

**Material Incorporated by Reference**

(i) None.

**Related Information**

(j) None.

Issued in Burlington, Massachusetts, on October 8, 2003.

**Francis A. Favara,**

*Acting Manager, Engine and Propeller Directorate, Aircraft Certification Service.*

[FR Doc. 03-26118 Filed 10-15-03; 8:45 am]

**BILLING CODE 4910-13-P**

**DEPARTMENT OF THE TREASURY****Internal Revenue Service****26 CFR Part 301**

[REG-141669-02]

RIN 1545-BB41

**Waiver of Information Reporting Penalties-Determining Whether Correction Is Prompt**

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Cancellation of notice of public hearing on proposed rulemaking.

**SUMMARY:** This document provides notice of cancellation of a public hearing on proposed regulations providing guidance on the requirement of prompt correction of the failure to file or file correctly.

**DATES:** The public hearing originally scheduled for Tuesday, October 21, 2003, at 10 a.m., is cancelled.

**FOR FURTHER INFORMATION CONTACT:** Treena Garrett of the Publications and Regulations Branch, Legal Processing Division, Associate Chief Counsel (Procedure and Administration), (202) 622-3401 (not a toll-free number).

**SUPPLEMENTARY INFORMATION:** A notice of proposed rulemaking and notice of public hearing that appeared in the **Federal Register** on Wednesday, July 9, 2003, (68 FR 40857), announced that a public hearing was scheduled for Tuesday, October 21, 2003, at 10 a.m. in the Auditorium, Internal Revenue Service Building, 1111 Constitution Avenue, NW., Washington, DC. The subject of the public hearing is proposed regulations under sections 6721 and 6724 of the Internal Revenue Code. The public comment period for these proposed regulations expired on Tuesday, October 7, 2003. Outlines of oral comments were due on Tuesday, September 30, 2003.

The notice of proposed rulemaking and notice of public hearing, instructed those interested in testifying at the

public hearing to submit an outline of the topics to be addressed. As of Friday, October 10, 2003, no one has requested to speak. Therefore, the public hearing scheduled for Tuesday, October 21, 2003, is cancelled.

**LaNita Van Dyke,**

*Acting Chief, Publications and Regulations Branch, Legal Processing Division, Associate Chief Counsel (Procedure and Administration).*

[FR Doc. 03-26216 Filed 10-15-03; 8:45 am]

**BILLING CODE 4830-01-P**

**DEPARTMENT OF VETERANS AFFAIRS****38 CFR Part 17**

RIN 2900-AL49

**Copayments for Extended Care Services**

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Proposed rule.

**SUMMARY:** We propose to amend VA's medical regulations by modifying provisions regarding the methodology of computing copayments for extended care services provided to veterans. This proposal enhances the protection of veterans' spouses by not counting certain assets as available resources for computing these copayments. Other non-substantive changes are proposed for purposes of clarification.

**DATES:** Comments must be received on or before December 15, 2003.

**ADDRESSES:** Mail or hand-deliver written comments to: Director, Regulations Management (00REG1), Department of Veterans Affairs, 810 Vermont Ave., NW., Room 1068, Washington, DC 20420; or fax comments to (202) 273-9026; or e-mail comments to [OGCRegulations@mail.va.gov](mailto:OGCRegulations@mail.va.gov). Comments should indicate that they are submitted in response to "RIN 2900-AL49." All comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1063B, between the hours of 8 a.m. and 4:30 p.m., Monday through Friday (except holidays). Please call (202) 273-9515 for an appointment.

**FOR FURTHER INFORMATION CONTACT:** Donna Canada, Chief Business Office (161), at (202) 254-0324 and Daniel Schoeps, Geriatrics and Extended Care (114), at (202) 273-8540. Both are officials in the Veterans Health Administration, 810 Vermont Avenue NW., Washington, DC 20420. (These are not toll free numbers.)

