

7. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive interpreter services free of charge.

8. Translate and make available signage and commonly used written patient educational material and other materials for members of the predominant language groups in service areas.

9. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.

10. Ensure that the client's primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.

11. Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

12. Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for CLAS into other organizational internal audits and performance improvement programs.

13. Develop structures and procedures to address cross cultural ethnical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services.

14. Prepare an annual progress report documenting the organization's progress with implementing CLAS standards, including information on programs, staffing, and resources.

The complete report, along with supporting material, is available online at [www.OMHRC.gov/clas](http://www.OMHRC.gov/clas).

Dated: December 7, 1999.

**Nathan Stinson, Jr.,**

*Deputy Assistant Secretary for Minority Health.*

[FR Doc. 99-32419 Filed 12-14-99; 8:45 am]

BILLING CODE 4160-17-M

**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, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes 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) 443-1129.

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: Voluntary Partner Surveys To Implement Executive Order 12862 in the Health Resources and Services Administration—(OMB 0915-0213)—Extension**

In response to Executive Order 12862, the Health Resources and Services Administration (HRSA) is proposing to conduct voluntary customer surveys of its "partners" to assess strengths and weaknesses in program services. A generic approval is being requested from OMB to conduct the partner surveys. HRSA partners are typically State or local governments, health care facilities, health care consortia, health care providers, and researchers.

Partner surveys to be conducted by HRSA might include, for example, mail or telephone surveys of grantees to determine satisfaction with a technical assistance contractor, or in-class evaluation forms completed by providers who receive training from HRSA grantees, to measure satisfaction with the training experience. Results of these surveys will be used to plan and redirect resources and efforts as needed to improve service. Focus groups may also be used to gain partner input into the design of mail and telephone surveys. Focus groups in-class evaluation forms, mail surveys, and telephone surveys are expected to be the preferred methodologies.

A generic approval will permit HRSA to conduct a limited number of partner surveys without a full-scale OMB review of each survey. If generic approval is granted, information on each individual partner survey will not be published in the **Federal Register**.

The estimated response burden is as follows:

Type of survey	Number of respondents	Responses per respondent	Hours per response	Total hour burden
In-class evaluations .....	40,000	1	.05	2,000
Mail/Telephone surveys .....	12,000	1	.25	3,000
Focus groups .....	50	1	1.5	75
<b>Total .....</b>	<b>52,050</b>	<b>1</b>	<b>.10</b>	<b>5,075</b>

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: December 9, 1999.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 99-32429 Filed 12-14-99; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Statement of Organization, Functions and Delegations of Authority**

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 64 FR 46694-6, dated August 26, 1999). This notice reflects the organizational and functional changes in the HIV/AIDS Bureau. Make the following changes:

1. Delete the functional statement for the Office of Communications (RV1) in its entirety.

2. Delete the functional statement for the Office of Program Support (RV2) in its entirety and replace with the following:

*Office of Program Support (RV2)*

Plans, directs, coordinates, and evaluates Bureau-wide administrative and management support activities. Specifically: (1) Serves as the Associate Administrator's principal source for management and administrative advice and assistance; (2) assists in the development and administration of policies and procedures which govern the review and final recommendation for funding to the Associate Administrator; (3) in cooperation with the Division of Financial Management, Office of Management and Program Support (OMPS), provides guidance to the Bureau on financial management activities; (4) in cooperation with the Office of Human Resources and Development, HRSA, coordinates personnel activities for the Bureau and advises the Associate Administrator on the allocation of the Bureau's personnel resources; (5) in cooperation with the Division of Grants and Procurement Management, OMPS, conducts all

business management aspects of the review, negotiation, award, and administration of Bureau grants and cooperative agreements, and coordinates the Bureau's contracts operations; (6) develops and maintains a system that tracks grant funds by program, State and grantee and by purpose of grant award; (7) provides support to field staff as appropriate by program; (8) provides organization and management analysis for the Bureau, develops policies and procedures for internal Bureau requirements, and interprets and implements the Administration's management policies and procedures; (9) coordinates the Bureau's delegations of authority activities; (10) manages the Bureau's performance appraisal and employee performance management systems; (11) provides or arranges for the provision of support services such as supply management, space management, manual issuances, forms, records, reports, and supports civil rights compliance activities; and, (12) provides direction regarding technological developments in office management activities.

3. Delete the functional statement for the Office of Policy and Program Development (RV3) in its entirety and replace with the following:

*Office of Policy and Program Development (RV3)*

Serves as the Bureau's focal point for planning, legislation, and related coordination activities including the development and dissemination of program objectives, alternatives, policy statements and the formulation and interpretation of program related policies. Specifically: (1) Advises the Associate Administrator and Division Directors in the development of plans and legislative proposals to support Administration goals, and serves as the primary staff unit on special projects for the Associate Administrator; (2) coordinates with the Office of Planning, Evaluation, and Legislation (OPEL), HRSA, and other appropriate offices in the preparation of HIV/AIDS-related program and legislative proposals, including the preparation of testimony and related information to be presented to the Congress; (3) monitors and analyzes HIV/AIDS-related policy and legislative developments, both within and outside the Department, for their potential impact on HIV/AIDS activities, and advises the Associate Administrator on alternative courses of action for responding to such developments; (4) organizes, guides, and coordinates the Bureau's program planning and development activities, and prepares the Bureau's strategic planning agenda; (5)

provides staff services and coordinates activities pertaining to legislative policy and position papers, including the development of legislative proposals and the analysis of existing and pending Federal and State legislation to assure the fullest possible consideration of programmatic requirements in meeting established departmental, and HRSA goals; (6) maintains liaison with the Agency, Department, and other agencies, and distributes legislative materials; (7) participates in the development and coordination of program policies and implementation plans, including the development, clearance, and dissemination of regulations, criteria, guidelines, and operating procedures; (8) serves as the point of contact for the Agency, developing and coordinating working relationships and conducts specific joint activities among programs to assure optimum interaction on related HIV/AIDS activities and to minimize duplication and overlap; (9) conducts special inquiries and studies with emphasis on coordinating, managing and/or undertaking special projects which cut across Office or Division lines and responsibilities; (10) coordinates Bureau and HRSA comments on HIV/AIDS-related reports, position papers, legislative proposals, and related issues; (11) coordinates responses to requests for information received from other OPDIVs of the Department and from outside the Department; (12) provides program policy interpretation and technical assistance to other governmental and private organizations and institutions; (13) develops and coordinates performance measures; and, (14) manages the Bureau's executive secretariat functions.

4. Establish the Office of Communications and Information Dissemination (RV8)

The Office of Communications and Information Dissemination plans, designs, executes and evaluates national and international communication and information dissemination programs which include the development of written and broadcast materials conveying complex information about HIV/AIDS, the maintenance of effective working relationships with high-level public and private-sector policy makers and development of recommendations to improve HIV/AIDS Bureau program effectiveness. Specifically: (1) Collects, compiles, and distributes various data and information on HIV/AIDS health care issues and programs related to the activities of the Bureau; (2) develops and provides information materials to HIV/AIDS health program planners,