

Dated: February 29, 1996.  
 William K. Hubbard,  
*Associate Commissioner for Policy  
 Coordination.*  
 [FR Doc. 96-5584 Filed 3-5-96; 3:44 pm]  
 BILLING CODE 4160-01-F

## Health Care Financing Administration

### Agency Information Collection Activities: Proposed Collection; Comment Request

**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 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:* Hospital and Hospital Healthcare Complex Cost Report; *Form No.:* HCFA-2552-96; *Use:* This form is required by statute and regulation for participation in the Medicare program. The information is used to determine final payment for Medicare. Hospitals and related complexes are the main users. *Frequency:* Annually; *Affected Public:* Business or other for-profit, Not-for profit institutions, and State, local or tribal government; *Number of Respondents:* 7,000; *Total Annual Responses:* 7,000; *Total Annual Hours Requested:* 4,599,000. To request copies of the proposed paperwork collections referenced above, call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human

Resources, Management Planning and Analysis Staff, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 29, 1996.  
 Kathleen B. Larson,  
*Director, Management Planning and Analysis  
 Staff, Office of Financial and Human  
 Resources.*  
 [FR Doc. 96-5347 Filed 3-6-96; 8:45 am]  
 BILLING CODE 4120-03-P

## Health Resources and Services Administration

### Special Projects of National Significance, Evaluation Technical Assistance Center; Correction

**AGENCY:** Health Resources and Services Administration, HHS.  
**ACTION:** Correction.

**SUMMARY:** The Notice of Availability of Funds, Special Projects of National Significance, Evaluation Technical Assistance Center, which was published on February 28, 1996, at 61 FR 7527, is corrected to include the following:

#### Eligible Applicants

The statute, Section 2618(a)(1), specifies that grants may be awarded to public and non-profit entities to develop models of care for the treatment of people with HIV infection and disease. Eligible entities may include, but are not limited to, State, local, or tribal public health, mental health, or substance abuse departments; public or non-profit hospitals and medical facilities; community-based service organizations (e.g., AIDS service organizations, primary health care clinics, family planning centers, AIDS discrimination and advocacy organizations, hemophilia centers, community health or mental health centers, substance abuse treatment centers, urban and tribal Indian health centers or facilities, migrant health centers, etc.); institutions of higher education; and national service provider and/or policy development associations/organizations.

Dated: March 1, 1996.  
 John D. Mahoney,  
*Acting Administrator.*  
 [FR Doc. 96-5293 Filed 3-6-96; 8:45 am]  
 BILLING CODE 4160-15-P

## Special Projects of National Significance; Integrated Service Delivery Models

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Correction.

**SUMMARY:** The Notice of Availability of Funds, Special Projects of National Significance, Integrated Service Delivery Models, which was published on February 28, 1996, at 61 FR 7525, is corrected to include the following:

#### Eligible Applicants

The statute, Section 2618(a)(1), specifies that grants may be awarded to public and non-profit entities to develop models of care for the treatment of people with HIV infection and disease. Eligible entities may include, but are not limited to, State, local, or tribal public health, mental health, housing, or substance abuse departments; public or non-profit hospitals and medical facilities; community-based service organizations (e.g., AIDS service organizations, primary health care clinics, family planning centers, AIDS discrimination and advocacy organizations, homeless assistance providers, hemophilia centers, community health or mental health centers, substance abuse treatment centers, urban and tribal Indian health centers or facilities, migrant health centers, etc.); institutions of higher education; and national service provider and/or policy development associations/organizations.

Dated: March 1, 1996.  
 John D. Mahoney,  
*Acting Administrator.*  
 [FR Doc. 96-5294 Filed 3-6-96; 8:45 am]  
 BILLING CODE 4160-15-P

## Special Projects of National Significance; Health Care Services Demonstration Models for Youth Infected With HIV

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces the availability of \$1,900,000 in fiscal year (FY) 1996 funds to be awarded under the Special Projects of National Significance (SPNS) program. HRSA expects to award three to five grants for approximately \$380,000 - \$633,000 each for a three year project period for Health Care Services Demonstration Models for Youth Infected with HIV. The SPNS program is authorized by Section 2618 (a) of the Public Health Service Act. This announcement solicits innovative services demonstration models of providing health and related support services for youth with HIV infection.