**SUPPLEMENTARY INFORMATION:** We propose to amend VA's medical

regulations at 38 CFR 17.111 concerning the computation of copayments for extended care services provided to veterans either directly by VA or obtained by contract. These copayments were established under the Veterans Millennium Health Care and Benefits Act (Pub. L. 106-117) and codified at 38 U.S.C. 1710B(c).

This proposed rule enhances and clarifies the mechanism for calculating the copayment amount. The statute set forth at 38 U.S.C. 1710B(d)(2) provides:

The Secretary shall develop a methodology for establishing the amount of the copayment for which a veteran [receiving extended care services] is liable. That methodology shall provide for—

(A) establishing a maximum monthly copayment (based on all income and assets of the veteran and the spouse of such veteran);

(B) protecting the spouse of a veteran from financial hardship by not counting all of the income and assets of the veteran and spouse (in the case of a spouse who resides in the community) as available for determining the copayment obligation; and

(C) allowing the veteran to retain a monthly personal allowance.

Under the current rule, a veteran is obligated to pay the copayment only if the veteran and the veteran's spouse have available resources. Available resources means the sum of the value of the liquid assets, fixed assets, and income of the veteran and the veteran's spouse minus the sum of the veteran allowance and the spousal allowance. Liquid assets and fixed assets are included in the calculations only if the veteran has been receiving extended care services for 181 days or more. Expenses are included in the veterans allowance calculations only if the veteran has been receiving extended care services for 180 days or less, the veteran is receiving only adult day health care or other noninstitutional care, or the veteran has a spouse or dependent residing in the community who is not institutionalized. These formulas are designed to allow the veteran, the veteran's spouse, and the veteran's dependents minimum amenities while allowing them to retain some of their possessions to help them maintain, to a degree, their standard of living. Also, these formulas are intended to help ensure that veterans institutionalized for 180 days or less would have the means to return home if their medical condition permits.

The current regulation has different provisions on what is included in "available resources" depending on whether or not the veteran has been receiving extended care services for more than 180 days. We propose to clarify the provisions by which we

compute "available resources." So, for veterans who have been receiving extended care services for 180 days or less, we propose to determine their available resources by adding their income and the income of their spouse and then subtracting from that the sum of the veterans allowance, the spousal allowance, and expenses. For veterans who have been receiving extended care services for 181 days or more, we propose to determine their available resources by adding the value of their liquid assets, their fixed assets, and their income and the income of their spouse, minus the sum of the veterans allowance, the spousal allowance, the spousal resource protection amount, and (but only if the veteran is receiving noninstitutional care or the veteran has a spouse or a dependent residing in the community who is not institutionalized) expenses. We believe this will clarify what resources veterans have available for purposes of determining the appropriate copayment.

We also propose to clarify in the definition of "expenses" that expenses include (1) insurance premiums of the veteran and the veteran's spouse and dependents, and (2) personal property taxes, not just income taxes.

Further, in the definition of "liquid assets," we propose to exclude household and personal items such as furniture, clothing, and jewelry when the veteran's spouse or the veteran's dependents are living in the community or the veteran is receiving noninstitutional extended care services. Currently, household and personal items are included in liquid assets even if the veteran's spouse or dependents are living in the community or the veteran is receiving noninstitutional extended care services. This will further protect the veteran, spouse and dependents from financial hardship if they are living in the community.

VA Form 10-10EC, set forth in 38 CFR 17.111(g), currently requires including art, rare coins, stamp collections, and collectibles in liquid assets. We propose to refer to this requirement in the definition also.

Third, we propose to add at paragraph (d)(2)(vi) of § 17.111 a definition of "spousal resource protection amount" to permit a spouse to maintain some liquid assets while she lives in the community. This amount would equal the total value of the veteran and spouse's liquid assets up to \$89,280 if the spouse resides in the community (*i.e.*, is not institutionalized). We propose using this amount because at least 23 State Medicaid Programs use it to protect spouses' assets for Medicaid purposes. This amount would be

deducted from "available resources" if the veteran has been receiving extended care services for more than 180 days. This amount would not be deducted from "available resources" if the veteran has been receiving extended care services for 180 days or less because "liquid assets" are not included in "available resources" in that case.

