

implementation of this order. This ADM, the NEPA Desk Guide, and related direction governs GSA compliance with NEPA and related legal authorities.

6.b. *NEPA Liaison.*

6.b.(1) Is the principal GSA advisor on NEPA-related requirements, including but not limited to compliance with NEPA and the coordination of NEPA compliance with the requirements of the laws and regulations listed in Appendix 1 of the NEPA Desk Guide.

6.b.(2) Provides expert advice on NEPA-related matters to GSA Heads of Services, Business Lines, and Regional Administrators.

6.b.(3) Provides intra-agency and interagency liaison and coordination on NEPA-related matters on a national basis.

6.b.(4) Provides the periodically updates GSA program guidance, after consultation with the General Counsel, Heads of Services, Business Lines, and Regional Administrators.

6.b.(5) Provides education and training within GSA pertinent to implementation of NEPA and related authorities.

6.b.(6) Coordinates with GSA's Environmental Executive in maintaining a record of GSA's environmental activities, and in advancing the national environmental policy articulated in NEPA and other statutes and executive orders.

6.b.(7) Serves as GSA representative in coordination with outside groups at the national level regarding NEPA-related matters.

6.c. *Regional Administrators.*

6.c.(1) Are accountable for execution of GSA's responsibilities under NEPA and related authorities with respect to actions under their jurisdiction.

6.c.(2) Serve as the responsible agency official under CEQ regulations with respect to the environmental effects of actions under their jurisdiction.

6.c.(3) Maintain NEPA Regional Environmental Quality Advisors (REQA) within their staffs, augmented as necessary through interagency agreements and contracts, to ensure regional interdisciplinary competence in environmental matters.

6.c.(4) In consultation with the NEPA Liaison, ensure that all regional staff with responsibility for planning, approving, and implementing construction, repair, alteration, site and facility acquisition, real property management, maintenance, and real property disposal receive appropriate training in how to carry out GSA's responsibilities under NEPA and related authorities.

6.d. *GSA Environmental Executive.*

6.d.(1) Serves as GSA's Environmental Executive under Executive Order 12873.

6.d.(2) Coordinates with the NEPA Liaison to ensure agency-wide consistency in areas of shared or related responsibility, and in advancing the national environmental policy articulated in NEPA and other statutes and executive orders.

6.e. *Heads of Services and Business Lines.*

6.e.(1) Serve as the responsible agency officials under CEQ regulations for actions subject to their approval.

6.e.(2) Ensure accountability for implementation of the policy set forth in this order.

6.e.(3) In consultation with the NEPA Liaison, ensure that staff responsible for supporting the functions of the responsible agency official under CEQ and related authorities receive appropriate training in how to carry out GSA's responsibilities.

6.f. *The Office of General Counsel.*

6.f.(1) Is responsible for legal interpretation of NEPA and related authorities, and represents GSA in litigation under such authorities.

6.f.(2) Advises the NEPA Liaison during the development and delivery of guidance and training.

7. *Administrative Guidance.*

7.a. The NEPA Liaison has overall program responsibility for establishing procedures, training, and professional standards, and for maintaining interagency administrative responsibilities and relationships. These functions will be carried out at the working level by a professional NEPA Liaison staff.

7.b. Heads of Services and Business Lines will assist and cooperate with the NEPA Liaison in the development and delivery of training, as well as procedural and program guidance, and act as coordinators for program needs of the Services and Business lines on a national basis.

7.c. Regional Business Lines have responsibility for ensuring that NEPA compliance responsibilities are satisfied, and the policy articulated in paragraph 5 of this order is followed, with respect to their programs and projects. In consultation with the REQA, the Business Lines will utilize interdisciplinary professional expertise in their implementation of NEPA responsibilities.

8. *Implementation of NEPA and Related Authorities.*

8.a. In accordance with applicable regulations and standards, and with program guidance provided by the NEPA Liaison, the responsible agency official shall:

8.a.(1) Ensure that the applicable requirements of NEPA and related authorities are met in a timely manner during planning for any GSA action, in a manner consistent with the policy articulated in paragraph 5 of this order.

8.a.(2) Ensure that mitigation measures established through review of actions under NEPA and related authorities are carried out as part of implementing the actions.

8.a.(3) Ensure that the means by which GSA has met its responsibilities, and the costs involved in doing so, are fully documented.

8.b. All Heads of Service, Business Lines, and Regional Offices will employ the PBS NEPA Desk Guide, issued and periodically updated by the NEPA Liaison, as guidance in carrying out this order.

