hazard Awareness; and National Lead Hazard Awareness. This announcement contains the names and addresses of the organizations selected for funding and the amounts.

FOR FURTHER INFORMATION CONTACT: Office of Lead Hazard Control of the Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410. For the Lead-Based Paint Hazard Control in Privately Owned Housing selections, contact Ellis Goldman at (202) 755-1785 x 112, for the Lead Hazard Control Research selections, contact Peter Ashley at (202) 755-1785 x 115; and for both the Local Lead Hazard Awareness and National Lead Hazard Awareness selections, contact Dolline Hatchett at (202) 755-1785, x 114. Hearing-and speech-impaired persons may access the number above via TTY by calling the toll free Federal Information Relay Service at 1-800-877-8339.

SUPPLEMENTARY INFORMATION: Please note that this announcement covers grants which were awarded as a result of the SuperNOFAs published on March 31, 1998 (63 FR 15556). This is not related to the February 26, 1999 SuperNOFA for HUD funding.

Lead-Based Paint Hazard Control

The purpose of the competition under the Lead-Based Paint Hazard Control Grant Program was to award grant funding for the grant program for lead-based paint hazard control in low income private housing.

The 1998 Lead-Based Paint Hazard Control Grant Program selections announced in this Notice were selected for funding in a competition announced in a **Federal Register** notice published