Fourth, we propose to remove from the definition of "veterans allowance" the inclusion of expenses in certain situations because, as discussed above, we propose to include expenses in the computation of "available resources" contained in paragraph (d)(1) of § 17.111. We propose this change to simplify the methodology in determining "available resources."

Further, we propose to clarify in paragraph (d)(1) of § 17.111 that the income, assets, expenses and allowance of legally separated spouses are excluded from "available resources."

The current rule provides that, unless exempted, a veteran must report changes to the veteran or spouse's situation that would change the copayment obligation (*i.e.*, changes regarding fixed assets, liquid assets, expenses, income, or whether the veteran has a spouse or dependents residing in the community) to a VA medical facility within 10 days of the change. We propose to add a change in marital status to the list of items, which, if changed, would require the veteran to report to VA the change. A change in marital status might affect the copayment obligation and thus must be reported.

#### **Paperwork Reduction Act**

The Office of Management and Budget have approved the collections of information requirements related to this rulemaking proceeding under OMB control number 2900-0629.

#### **Unfunded Mandates**

The Unfunded Mandates Reform Act requires, at 2 U.S.C. 1532, that agencies prepare an assessment of anticipated costs and benefits before developing any rule that may result in an expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million or more in any given year. This proposed rule would have no such effect on State, local, or tribal governments, or the private sector.

#### **Executive Order 12866**

This regulatory amendment has been reviewed by the Office of Management and Budget under the provisions of Executive Order 12866, Regulatory Planning and Review, dated September 30, 1993.

#### **Regulatory Flexibility Act**

The Secretary hereby certifies that this regulatory amendment will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act (RFA), 5 U.S.C. 601-612. This amendment would not affect any small entities. Only individuals could be directly affected. Therefore, pursuant to 5 U.S.C. 605(b), this amendment is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

#### **Catalog of Federal Domestic Assistance Numbers**

The Catalog of Federal Domestic Assistance numbers for the programs affected by this document are 64.005, 64.007, 64.008, 64.009, 64.010, 64.011, 64.012, 64.013, 64.014, 64.015, 64.016, 64.018, 64.019, 64.022, and 64.025.

#### **List of Subjects in 38 CFR Part 17**

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Foreign relations, Government contracts, Grant programs-health, Grant programs-veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Philippines, Reporting and recordkeeping requirements, Scholarships and fellowships, Travel and transportation expenses, Veterans.

Approved: July 9, 2003.

**Anthony J. Principi,**

*Secretary of Veterans Affairs.*

For the reasons set out in the preamble, VA proposes to amend 38 CFR part 17 as set forth below:

#### **PART 17—MEDICAL**

1. The authority citation for part 17 continues to read as follows:

**Authority:** 38 U.S.C. 501, 1721, unless otherwise noted.

2. In § 17.111, paragraphs (d) through (g) and the authority citation at the end of the section are revised to read as follows:

#### **§ 17.111 Copayments for extended care services.**

\* \* \* \* \*

(d) *Effect of the veteran's financial resources on obligation to pay copayment.* (1) A veteran is obligated to pay the copayment to the extent the veteran and the veteran's spouse have available resources. For veterans who have been receiving extended care services for 180 days or less, their

available resources are the sum of the income of the veteran and the veteran's spouse, minus the sum of the veterans allowance, the spousal allowance, and expenses. For veterans who have been receiving extended care services for 181 days or more, their available resources are the sum of the value of the liquid assets, the fixed assets, and the income of the veteran and the veteran's spouse, minus the sum of the veterans allowance, the spousal allowance, the spousal resource protection amount, and (but only if the veteran is receiving noninstitutional care or the veteran has a spouse or a dependent residing in the community who is not institutionalized) expenses. When a veteran is legally separated from a spouse, available resources do not include spousal income, expenses, and assets or a spousal allowance.