An HIV Evaluation Technical Assistance Center and SPNS Models of Integrated Service Delivery for Persons with HIV Disease are being solicited under separate announcements. The HIV Evaluation Technical Assistance Center will provide technical assistance to SPNS grantees in the design and implementation of evaluation studies and dissemination activities for individual projects and develop and coordinate the implementation of any multi-site evaluations.

Eligible projects include those serving pediatric and adolescent populations from 0–20 years of age. Care should include age-appropriate services for HIV testing and counseling. Models of care which target hard-to-reach youth, such as those who are/were clients of the criminal justice system, drug users, homeless or runaway youth, pregnant teenagers, are encouraged. Projects directed towards perinatally HIV infected youth and older children who face the psychosocial changes of adolescence also are encouraged.

Service models created or expanded through the projects should incorporate innovative health, nursing, and ancillary care services (such as mental health and substance abuse treatment) to improve participation by youth in HIV counseling and testing, diagnosis, prophylaxis, and treatment of manifestations and complications of HIV infection and AIDS, including: a) antiretroviral therapy to children and youth, and b) prophylactic therapy for opportunistic infections for children and youth, including tuberculosis. Models of care should determine: the spectrum of HIV disease among treated and untreated children/adolescents (upon entry into care), the progression of HIV disease among children/adolescents, physical growth and development, adherence to antiretroviral treatment and PCP prophylaxis, and the impact of the model of care upon these parameters longitudinally. By definition, these service models will go beyond the service configurations currently funded by Title IV or other Titles of the Ryan White CARE Act.

The SPNS program is designed to demonstrate and evaluate innovative and replicable HIV service delivery models. The authorizing legislation specifies three SPNS program objectives: (1) to support the development of innovative models of HIV care; (2) to evaluate the effectiveness of innovative program designs; and (3) to promote replication of effective models. Therefore, crucial factors in appraising proposals for the health care services demonstration

models will include, among other factors, the degree to which the applicant's plan for conducting an evaluation of the model includes: (1) client health outcomes, such as stabilization of CD4 counts, adherence to antiretroviral therapy and PCP prophylaxis, delaying the progression to AIDS, and quality of life; (2) systems outcomes, such as regular/routine provision of HIV counseling and testing services to youth at risk, documentation of maintenance in primary care, adherence to published disease treatment and prophylaxis guidelines (including PHS recommendations for treatment of HIV infected pregnant women and youth with zidovudine to reduce perinatal HIV transmission), and avoidance of inappropriate inpatient hospital and emergency room care through innovative service strategies; (3) the applicant's evidence of ability to incorporate experienced evaluators and medical providers with HIV/AIDS expertise into the project or the applicant's history of successfully conducting process and outcomes evaluation activities; (4) the program's potential to improve access to and coordination of high quality HIV service delivery; and (5) a plan for disseminating findings about the model's effectiveness.

**DATES:** *Letter of Intent:* To allow HRSA to plan for the Objective Review Process, all applicants are encouraged to contact the grants office in writing to Ms. Glenna Wilcom, Grants Management Branch, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7–15, Rockville, MD 20857. If notification is offered, it should be received within 30 days after the publication of the Notice of Availability of Funds in the Federal Register.

**Applications:** Applications must be received in the Grants Management Office by the close of business May 6, 1996 to be considered for competition. Applications will meet the deadline if they are either (1) received on or before the deadline date or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legibly dated receipt from a commercial carrier or U.S. Postal Service will be accepted instead of a postmark. Private metered postmarks shall not be accepted as proof of timely mailing. Applications received after the deadline will be returned.

**ADDRESSES:** Grant applications, guidance materials, and additional information regarding business, administrative, and fiscal issues related

to the awarding of grants under this Notice may be requested from Ms. Glenna Wilcom, Grants Management Officer, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7–15, Rockville, MD 20857. The telephone number is (301) 443–2280 and the FAX number is (301) 594–6096. Applicants for grants will use Form PHS 5161–1, approved under OMB Control No. 0937–0189. Mail completed applications to the Grants Management Officer.

**FOR FURTHER INFORMATION CONTACT:** Additional technical information may be obtained from Evelyn M. Rodriguez M.D., M.P.H., Office of the Director, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7–13, Rockville, MD 20857. The telephone number is (301) 443–9530 and the FAX number is (301) 443–9645. Questions concerning the HIV Evaluation Technical Assistance Center and the Models of Integrated Service Delivery for Persons with HIV Disease may be directed to the SPNS Branch, Office of Science and Epidemiology, Bureau of Health Resources Development, Health Resources and Services Administration, 5600 Fishers Lane, Room 7A–07, Rockville, MD 20857. The telephone number is (301) 443–9976 and the FAX number is (301) 594–2511.

#### Healthy People 2000 Objectives

The Public Health Service urges applicants to address a specific objective of the *Healthy People 2000* in their work plans. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock No. 017–001–00473–0) or *Healthy People 2000* (Summary Report; Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325 (Telephone: (202) 783–3238).

#### SUPPLEMENTARY INFORMATION:

##### Background and Objectives

The SPNS program endeavors to advance knowledge and skills in HIV service delivery, to stimulate the design of innovative models of care, and to support the development of effective delivery systems for these services. SPNS accomplishes its purpose through funding, technical support and evaluation of innovative HIV service delivery models. This announcement seeks applications for a program "Health Care Services Demonstration Models for Youth Infected with HIV." For the purposes of this announcement,

projects seeking SPNS support must propose models of care that address innovative medical, nursing, and ancillary care services (such as mental health and substance abuse treatment).

A "health care services demonstration model" refers to a mechanism and method for provision of health services. For example, antiretroviral therapy is not a model; however, a method for improving access to or utilization of antiretroviral therapy is an appropriate model for consideration under this amendment. SPNS funds may be used to establish or to augment models of care and to evaluate the effects of establishing or augmenting that model.

The SPNS program encourages innovative projects to rigorously evaluate implementation, utilization, costs, and process and health outcomes. Therefore, the program has not narrowly defined the nature of appropriate applications beyond that stated above. Proposed process and outcomes evaluation designs by demonstration services grantees will form the basis for the cross-site evaluation. SPNS funds should be used to create models of care that would likely not exist without SPNS support, or would extend the care model to previously unserved populations defined either geographically or demographically. *Services provided through SPNS funding currently should not be reimbursed or eligible for current reimbursement through other sources, including Medicaid, third party payers, or other Ryan White programs.* A model may deliver services or products that are reimbursable, but the services supported by SPNS should not be.

#### Review Criteria

##### A. Health Care Services Demonstration Models for Youth Infected With HIV

All applications submitted to the SPNS program will be reviewed and rated by an objective review panel. The application narrative may total no more than 40 single spaced pages.

Factors for the technical review of applications are as follows:

**Factor 1 (15 points)** Adequacy of justification of need within the community and target population for the proposed program. This justification of need should go beyond documenting the existence of an available population that needs HIV services; rather, it should justify the need for the particular model being proposed and the need for its evaluation.

**Factor 2 (10 points)** Adequacy of the identification of past/existing/future systematic or programmatic barriers that prevent the provision of comprehensive

care to hard-to-reach children/adolescents with HIV with suggested or actual strategies for overcoming or compensating for these barriers.

**Factor 3 (10 points)** The degree to which there is evidence of substantial collaboration between community based providers of non-medical services for youth and a board certified pediatric or adolescent health care provider(s) with extensive HIV/AIDS clinical and research expertise; the likelihood of the project's significantly contributing to HIV care and the contribution to knowledge of HIV related health outcomes among children/adolescents; and the comprehensiveness of the program plan.

**Factor 4 (20 points)** Thoroughness, feasibility and appropriateness of the project's evaluation design from a methodological and statistical perspective. Process evaluation should allow identification of what worked in the health care demonstration services model and why. The design of the evaluation should allow a generalizable conclusion to be reached regarding the health outcomes of the model and its suitability for replication. Adequacy of computer hardware, software, and personnel to carry out data activities needed to evaluate the proposed project.

**Factor 5 (15 points)** The feasibility, clarity of the description, appropriateness, innovative quality, and potential for replication and plans for dissemination of the proposed model.

**Factor 6 (10 points)** Adequacy of the director's documentation of a successful history of completing HIV medical or health service related studies, or community-based process and outcomes evaluation studies. History of dissemination of the results of those studies through peer reviewed, professional publications and through presentations at scientific conferences.

