

of low income patients with special needs." Moreover, since inmates in the custody of the DOC or the DCYF, have a source of third party coverage, because of the legal obligation of those entities to furnish food, housing and medical care to wards of the State, DSH payments for those services would be contrary to the applicable hospital-specific limits. HCFA contends that these inmates are neither eligible for Medicaid nor are they uninsured.

Section 1923 of the Act establishes Federal requirements for DSH payments to qualifying hospitals. DSH payments may be reasonably related to the costs, volume or proportion of services provided to patients eligible for medical assistance under a State plan or to low-income patients. Unlike other Medicaid payments, DSH payments are not payments for specific services, but are made to recognize that DSH facilities "serve a disproportionate share of low income patients with special needs." The payments described in this State plan are payments for specific services to specified inmates in the custody of the DOC or DCYF, rather than payments available for the overall costs of serving a disproportionate share of low-income patients. It is important to note that, while States may use DSH payments generally to assist facilities that have high levels of uncompensated care, the DSH provisions do not authorize payments for specific services to non-Medicaid eligible individuals.

Furthermore, under section 1923(g) of the Act there is a hospital-specific limit on DSH payments under Medicaid. Such payments cannot exceed the hospital's uncompensated costs of furnishing hospital services to individuals who either are eligible for medical assistance under the State plan or have no health insurance or other source of third party coverage for services provided during the year. Individuals in the custody of the DOC and the DCYF are wards of the State. As such, the State is obligated to cover their basic economic needs (food, housing, and medical care) because failure to do so would be in violation of the Eighth amendment of the Constitution. Because State obligations outside of the Medicaid program provide these individuals a source of third party coverage, the individuals are neither eligible for medical assistance nor are they uninsured. Therefore, the State cannot make DSH payments to cover the costs of their care.

Therefore, based on the above, and after consultation with the Secretary as required under 42 CFR 430.15(c)(2), HCFA disapproved Rhode Island SPA 00-003.

The notice to Rhode Island announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Christine C. Ferguson  
Director  
Department of Human Services  
600 New London Avenue  
Cranston, Rhode Island 02920

Dear Ms. Ferguson: I am responding to your request for reconsideration of the decision to disapprove Rhode Island State Plan Amendment (SPA) 00-003.

The issue in Rhode Island SPA 00-003 is whether the payments at issue are consistent with the statutory requirements for disproportionate share hospital (DSH) payments at section 1923 of the Social Security Act (the Act). The payments are for specific services furnished to individuals not eligible for Medicaid, and are not generally available for the costs to "serve a disproportionate share of low income patients with special needs." Moreover, since inmates in the custody of the Department of Corrections (DOC) or the Department of Children and Youth (DCYF), have a source of third party coverage, because of the legal obligation of those entities to furnish food, housing and medical care to wards of the State, DSH payments for those services would be contrary to the applicable hospital-specific limits. HCFA contends that these inmates are neither eligible for Medicaid nor are they uninsured.

Section 1923 of the Act establishes Federal requirements for DSH payments to qualifying hospitals. DSH payments may be reasonably related to the costs, volume or proportion of services provided to patients eligible for medical assistance under a State plan or to low-income patients. Unlike other Medicaid payments, DSH payments are not payments for specific services, but are made to recognize that DSH facilities "serve a disproportionate share of low income patients with special needs." The payments described in this State plan are payments for specific services to specified inmates in the custody of the DOC or DCYF, rather than payments available for the overall costs of serving a disproportionate share of low-income patients. It is important to note that, while States may use DSH payments generally to assist facilities that have high levels of uncompensated care, the DSH provisions do not authorize payments for specific services to non-Medicaid eligible individuals.

Furthermore, under section 1923(g) of the Act there is a hospital-specific limit on DSH payments under Medicaid. Such payments cannot exceed the hospital's uncompensated costs of furnishing hospital services to individuals who either are eligible for medical assistance under the State plan or have no health insurance or other source of third party coverage for services provided during the year. Individuals in the custody of the DOC and the DCYF are wards of the State. As such, the State is obligated to cover their basic economic needs (food, housing, and medical care) because failure to do so would be in violation of the Eighth amendment of the Constitution. Because

State obligations outside of the Medicaid program provide these individuals a source of third party coverage, the individuals are neither eligible for medical assistance nor are they uninsured. Therefore, the State cannot make DSH payments to cover the costs of their care.

Therefore, based on the above, and after consultation with the Secretary as required under 42 CFR 430.15(c)(2), HCFA disapproved Rhode Island SPA 00-003.

I am scheduling a hearing on your request for reconsideration to be held on January 25, 2001, Twenty-second Floor: Room 2255; JFK Federal Building; Boston, Massachusetts 02203-0003. If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR, part 430.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 786-2055.

Sincerely,

Robert A. Berenson, M.D.  
Acting Deputy Administrator.

Section 1116 of the Social Security Act (42 U.S.C. section 1316); 42 CFR Section 430.18) (Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: December 20, 2000.