(2) For purposes of determining available resources under this section:

(i) *Income* means current income (including, but not limited to, wages and income from a business (minus business expenses), bonuses, tips, severance pay, accrued benefits, cash gifts, inheritance amounts, interest income, standard dividend income from non tax deferred annuities, retirement income, pension income, unemployment payments, worker's compensation payments, black lung payments, tort settlement payments, social security payments, court mandated payments, payments from VA or any other Federal programs, and any other income). The amount of current income will be stated in frequency of receipt, *e.g.*, per week, per month.

(ii) *Expenses* means basic subsistence expenses, including current expenses for the following: rent/mortgage for primary residence; vehicle payment for one vehicle; food for veteran, veteran's spouse, and veteran's dependents; education for veteran, veteran's spouse, and veteran's dependents; court-ordered payments of veteran or veteran's spouse (*e.g.*, alimony, child-support); and including the average monthly expenses during the past year for the following: utilities and insurance for the primary residence; out-of-pocket medical care costs not otherwise covered by health insurance; health insurance premiums

for the veteran, veteran's spouse, and veteran's dependents; and taxes paid on income and personal property.

(iii) *Fixed Assets* means:

(A) Real property and other non-liquid assets; except that this does not include—

(1) Burial plots;

(2) A residence if the residence is:

(i) The primary residence of the veteran and the veteran is receiving only noninstitutional extended care service; or

(ii) The primary residence of the veteran's spouse or the veteran's dependents (if the veteran does not have a spouse) if the veteran is receiving institutional extended care service.

(3) A vehicle if the vehicle is:

(i) The vehicle of the veteran and the veteran is receiving only noninstitutional extended care service; or

(ii) The vehicle of the veteran's spouse or the veteran's dependents (if the veteran does not have a spouse) if the veteran is receiving institutional extended care service.

(iv) *Liquid assets* means cash, stocks, dividends received from IRA, 401K's and other tax deferred annuities, bonds, mutual funds, retirement accounts (*e.g.*, IRA, 401Ks, annuities), art, rare coins, stamp collections, and collectibles of the veteran, spouse, and dependents. This includes household and personal items (*e.g.*, furniture, clothing, and jewelry) except when the veteran's spouse or dependents are living in the community.

(v) *Spousal allowance* is an allowance of \$20 per day that is included only if the spouse resides in the community (not institutionalized).

(vi) *Spousal resource protection* amount means the value of liquid assets but not to exceed \$89,280 if the spouse is residing in the community (not institutionalized).

(vii) *Veterans allowance* is an allowance of \$20 per day.

(3) The maximum amount of a copayment for any month equals the copayment amount specified in paragraph (b)(1) of this section multiplied by the number of days in the month. The copayment for any month may be less than the amount specified in paragraph (b)(1) of this section if the

veteran provides information in accordance with this section to establish that the copayment should be reduced or eliminated.

(e) *Requirement to submit information.* (1) Unless exempted under paragraph (f) of this section, a veteran must submit to a VA medical facility a completed VA Form 10–10EC and documentation requested by the Form at the following times:

(i) At the time of initial request for an episode of extended care services;

(ii) At the time of request for extended care services after a break in provision of extended care services for more than 30 days; and

(iii) Each year at the time of submission to VA of VA Form 10–10EZ.

(2) When there are changes that might change the copayment obligation (*i.e.*, changes regarding marital status, fixed assets, liquid assets, expenses, income (when received), or whether the veteran has a spouse or dependents residing in the community), the veteran must report those changes to a VA medical facility within 10 days of the change.

