FOR FURTHER INFORMATION CONTACT: Patricia Norris, Communications Director, National Bioethics Advisory Commission, MSC–7508, 6100 Executive Boulevard, Suite 3C01, Rockville, Maryland 20892–7508, telephone 301–402–4242, fax number 301–480–6900.

Dated: December 20, 1996.

Philip R. Lee,

Assistant Secretary for Health.

[FR Doc. 96–33091 Filed 12–27–96; 8:45 am]

BILLING CODE 4160–17–M

Health Care Financing Administration

[HCFA–R–187]

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

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; *Title of Information Collection:* National Provider System(NPS); *Form No.:* HCFA–R–187; *Use:* HHS is consolidating provider enumeration across programs. The NPS will be used in program operations and management to assign provider identification numbers, i.e., billing numbers for claims processing and payment. It will replace the current Medicare Physician and eligibility System (MPIES) and UPIN; it will replace the enumeration functions of the Medicare OSCAR, CLIA, and NSC provider numbering systems. *Frequency:* On occasion; *Affected Public:* Federal Government, State, Local or Tribal Government, Individuals or Households, Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 88; *Total Annual Hours:* 23,000.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http://www.hcfa.gov/regs/prdact95.htm, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: December 12, 1996.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96–33150 Filed 12–27–96; 8:45 am]

BILLING CODE 4120–03–P

Medicaid Bureau; Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Health Care Financing Administration (HCFA), (Federal Register, Vol. 59, No. 60, pp. 14628–14662, dated Tuesday, March 29, 1994, and Federal Register, Vol. 59, No. 132, pg. 35528, dated Tuesday, July 12, 1994) is amended to reflect changes to the subordinate structure within HCFA's Medicaid Bureau.

The Medicaid Bureau is streamlining their organization by abolishing its current substructure and creating a new organization comprised of six offices with no subordinate levels. The offices are functionally grouped to support services provided to specific Medicaid Bureau customers. Within the new structure operational and policy functions are no longer separated but are combined in each office.

The specific amendments to Part F are described below:

- Section F.10.A.5. (Organization) is amended to read as follows:

5. Medicaid Bureau (FAB)

a. Office of Long Term Care Services (FAB4)

b. Office of Medical Services (FAB5)

c. Office of Beneficiary Services (FAB6)

d. Office of Financial Services (FAB7)

e. Office of Information Systems and Data Analysis (FAB8)

f. Office of Program and Organizational Services (FAB9)

- Section F.20.A.5. (Functions) is amended to read as follows:

a. Office of Long Term Care Services (FAB4)

- Formulates, evaluates, and prepares policies, specifications for regulations, instructions, preprints, and procedures related to Medicaid payment and coverage policy for continuing and long-term care.
- Provides oversight of planning, development, implementation, and monitoring of Medicaid program operations in regional offices and State Medicaid agencies related to the provision and payment for continuing and long-term care, both institutional and non-institutional.
- Reviews State Plan Amendments related to continuing and long-term care, provides consultation to regional offices, and makes recommendations for approval and disapproval.
- Oversees and coordinates the assessment process for the operational implementation of the Medicaid program for continuing and long-term care under State plans and home and community-based services waivers.
- Provides ongoing policy and operational support, in concert with the Office of Research and Demonstrations, for Section 1115 demonstrations in continuing and long-term care.
- Provides authoritative interpretation of Medicaid coverage and payment policy for continuing and long-term care for providers, Regional Offices, State governments, Congressional Staffs, other agencies of the Federal government, interest groups and the general public.
- Develops, evaluates, and reviews policies and operational implementation of the entire range of continuing and long-term care services under Medicaid including all institutional and non-institutional sources of care, including: home and community-based services including waivers and State plan issues, nursing facilities, intermediate care facilities for persons with mental retardation/developmental disabilities, psychiatric services for persons under age 21, hospice, home health, personal care, private duty nursing, habilitation, rehabilitation, physical therapy, occupational therapy, respiratory therapy, speech therapy, language and hearing services, residential treatment