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and

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Herron Eydt, HCFA Desk Officer.

Dated: September 20, 1999.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office  
of Information Services, Security and  
Standards Group, Division of HCFA  
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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Health Resources and Services  
Administration**

**Advisory Council; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of November 1999.

*Name:* Advisory Committee on Training in Primary Care Medicine and Dentistry.

*Date and Time:* November 4, 1999; 8:30 a.m.-5:00 p.m.; November 5, 1999; 8:30 a.m.-4:00 p.m.

*Place:* Washington Plaza Hotel, 10 Thomas Circle, NW, Washington, DC 20005.

The meeting is open to the public.

*Purpose:* The Advisory Committee shall (1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning activities under section 747 of the Public Health Service (PHS) Act; and (2) prepare and submit to the Secretary, the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Advisory Committee, including findings and recommendations made by the Committee concerning the activities under section 747 of the PHS Act. The Advisory Committee will meet twice each year and submit its first report to the Secretary and the Congress by November 2001.

*Agenda:* Introduction of the 23 new members. Discussion of history and current status of programs and activities authorized

under section 747 of the PHS Act. Discussion of the intent of the programs; goals for improving access, diversity and supply; focus of programs; project requirements; funding priorities; outcomes data; and the peer review process. Strategic planning for the Committee.

Anyone interested in obtaining a roster of members, minutes of the meeting, or other relevant information should write or contact Dr. Barbara Brookmyer, Deputy Executive Secretary, Advisory Committee on Training in Primary Care Medicine and Dentistry, Parklawn Building, Room 9A-27, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-1468, e-mail bbrookmyer@hrsa.gov.

Dated: September 15, 1999.

**Jane M. Harrison,**

*Director, Division of Policy Review and  
Coordination.*

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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Substance Abuse and Mental Health  
Services Administration**

**Agency Information Collection  
Activities: Submission for OMB  
Review; Comment Request**

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

**Protection and Advocacy for  
Individuals With Mental Illness  
(PAIMI) Annual Program Performance  
Report (OMB No. 0930-0169, Revision)**

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act, (42 U.S.C. Chapter 1114) authorized funds to support protection and advocacy services on behalf of individuals with mental illness and severe emotional disturbance who are at risk for abuse and neglect and other civil rights violations while under treatment in a residential facility. Under the PAIMI Act, formula grant awards are made to protection and advocacy (P&A) systems designated by the governors of the 50 states and 5 territories, and the District of Columbia to ensure that the rights of individuals with mental illness and severe emotional disturbance are not violated. The PAIMI Act requires P&A systems to file an annual report on their activities and accomplishments

and to provide in the report information on such topics as, numbers of individuals served, types of complaints addressed, the number of intervention strategies used to resolve the presenting issues. The Act also requires that the P&A Advisory Council also submit an annual report that assesses the effectiveness of the services provided by P&A systems.

SAMHSA's Center for Mental Health Services (CMHS) is revising the PAIMI Annual Program Performance Report for the following reasons: (1) to make it consistent with the revised annual program report format used by the Administration on Developmental Disabilities, Administration on Children and Families; and, (2) to conform to the GPRA requirements that the reporting burden to the States be reduced. CMHS is making no revisions to the PAIMI Annual Advisory Council Report.

Revisions to the PAIMI Annual Program Performance Report include: (1) Deletion of financial expenditure and sub-contractor information, which P&A systems are required to submit annually to the SAMHSA Grants Management Office; (2) Deletion of items that are more appropriate for inclusion in the Guidance for Applicants (GFA), such as PAIMI program staff positions, by-laws and policies and procedures; (3) PAIMI staff, advisory council and governing board demographic information will be reduced to a comprehensive graph format; (4) All "information not available" statements will be deleted to ensure that P&A systems focus on gathering more accurate client data during the intake and referral process; (5) Sections such as, PAIMI program mechanisms for public comment, individual PAIMI clients, etc. will be reduced to a graph format similar to that approved by OMB for use by the Administration on Developmental Disabilities, Administration on Children and Families, which administers the Protection and Advocacy to the Developmentally Disabled (PADD) Program; (6) Case complaints and problems of the individuals served by the P&As will be modified to capture more accurate information on incidents of abuse, neglect and civil rights violations, such as the incidents of seclusion and restraint used in the emergency rooms of general hospitals on individuals with mental illness, co-occurring disorders and severe emotional disturbance, during transport