(f) *Veterans and care that are not subject to the copayment requirements.* The following veterans and care are not subject to the copayment requirements of this section:

(1) A veteran with a compensable service-connected disability;

(2) A veteran whose annual income (determined under 38 U.S.C. 1503) is less than the amount in effect under 38 U.S.C. 1521(b);

(3) Care for a veteran's noncompensable zero percent service-connected disability;

(4) An episode of extended care services that began on or before November 30, 1999;

(5) Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Persian Gulf War veterans, or post-Persian Gulf War combat-exposed veterans;

(6) Care for treatment of sexual trauma as authorized under 38 U.S.C. 1720D; or

(7) Care or services authorized under 38 U.S.C. 1720E for certain veterans regarding cancer of the head or neck.

(g) VA Form 10–10EC.

<b>Department of Veterans Affairs</b>		<b>APPLICATION FOR EXTENDED CARE SERVICES</b>	
<b>SECTION I - GENERAL INFORMATION</b>			
1. VETERAN'S NAME (Last, First, MI)		2. SOCIAL SECURITY NUMBER	
<b>SECTION II - INSURANCE INFORMATION</b>			
<b>ANSWER YES OR NO WHERE APPLICABLE (OTHERWISE PROVIDE THE REQUESTED INFORMATION)</b>			
3. ARE YOU ELIGIBLE FOR MEDICAID?  <input type="checkbox"/> YES <input type="checkbox"/> NO		3A. ARE YOU ENROLLED IN MEDICARE PART A (Hospital Insurance)  <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. ARE YOU ENROLLED IN MEDICARE PART B (Medical Insurance)  <input type="checkbox"/> YES <input type="checkbox"/> NO		3B. EFFECTIVE DATE (If "Yes")	
		4A. EFFECTIVE DATE (If "Yes")	
		4B. MEDICARE CLAIM NUMBER (If applicable)	
5. ARE YOU COVERED BY HEALTH INSURANCE (including coverage through a spouse)? (If "YES", provide the following information for all insurance company(s) providing coverage to you.)  <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. NAME OF INSURANCE COMPANY		6A. ADDRESS OF INSURANCE COMPANY	
		6B. PHONE NUMBER OF INSURANCE COMPANY	
6C. NAME OF POLICY HOLDER		6D. RELATIONSHIP OF POLICY HOLDER	
		6E. POLICY NUMBER	
		6F. GROUP NAME AND/OR NUMBER	
7. NAME OF INSURANCE COMPANY		7A. ADDRESS OF INSURANCE COMPANY	
		7B. PHONE NUMBER OF INSURANCE COMPANY	
7C. NAME OF POLICY HOLDER		7D. RELATIONSHIP OF POLICY HOLDER	
		7E. POLICY NUMBER	
		7F. GROUP NAME AND/OR NUMBER	
8. NAME OF INSURANCE COMPANY		8A. ADDRESS OF INSURANCE COMPANY	
		8B. PHONE NUMBER OF INSURANCE COMPANY	
8C. NAME OF POLICY HOLDER		8D. RELATIONSHIP OF POLICY HOLDER	
		8E. POLICY NUMBER	
		8F. GROUP NAME AND/OR NUMBER	
<b>SECTION III - SPOUSE/DEPENDENT INFORMATION</b>			
9. CURRENT MARITAL STATUS (Check one)		9A. SPOUSE'S NAME (Last, First, MI)	
<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED			
<input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
9B. SPOUSE RESIDING IN THE COMMUNITY? (Provide address and phone number if different from veteran)  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)		9C. SPOUSE'S SOCIAL SECURITY NUMBER	
10. DEPENDENT'S NAME (Last, First, MI)		10A. DEPENDENT'S DATE OF BIRTH	
		10B. DEPENDENT'S SOCIAL SECURITY	
10C. DEPENDENT RESIDING IN THE COMMUNITY? (Provide address and phone number if different from veteran)  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			
11. DEPENDENT'S NAME (Last, First, MI)		11A. DEPENDENT'S DATE OF BIRTH	
		11B. DEPENDENT'S SOCIAL SECURITY	
11C. DEPENDENT RESIDING IN THE COMMUNITY? (Provide address and phone number if different from veteran)  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			
We need to collect information regarding income, assets and expenses for you and your spouse. If you do not wish to provide this information you must sign agreeing to make copayments and will be charged the maximum copayment amount for all services. See the top of page 2, read, sign and date.			