**Robert A. Berenson,**

*Acting Deputy Administrator, Health Care Financing Administration.*

[FR Doc. 00-32922 Filed 12-26-00; 8:45 am]

**BILLING CODE 4120-03-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Care Financing Administration**

**[HCFA-9006-N]**

#### **Medicare and Medicaid Programs**

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

**ACTION:** Correction of HHS regulatory plan and unified agenda.

**SUMMARY:** This document corrects a technical error that appeared in the November 30, 2000 Regulatory Plan and the November 30, 2000 Unified Agenda. The Regulatory Plan included HHS-HCFA sequence number 57-Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships—Phase II (HCFA-1810-FC) that concerns the physician referral provisions under section 1877 of the

Social Security Act. This entry should not have been included in the Regulatory Plan because it was premature and inaccurate. We are withdrawing this item from the Regulatory Plan and also from the Unified Agenda, which cross-referenced the Regulatory Plan.

**EFFECTIVE DATE:** These corrections are effective December 27, 2000.

**FOR FURTHER INFORMATION CONTACT:** Joanne Sinsheimer, (410) 786-4620.

**SUPPLEMENTARY INFORMATION:** This notice withdraws HHS-HCFA Sequence Number 57-Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships—Phase II (HCFA-1810-FC) from the Regulatory Plan that was published on November 30, 2000 (65 FR 73383) and from the Unified Agenda, also published on November 30, 2000 (65 FR 73838).

We are withdrawing this entry from the Regulatory Plan because the language was premature, inaccurate and not meant for publication in the **Federal Register**. Therefore, we are withdrawing HHS-HCFA sequence number 57 from the Regulatory Plan published on November 30, 2000 at 65 FR 73383 and sequence number 1260 from the Unified Agenda published on November 30, 2000 at 65 FR 73838, that cross-referenced this Regulatory Plan entry.

**Authority:** Sections 1871 and 1102 of the Social Security Act (42 U.S.C. 1395hh and 1302).

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program; No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: December 21, 2000.

**Robert A. Berenson,**

*Acting Deputy Administrator, Health Care Financing Administration.*

[FR Doc. 00-32994 Filed 12-22-00; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Center for Substance Abuse Treatment; Notice of Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of a meeting of the Center for Substance Abuse Treatment (CSAT) National Advisory Council to be held in January 2001. A portion of the meeting will be open and include discussion of the Center's policy issues and current administrative, legislative, and program developments. The Council will hear

feature presentations by SAMHSA Acting Administrator Joseph H. Autry, III, M.D. and CSAT Director H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Status reports on Buprenorphine, OPIOD Accreditation and CSAT's National Treatment Plan will also be presented. Other presentations include: Budget and Decision Process for Discretionary Funds; Methamphetamine; and an Overview of CSAT's Office of Evaluation, Scientific Analysis and Synthesis (including National Treatment Outcomes and Monitoring Systems, Knowledge Application Program (KAP), Persistent Effects of Treatment Study Project (PETS), National Evaluation Data Services (NEDS) Update, State Treatment Needs Assessment, Administrative Treatment Data Webs).

If anyone needs special accommodations for persons with disabilities, please notify the Contact listed below.

The meeting will also include the review, discussion, and evaluation of grant applications. Therefore a portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(3), (4), and (6) and 5 U.S.C. App. 2, 10(d).

A summary of the meeting and roster of council members may be obtained from: Mrs. Marjorie Cashion, CSAT, National Advisory Council, Rockwall II Building, Suite 618, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-8923.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

**Committee Name:** Center for Substance Abuse Treatment, National Advisory Council.

**Meeting Date:**

January 8, 2001—8:30 a.m.—5 p.m.

January 9, 2001—9 a.m.—1 p.m.

**Place:** NIH Neuroscience Conference Center, 6001 Executive Boulevard, Rockville, Maryland 20852.

**Type:**

Closed: January 8, 2001—8:30 a.m.—8:50 a.m.

Open: January 8, 2001—8:50 a.m.—5 p.m.; January 9, 2001—9 a.m.—1 p.m.

**Contact:** Marjorie M. Cashion, Executive Secretary, Telephone: (301) 443-8923, and FAX: (301) 480-6077.

Dated: December 20, 2000.

**Toian Vaughn,**

*Committee Management Officer, Substance Abuse and Mental Health Services Administration.*

[FR Doc. 00-32925 Filed 12-26-00; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4567-N-03]

### Notice of Proposed Information Collection: Comment Request; Schedule of Pooled Mortgages

**AGENCY:** Office of the President of the Government National Mortgage Association (Ginnie Mae), 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: February 26, 2001.

**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: Sonya Suarez, Government National Mortgage Association, Office of Policy, Planning and Risk Management, Department of Housing & Urban Development, 451-7th Street, SW., Room 6226, Washington, DC 20410.

**FOR FURTHER INFORMATION CONTACT:** Sonya Suarez, Ginnie Mae, (202) 708-2772 (this is not a toll-free number), for copies of the proposed forms and other available documents.

**SUPPLEMENTARY INFORMATION:** The Department will submit 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).

Through this Notice, the Department 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: