1. The statutory citation for part 483 is revised to read as follows:

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

**§ 483.1 [Amended]**

2. In § 483.1, the following changes are made:
   a. The heading of paragraph (a) is revised to read: "Statutory basis.".
   b. Paragraph (a)(2) is redesignated as paragraph (a)(3) and a new paragraph (a)(2) is added to read as follows:

**§ 483.1 Basis and scope.**

(a) Statutory basis. * * *

(2) Section 1861(l) of the Act requires the facility to have in effect a transfer agreement with a hospital.

**§ 483.150 [Amended]**

3. In § 483.150, the following changes are made:
   a. The section heading is revised to read as set forth below.
   b. Paragraphs (a) and (b) are redesignated as paragraphs (b) and (c) with the headings added as set forth below.
   c. A new paragraph (a) is added to read as set forth below.

**§ 483.150 Statutory basis; Deemed meeting or waiver of requirements.**

(a) Statutory basis. This subpart is based on sections 1819(b)(5) and 1919(b)(5) of the Act, which establish standards for training nurse aides and for evaluating their competency.

(b) Deemed meeting of requirements. * * *

(c) Waiver of requirements. * * *

4. Section 483.200 is revised to read as follows:

**§ 483.200 Statutory basis.**

This subpart is based on sections 1819(e)(3) and 1919(e)(3) and (f)(3) of the Act, which require States to make available to those who are discharged or transferred from SNFs or NPs, an appeals process that complies with guidelines issued by the Secretary.

PART 484—CONDITIONS OF PARTICIPATION: HOME HEALTH AGENCIES

M. Part 484 is amended as set forth below.

1. Section 484.1 is revised to read as follows:

**§ 484.1 Basis and scope.**

(a) Basis and scope. This part is based on the indicated provisions of the following sections of the Act:

(1) Sections 1861(o) and 1891 establish the conditions that an HHA must meet in order to participate in Medicare.

(2) Section 1861(z) specifies the institutional planning standards that HHAs must meet.

(b) This part also sets forth additional requirements that are necessary to ensure the health and safety of patients.

PART 488—SURVEY AND CERTIFICATION PROCEDURES

N. Part 488 is amended as set forth below.

1. The authority citation for part 488 is revised to read as follows:

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

2. A new § 488.2 is added to read as follows:

**§ 488.2 Statutory basis.**

This part is based on the indicated provisions of the following sections of the Act:

1128—Exclusion of entities from participation in Medicare.

1128A—Civil money penalties.

1814—Conditions for, and limitations on, payment for Part A services.

1819—Requirements for SNFs.

1861(f)–Requirements for psychiatric hospitals.

1861(l)–Institutional planning standards that hospitals and SNFs must meet.

1861(ee)–Discharge planning guidelines for hospitals.

1864—Use of State survey agencies.

1865—Effect of accreditation.

1880—Requirements for hospitals and SNFs of the Indian Health Service.

1883—Requirements for hospitals that provide SNF care.

1902—Requirements for participation in the Medicaid program.

1913—Medicaid requirements for hospitals that provide NF care.

1919—Medicaid requirements for NFs.

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


Bruce C. Vladeck,
Administrator, Health Care Financing Administration.

[FR Doc. 95–24382 Filed 9–28–95; 8:45 am]

BILLING CODE 4120–01–P

42 CFR Part 400

[OFH–018–F]

Medicare and Medicaid Programs; Approved Information Collection Requirements

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

ACTION: Technical final rule.

SUMMARY: This technical final rule updates our display of approved control numbers for the collection of information that have been assigned to us by the Office of Management and Budget (OMB). OMB regulations require each agency to include the approval numbers in the agency’s rules.

EFFECTIVE DATE: This regulation is effective September 29, 1995.

FOR FURTHER INFORMATION CONTACT: Zaneta Davis, 410–786–2094.

SUPPLEMENTARY INFORMATION:

I. Background

The Paperwork Reduction Act of 1980 (PRA 1980), Public Law 90–620, Title 44 U.S.C. Chapter 35, requires Federal agencies to minimize burden and costs associated with information collection. The Director of the Office of Management and Budget (OMB) promulgated regulations to implement the provisions of PRA 1980 at 5 CFR Part 1320. The OMB regulations include a requirement that Federal agencies obtain OMB approval of collection of information requirements that are contained in any regulations published by the agencies in the Federal Register. After approval of the information collection by OMB, Federal agencies are further required to publish the control number assigned by OMB as part of the agency’s regulations. To comply with the OMB requirement and as a means of notifying the public that our information collection requirements have been approved, we have established a general regulation under 42 CFR 400.310 to display the valid OMB control numbers and the applicable regulation sections. We routinely update § 400.310 to add sections that have been approved by OMB, delete sections that are no longer in effect, or redesignate approved sections.

II. Provisions of the Rule

We are revising § 400.310, which sets forth our display of valid OMB control numbers for 42 CFR.

Additions

We have identified below the sections we are adding to § 400.310 because they have been approved by OMB.
Deletions

We are deleting § 417.433 from § 400.310 because it was added in error. The OMB approval number 0938–0610 had been assigned to sections that appeared in parts 417 and 431 and are correctly identified in § 400.310.

Redesignations

Several regulation sections that were previously approved by OMB were subsequently redesignated under other sections and are listed below.

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<th>Sections in 42 CFR that contain collections of information</th>
<th>Current OMB control No.</th>
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For the convenience of the reader, we are presenting the entire updated display of all OMB approval numbers in this section.

### III. Regulatory Impact Statement

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless we certify that a final rule will not have a significant economic impact on a substantial number of small entities.