9. Effective Date. Every effort shall be made to implement the provisions of this order immediately.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Temporary Assistance to Needy Families, Medicaid, Aid to Needy Aged, Blind, or Disabled Persons and State Children's Health Insurance Program for October 1, 2001 through September 30, 2002

AGENCY: Office of the Secretary, DHHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2002 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2001 through September 30, 2002. This notice announces the calculated "Federal Medical Assistance Percentages" and "Enhanced Federal Medical Assistance Percentages" that we will use in determining the amount of Federal matching in State medical assistance (Medicaid), State Children's Health Insurance Program (SCHIP) expenditures, and for the annual reconciliation of contingency funds under Title IV-A. The table gives figures for each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Programs under title XIX of the Act exist in each

jurisdiction; programs under titles I, X, and XIV operate only in Guam and the Virgin Islands; while a program under title XVI (AABD) operates only in Puerto Rico. Programs under title XXI began functioning in fiscal year 1998. The percentages in this notice apply to State expenditures for assistance payments, medical services and medical insurance services (except family planning which is subject to a higher matching rate). The statute provides separately for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services to publish these percentages each year. The Secretary is to figure the percentages, by formulas in sections 1905(b) and 1101(a)(8)(B), from the Department of Commerce's statistics of average income per person in each State and in the Nation as a whole. The percentages are within the upper and lower limits given in those two sections of the Act. The statute specifies the percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

The "Federal medical assistance percentages" are for Medicaid. These percentages will also be used for the annual reconciliation of any Contingency funds received under the Temporary Assistance for Needy Families program.

The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program under Title XXI, and in the Medicaid program for certain children for expenditures for medical assistance described in sections 1905(u)(2) and 1905(u)(3). There is no specific requirement to publish these percentages. We include them in this notice for the convenience of the States.

EFFECTIVE DATES: The percentages listed will be effective for each of the four quarter-year periods in the period beginning October 1, 2001 and ending September 30, 2002.

FOR FURTHER INFORMATION CONTACT: Jennifer Tolbert or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 442E Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.588—Temporary Assistance for Needy Families; 93.563—Child Support Enforcement; 93.659—Adoption Assistance; 93.778—Medical Assistance Program; 93.767—State Children's Health Insurance Program)

Dated: November 6, 2000.
Donna E. Shalala,
Secretary of Health and Human Services.

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2001—SEPTEMBER 30, 2002

[Fiscal Year 2002]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Alabama	70.45	79.32
Alaska	53.01	67.11
American Samoa*	50.00	65.00
Arizona	64.98	75.49
Arkansas	72.64	80.85
California	51.40	65.98
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	50.00	65.00
District of Columbia**	70.00	79.00
Florida	56.43	69.50
Georgia	59.00	71.30
Guam*	50.00	65.00
Hawaii	56.34	69.44
Idaho	71.02	79.71
Illinois	50.00	65.00
Indiana	62.04	73.43
Iowa	62.86	74.00
Kansas	60.20	72.14
Kentucky	69.94	78.96
Louisiana	70.30	79.21
Maine	66.58	76.61
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	56.36	69.45
Minnesota	50.00	65.00
Mississippi	76.09	83.26
Missouri	61.06	72.74
Montana	72.83	80.98
Nebraska	59.55	71.69
Nevada	50.00	65.00
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	73.04	81.13
New York	50.00	65.00
North Carolina	61.46	73.02
North Dakota	69.87	78.91
Northern Mariana Islands*	50.00	65.00
Ohio	58.78	71.15
Oklahoma	70.43	79.30
Oregon	59.20	71.44
Pennsylvania	54.65	68.26
Puerto Rico*	50.00	65.00
Rhode Island	52.45	66.72
South Carolina	69.34	78.54
South Dakota	65.93	76.15
Tennessee	63.64	74.55
Texas	60.17	72.12
Utah	70.00	79.00
Vermont	63.06	74.14
Virgin Islands*	50.00	65.00

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES, EFFECTIVE OCTOBER 1, 2001—SEPTEMBER 30, 2002—Continued

[Fiscal Year 2002]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Virginia	51.45	66.02
Washington	50.37	65.26
West Virginia	75.27	82.69
Wisconsin	58.57	71.00
Wyoming	61.97	73.38

*For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI and Part A of title IV will be 75 per centum.

**The value in the table was set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for DC is 50.00.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Child Care and Development Fund Plan for States/Territories.

OMB No.: 0970-0114.

Description: The Child Care and Development Fund (CCDF) Plan for States and Territories is required from the child care Lead Agency by section 658E of the Child Care and Development Block Grant Act of 1990 (P.L. 101-508), 42 U.S.C. 9858. The implementing regulations for the statutorily required Plan are at 45 CFR 98.10 through 98.18. The Plan, submitted on the ACF-118, is required biennially and remains in effect for two years. This Plan, provides ACF and the public with a description of, and assurance about, the State's child care program. The ACF-118 is approved through October 31, 2001 making it available to States and Territories needing to submit Plan Amendments through the end of the FY 2001 Plan Period. However, in July 2001, States and Territories will be required to submit their FY 2002-2003 Plans. Consistent with the statute and regulations, ACF requests extension of the ACF-118 with minor corrections