APPLICATION FOR EXTENDED CARE SERVICES, Continued		VETERAN'S NAME		SOCIAL SECURITY NUMBER	
I do not wish to provide my detailed financial information. I understand that I will be assessed the maximum copayment amount for extended care services and agree to pay the applicable VA copayment as required by law.					
SIGNATURE				DATE	
<b>SECTION IV - FIXED ASSETS (VETERAN AND SPOUSE)</b>				<b>VETERAN</b>	<b>SPOUSE</b>
1. Primary Residence ( <i>Market value minus mortgages or liens. Exclude if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community. If the veteran and spouse maintain separate residences, and the veteran is receiving institutional (inpatient) extended care services, include value of the veteran's primary residence.</i> )				\$	\$
2. Other Residences/Land/Farm or Ranch ( <i>Market value minus mortgages or liens. This would include a second home, vacation home, rental property.</i> )				\$	\$
3. Vehicle(s) ( <i>Value minus any outstanding lien. Exclude primary vehicle if veteran receiving only non-institutional extended care services or spouse or dependent residing in community. If the veteran and spouse maintain separate residences and vehicles, and the veteran is receiving institutional (inpatient) extended care services, include value of the veteran's primary vehicle.</i> )				\$	\$
<b>SECTION V - LIQUID ASSETS (VETERAN AND SPOUSE)</b>					
1. Cash, Amount in Bank Accounts ( <i>e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds.</i> )				\$	\$
2. Value of Other Liquid Assets ( <i>e.g., art, rare coins, stamp collections, collectibles</i> ) Minus the amount you owe on these items. <i>Exclude household effects, clothing, jewelry, and personal items if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community.</i>				\$	\$
<b>SUM OF ALL LINES FIXED AND LIQUID ASSETS</b>		<b>TOTAL ASSETS</b>		\$	\$
<b>SECTION VI - CURRENT GROSS INCOME OF VETERAN AND SPOUSE</b>					
<b>CATEGORY</b>		<b>VETERAN</b>		<b>SPOUSE</b>	
		<b>HOW MUCH</b>	<b>HOW OFTEN</b>	<b>HOW MUCH</b>	<b>HOW OFTEN</b>
1. Gross annual income from employment ( <i>e.g., wages, bonuses, tips, severances pay, accrued benefits</i> )		\$		\$	
2. Net income from your farm/ranch, property or business.		\$		\$	
3. List other income amounts ( <i>e.g., social security, Retirement and pension, interest, dividends</i> ) Refer to instructions.		\$		\$	
<b>SECTION VII - DEDUCTIBLE EXPENSES</b>					
<b>ITEMS</b>				<b>AMOUNT</b>	
1. Educational expenses of veteran, spouse or dependent ( <i>e.g., tuition, books, fees, material, etc.</i> )				\$	
2. Funeral and Burial ( <i>spouse or child, amount you paid for funeral and burial expenses, including prepaid arrangements</i> )				\$	
3. Rent/Mortgage ( <i>monthly amount or annual amount</i> )				\$	
4. Utilities ( <i>calculate by average monthly amounts over the past 12 months</i> )				\$	
5. Car Payment for one vehicle only ( <i>exclude gas, automobile insurance, parking fees, repairs</i> )				\$	
6. Food ( <i>for veteran, spouse and dependent</i> )				\$	
7. Non-reimbursed medical expenses paid by you or spouse ( <i>e.g., copayments for physicians, dentists, medications, Medicare, health insurance, hospital and nursing home expenses</i> )				\$	
8. Court-ordered payments ( <i>e.g., alimony, child support</i> )				\$	
9. Insurance ( <i>e.g., automobile insurance, homeowners insurance</i> ) Exclude Life Insurance				\$	
10. Taxes ( <i>e.g., personal property for home, automobile</i> ) Include average monthly expense for taxes paid on income over the past 12 months.				\$	
<b>TOTALS</b>				\$	
<b>SECTION VIII - CONSENT FOR ASSIGNMENT OF BENEFITS</b>					
I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records to the contractor of any health plan contract under which I am apparently eligible for medical care or payment of the expense of care or to any other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my medical care has been completed. I authorize payment of medical benefits to VA for any services for which payment is accepted.					
SIGNATURE				DATE	