In addition, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the Regulatory Flexibility Act. For purposes of section 1102(b) of the Social Security Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

As noted above, this regulation is technical in nature and merely updates the display of currently valid control numbers assigned by the OMB to collections of information contained in our regulations. Therefore, we certify, that this final rule will not result in a
significant economic impact on a substantial number of small entities and will not have a significant economic impact on the operations of a substantial number of small rural hospitals.

Accordingly, we are not preparing analyses for either the Regulatory Flexibility Act or section 1102(b) of the Social Security Act.

IV. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a general notice of proposed rulemaking in the Federal Register, and invite public comment on the proposed rule. The proposed rule includes a reference to the legal authority under which the rule is proposed, and a description of the subjects and issues involved. In addition, section 1871 of the Social Security Act generally requires a 60-day public comment period. However, this procedure can be waived when an agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and its reasons in the rule issued.

We routinely publish a notice in the Federal Register when an information collection requirement clearance request that is identified in a rule or notice is submitted to OMB and the public is offered an opportunity to comment. This regulation is technical in nature and merely updates the display of OMB-assigned control numbers of approved collection of information requirements contained in our regulations. Therefore, it would be redundant and provide an unnecessary delay to solicit comments on this display of the approved OMB control numbers.

For the above reasons, we find good cause to waive both proposed notice and comment rulemaking procedure and a delay in the effective date as impracticable, unnecessary, and contrary to the public interest. Under these circumstances publication of the correct up-to-date rules without further delay best serves those governed by these regulations.

List of Subjects in 42 CFR Part 400

Grant program—health, Health facilities, Health maintenance organizations (HMOs), Medicaid, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 400 is amended as set forth below.

PART 400—INTRODUCTION; DEFINITIONS

1. The authority citation for part 400 continues to read as follows:

Authority: Sections 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395h) and 42 U.S.C. Chapter 35.

2. Section 400.310 is revised to read as follows:

§400.310 Display of currently valid OMB control numbers.

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Sections in 42 CFR that contain collections of information

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Current OMB control Nos.
42 CFR Parts 485 and 486
[BPD–836–FC]

Medicare Program—Providers and Suppliers of Specialized Services: Technical Amendments

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

ACTION: Final rule with comment period.

SUMMARY: This rule makes editorial and clarifying changes in the regulations that pertain to providers and suppliers of specialized services. It also adds a new subpart A to those that pertain to suppliers. These changes are purely technical and have no substantive effect on the Medicare program.

DATES: Effective date: This rule is effective as of September 27, 1991. Comment date: We will consider comments received by November 28, 1995.

ADDRESSES: Please mail original and 3 copies of your comments to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–836–FC, P.O. Box 26676, Baltimore, MD 21207.

If you prefer, you may deliver original and 3 copies of your comments to either of the following addresses:

Room 309–G, 200 Independence Avenue, SW, Washington, DC 20201
Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850

Due to staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–836–FC.

Written comments received timely will be available for public inspection as they are received, generally beginning approximately three weeks after publication of the document, in room 309G of the Department's offices at 200 Independence Avenue, SW, Washington, DC, Monday through Friday, from 8:30 a.m. to 5 p.m. (Phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT:
Luisa V. Iglesias, (202) 690–6383.

SUPPLEMENTAL INFORMATION:
On January 9, 1995, we published a technical regulation identified as BPD–798–FC (at 60 FR 2325) to reorganize the HCFA regulations that pertain to specialized services. The rules that pertain to specialized services furnished by providers were redesignated under part 485, and the rules that pertain to specialized services furnished by suppliers were redesigned under a new part 486. As explained in the preamble to BPD–798–FC, regulations on mammography services were relocated to part 486 because they were in the process of undergoing substantive changes.

No comments were received on the January 9 publication. However, for reasons indicated below, we need to make changes in parts 485 and 486. The final rules on OPOs have been delayed. To ensure that in the October 1, 1995 edition of the Code of Federal Regulations the current rules on OPOs (which are not providers) appear in the appropriate part, we are redesignating them as subpart G of part 486.

The rules on mammographies have been redesignated under § 410.34 of the HCFA regulations and that section specifies that certain Food and Drug Administration rules also apply.

We are adding a new “Basis and scope” section to part 486. One purpose of the new section is to inform the reader of where the conditions for coverage for other specialized services furnished by suppliers are to be found.

This rule also:
• Clarifies and simplifies 3 definitions in part 485;
• Provides uniform heading format for all sections of redesignated subpart G and revises some of those headings; and
• Corrects internal cross-references as required by the redesignations.

Collection of Information Requirements
This rule contains no new information collection requirements subject to review by the Office of Management and Budget under the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.).

Waiver of Proposed Rulemaking and Delayed Effective Date
The changes made by this rule are purely technical and editorial and have no substantive impact. Accordingly, we find that there is good cause to waive proposed rulemaking procedures as unnecessary.

In addition, it is important, for the convenience of the public, that these changes be effective as of October 1, 1995, so that they will appear in the 1995 edition of the Code of Federal Regulations on which the public relies. Accordingly, we find that there is also good cause to waive the usual 30-day delay in the effective date.

Response to Comments
Although this is a final rule, we will consider timely comments from anyone who believes that, in making the technical and editorial changes, we have unintentionally changed the substance of the regulations. Although we cannot respond to comments individually, if we revise this rule as a result of comments, we will discuss all timely comments in the preamble to the revised rule.

Regulatory Impact Statement
Consistent with the Regulatory Flexibility Act (RFA) and section 1102(b) of the Social Security Act, we prepare a regulatory flexibility analysis for each rule unless we can certify that the particular rule will not have a significant economic impact on a substantial number of small entities or a significant impact on the operation of a substantial number of small rural hospitals.

The RFA defines “small entity” as a small business, a nonprofit enterprise, or a governmental jurisdiction (such as a county, city, or township) with a population of less than 50,000. We also...