

Research (HFT-10), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-6696, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12560. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will conduct a review and comment on the scope of work for the sixth and final round of examinations of the Air Force Health Study.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by October 9, 2000. Oral presentations from the public will be scheduled on October 20, 2000, between approximately 11 a.m. to 12 noon. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before October 9, 2000, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: September 14, 2000.

Linda A. Suydam,

Senior Associate Commissioner.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-193]

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: Revision of a currently approved collection;

Title of Information Collection: "Important Message From Medicare" Title XVIII Section 1866(a)(1)(M) and Supporting Regulations in 42 CFR 466.78, 489.20, 489.34, 411.404, 412.42, 417.440, 422.620, and 489.27;

Form No.: HCFA-R-193 (OMB# 0938-0692);

Use: Hospitals participating in the Medicare program have agreed to distribute "Important Message About Medicare Rights: Admission, Discharge, & Appeals" to beneficiaries during the course of their hospital stay and inform them of their impending discharge. Receiving this information will provide all Medicare beneficiaries with some ability to participate and/or initiate discussions concerning actions that may affect their Medicare coverage, payment, and appeal rights in response to hospital notification that their care will no longer continue;

Frequency: Other: As needed;

Affected Public: Individuals or Households, Business or other for-profit, Not-for-profit institutions, Federal Government, and State, Local or Tribal Government;

Number of Respondents: 6,293;

Total Annual Responses: 11,000,000;

Total Annual Hours: 8,250,000.

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 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 OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydtt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: September 15, 2000.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA-R-0296]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Health Care Financing Administration, HHS.

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, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this 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.

We are, however, requesting an emergency review of the information collections referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR, Part 1320. This is necessary to ensure compliance with section 1895(a) of the Social Security Act, which requires us to implement the prospective payment system by October 1; the notice for which we are requesting approval must be ready to be disclosed, in accordance with section 1879 of the Act, at the same

time. We cannot reasonably comply with the normal clearance procedures because of the statutory deadline.

HCFA is requesting emergency OMB review and approval of this collection by October 12, 2000, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by October 11, 2000. During this 180-day period, we will publish a separate **Federal Register** notice announcing the initiation of an extensive 60-day agency review and public comment period on these requirements. We will submit the requirements for OMB review and an extension of this emergency approval.

Type of Information Request: Revision of a currently approved collection.

Title of Information Collection: Home Health Advanced Beneficiary Notices of Liability.

HCFA Form Number: HCFA-R-0296 (OMB approval #: 0938-0781).

Use: Home health agencies must provide proper written notice to Medicare beneficiaries in advance of furnishing what the agencies believe to be noncovered care or of reducing or terminating ongoing care. Beneficiaries have, and will continue to have a right to obtain a Medicare initial determination through the demand bill process, with all attendant appeal rights.

Frequency: On occasion.

Affected Public: Not-for-profit institutions, Business or other for-profit.

Number of Respondents: 8,200.

Total Annual Responses: 180,000.

Total Annual Burden Hours: 30,000.

We have submitted a copy of this notice to OMB for its review of these information collections. A notice will be published in the **Federal Register** when approval is obtained.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below, by October 11, 2000.

Health Care Financing Administration, Office of Information Services, Security and Standards Group,

Division of HCFA Enterprise Standards, Room N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850. Fax Number: (410) 786-0262, Attn: Julie Brown HCFA-R-296 and,

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167, Attn: Wendy Taylor, HCFA Desk Officer.

Dated: September 22, 2000.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 00-24802 Filed 9-22-00; 2:32 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project

Providers Survey in the Aging, Mental Health/Substance Abuse and Primary Care Program—(New)—The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), in

collaboration with the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT), the Department of Veterans Affairs (VA), the Health Care Financing Administration (HCFA), and the Health Resources and Services Administration (HRSA), plans to conduct a survey of the service providers in the Aging, Mental Health/Substance Abuse and Primary Care Program. The purpose of this program is to evaluate alternative models of delivering and financing mental health and/or substance abuse services for older adults through primary health care. We hope to identify differences in outcomes between models referring to specialty mental health/substance abuse (MH/SA) services outside the primary care setting (Referral Model) and those providing such services within the primary care setting itself (Integrated Model).

SAMHSA is funding the Coordinating Center at the Harvard Medical School and six Study Sites, three of which are also HRSA Community Health Centers and receive additional service enhancement funding from HRSA. Furthermore, the VA is funding a Coordinating Center at the Miami VAMC and another five VA Study Sites, following the same protocol, making a total of 11 Study Sites, in 8 States throughout the country. In the intervention, over 50,000 individuals over age 65 are expected to be screened in primary care settings for mental health and substance abuse problems; those in need will receive treatment in either the referral model or the integrated model.

Specifically, the primary purpose of the Aging, MH/SA and Primary Care Program is to specify the conditions under which integrated and referral models are most effective in terms of access, adherence, consumer outcomes, and system outcomes. The multi-site study will focus on the impact of the treatment models on older adults with depression, anxiety, alcoholism, and alcohol abuse with other drugs, and combinations of the above disorders. It highlights prevention, early identification, early intervention, and brief treatment components of service models; it incorporates a consumer-oriented approach throughout all phases of the study, and cultural competence in all study instruments and methods for a variety of ethnic older populations. This study will seek to expand our knowledge, using the most rigorous available scientific methods available, by measuring the relative effectiveness of service models.