<b>APPLICATION FOR EXTENDED CARE SERVICES, Continued</b>	VETERANS NAME	SOCIAL SECURITY NUMBER
<b>SECTION IX - CONSENT TO AGREEMENT TO MAKE COPAYMENTS</b>		
Completion of this form with signature of the Veteran or veteran's representative is certification that the veteran/representative has received a copy of the Privacy Act Statement and agrees to make appropriate copayments.		
I certify the foregoing statement(s) are true and correct to the best of my knowledge and belief and agree to make the applicable copayment for extended care services as required by law.		
SIGNATURE	DATE	
<b>SECTION X- PAPERWORK PRIVACY ACT INFORMATION</b>		
<p><b>The Paperwork Reduction Act of 1995</b> requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 90 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. If you have comments regarding this burden estimate or any other aspect of this collection, call 202.273.8247 for mailing information on where to send your comments.</p>		
<p><b>Privacy Act Information:</b> The VA is asking you to provide the information on this form under Title 38, United States Code, sections 1710, 1712, 1722 and 1729 in order for VA to determine your eligibility for extended care benefits and to establish financial eligibility, if applicable, when placed in extended care services. The information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.</p>		
ADDITIONAL COMMENTS:		

\* \* \* \* \*

(Authority: 38 U.S.C. 101(28), 501, 1701(7), 1710, 1710B, 1720B, 1720D, 1722A)

BILLING CODE 8320-01-P

[FR Doc. 03-26184 Filed 10-15-03; 8:45 am]

BILLING CODE 8320-01-C

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Parts 30, 31, 33, 35 and 40

[Docket ID No. OA-2002-0001; FRL-7575-4]

RIN 2020-AA39

### Public Hearings on Participation by Disadvantaged Business Enterprises in Procurement Under Environmental Protection Agency Financial Assistance Agreements

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule; public hearings.

**SUMMARY:** This document announces the dates and locations of Tribal and other public hearings wherein EPA will take comments on its proposed rule for "Participation by Disadvantaged Business Enterprises in Procurement under Environmental Protection Agency Financial Assistance Agreements," published on July 24, 2003, at 68 FR 43824. These Tribal and other public hearings will be held during the 180-day public comment period for the proposed rule, which ends on January 20, 2004. EPA will publish information concerning additional Tribal hearings during the comment period when that information becomes available.

**DATES:** The hearings are scheduled as follows:

1. October 23, 2003, 1:15 p.m. to 3:30 p.m., Temecula, CA
2. October 28, 2003, 9:30 a.m. to 5 p.m., San Juan, PR
3. October 30, 2003, 8:30 a.m. to 5 p.m., St. Thomas, VI

**ADDRESSES:** The hearings will be held at the following locations:

1. Pechanga Resort and Casino, 45000 Pechanga Parkway, Temecula, California 92592.
2. Inter American University of PR, Central Office of the System, 399 Galileo Street—End, Jardines Metropolitanos, Rio Piedras, San Juan, PR 00927.
3. Ron De Lugo Federal Building, 5500 Veteran's Drive, St. Thomas, VI 00802.

**FOR FURTHER INFORMATION CONTACT:**

Mark Gordon, Attorney Advisor, at (202) 564-5951, Kimberly Patrick, Attorney

Advisor, at (202) 564-5386, or David Sutton, Deputy Director, at (202) 564-4444, Office of Small and Disadvantaged Business Utilization, U.S. Environmental Protection Agency, Mail Code 1230A, Ariel Rios Building, 1200 Pennsylvania Avenue, NW., Washington, DC 20460.

**SUPPLEMENTARY INFORMATION:** EPA published its proposed rule for Participation by Disadvantaged Business Enterprises in Procurement under Environmental Protection Agency (EPA) Financial Assistance Agreements on July 24, 2003 at 68 FR 43824. EPA has established an official public docket for this action under Docket ID No. OA-2002-0001. The proposed rule and supporting materials are available for public viewing at the Office of Environmental Information Docket in the EPA Docket Center (EPA/DC), EPA West, Room B102, 1301 Constitution Ave., NW., Washington, DC. The EPA Docket Center Public Reading Room is open from 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The telephone number for the Reading Room is (202) 566-1744, and the telephone number for the Office of Environmental Information is (202) 566-1752. An electronic version of the public docket is available through EPA's electronic public docket and comment systems, EPA Dockets. You may use EPA Dockets at <http://www.epa.gov/edocket> to submit or view public comments, access the index listing of the contents of the official public docket, and to access those documents in the public docket that are available electronically. Once in the system, select "search," and then key in docket identification number OA-2002-0001. You may access this **Federal Register** document electronically through the EPA Internet under the **Federal Register** listings at <http://www.epa.gov/fedrgstr>.

Dated: October 10, 2003.

**Thomas J. Gibson,**  
Chief of Staff.

[FR Doc. 03-26190 Filed 10-15-03; 8:45 am]

BILLING CODE 6560-50-P

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 271

[FRL-7574-9]

### West Virginia: Final Authorization of State Hazardous Waste Management Program Revision

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** West Virginia has applied to EPA for final authorization of the changes to its hazardous waste program under the Resource Conservation and Recovery Act (RCRA). EPA proposes to grant final authorization to West Virginia. In the "Rules and Regulations" section of this **Federal Register**, EPA is authorizing the changes by an immediate final rule. EPA did not make a proposal prior to the immediate final rule because we believe this action is not controversial and do not expect comments that oppose it. We have explained the reasons for this authorization in the preamble to the immediate final rule. Unless we receive written comments which oppose this authorization during the comment period, the immediate final rule will become effective on the date it establishes, and we will not take further action on this proposal. However, if we receive comments that oppose this action, or portions thereof, we will withdraw the relevant portions of the immediate final rule, and they will not take effect. We will then respond to public comments in a later final rule based on this proposal. You may not have another opportunity for comment. If you want to comment on this action, you must do so at this time.

**DATES:** Send your written comments by November 14, 2003.

**ADDRESSES:** Send written comments to Lillie Ellerbe, Mailcode 3WC21, RCRA State programs Branch, U.S. EPA Region III, 1650 Arch Street, Philadelphia, PA 19103, Phone number: (215) 814-5454. Comments may also be submitted electronically to [ellerbe.lillie@epa.gov](mailto:ellerbe.lillie@epa.gov), or by facsimile at (215) 814-3163. Comments in electronic format should identify this specific notice. You may inspect and copy West Virginia's application from 8 a.m. to 4:30 p.m. at the following locations: West Virginia Department of Environmental Protection, Division of Water and Waste Management, 1356 Hansford Street, Charleston, WV 25301-1401, Phone number: (304) 558-4253, attn: Carroll Cather or EPA Region III, Library, 2nd Floor, 1650 Arch Street, Philadelphia, PA 19103-2029, Phone Number: (215) 814-5254.

**FOR FURTHER INFORMATION CONTACT:**

Lillie Ellerbe, Mailcode 3WC21, RCRA State Programs Branch, U.S. EPA Region III, 1650 Arch Street, Philadelphia, PA 19103, Phone Number: (215) 814-5454.

**SUPPLEMENTARY INFORMATION:** For additional information, please see the immediate final rule published in the "Rules and Regulations" section of this **Federal Register**.