**Factor 7 (10 points)** Competency of the applicant organization in fiscal and program management as evidenced by (a) the consistency between the proposed level of effort and the budget justification; (b) skill level and time commitment required in the personnel specifications; (c) the level of resources and evaluation staff being proposed to conduct a quality evaluation of the project; (d) an organizational structure conducive to evaluation and health outcomes studies, and (e) appropriate confidential handling of medical, social service, and epidemiological data.

**Factor 8 (10 points)** Extent of documentation of coordination and formal collaboration and specific linkages with related HIV activities, including other Ryan White activities, within the project's catchment area.

#### Availability of Funds

The SPNS program is authorized by Section 2618(a) of the Public Health Service (PHS) Act. Grants may be awarded directly to public and non-profit private entities to promote the statute's objectives. For this initiative, the program has \$1.9 million dollars available, and it is expected that approximately three to five awards for demonstration programs will be made with an average annual budget of about \$126,000 to \$211,000. The budget and project periods for approved and funded projects will begin on or about July 1, 1996. Project periods must be requested for three years. Applicants are required to submit, in the initial application, budgets for each proposed project year.

All grants funded should recognize that this initiative is not designed to provide continuous support once the SPNS demonstration project is complete and evaluated. Demonstration programs are strongly encouraged to secure non-SPNS funding support during their projects if the evaluation suggests that the model is effective and merits continuation.

#### Eligible Applicants

The statute, Section 2618(a)(1), specifies that grants may be awarded to public and non-profit private entities to fund special programs for the care and treatment of people with HIV disease. Eligible applicants should have experience in serving youth, actively encourage youth at risk to know their HIV serostatus, and provide or refer youth for HIV counseling and testing. The project director or co-project director of the demonstration projects must be a medical provider with experience in HIV/AIDS. Eligible entities for the demonstration services models may include, but are not limited to, State, local, or tribal public health, mental health, or substance abuse departments; public or non-profit hospitals; community-based service organizations (e.g., AIDS service organizations, primary health care clinics, family planning centers, organizations serving the homeless or runaway youth, family planning centers, community mental health centers, substance abuse treatment centers, urban Indian health centers, migrant health centers, organizations receiving funds from Ryan White CARE Act Title I, II, III and IV clinics, etc.); institutions of higher education; non-profit research organizations; national associations; and policy development organizations.

### Allowable Costs

The basis for determining allocable and allowable costs to be charged to PHS grants is set forth in 45 CFR Part 74, Subpart Q and 45 CFR Part 92 for State, local or tribal governments. The four separate sets of cost principles prescribed for public and private non-profit recipients are: OMB Circular A-87 for State, local or tribal governments; OMB Circular A-21 for institutions of higher education; 45 CFR Part 74, Appendix E for hospitals; and OMB Circular A-122 for non-profit organizations.

### Reporting and Other Requirements

A successful applicant under this notice will submit an annual activity summary report in accordance with provisions of the general regulations which apply under 45 CFR Part 74, Subpart J, "Monitoring and Reporting of Program Performance," with the exception of State and local governments to which 45 CFR Part 92, Subpart C reporting requirements apply. The applicant must be prepared to collaborate with other funded projects working with similar populations in developing an evaluation strategy.

### Federal Smoke-Free Compliance

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements which have been approved by the Office of Management and Budget under No. 0937-0195. Under these requirements, any community-based, non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to keep State and local health officials apprised of proposed health services grant applications submitted from within their jurisdictions.

All applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the administrator of the State and local health agencies and to the State and local AIDS program director in the area(s) to be impacted by

the proposal: (1) a copy of the face page of the application (SF 424); and, (2) a summary of the project, not to exceed one page, which provides: (a) a description of the population to be served; (b) a summary of the services to be provided; and, (c) a description of the coordination planned with the appropriate State or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to this program.

### Executive Order 12372

The Special Projects of National Significance Grant Program has been determined to be a program subject to the provisions of Executive Order 12372, concerning intergovernmental review of Federal Programs, as implemented by 45 CFR Part 100. Under urgent conditions, the Secretary may waive any provision of this regulation. (See 45 CFR Part 100.13.) The Secretary has waived 45 CFR Part 100 due to the compelling need to get funds to grantees.

The OMB *Catalog of Federal Domestic Assistance* number for the Special Projects of National Significance is 93.928.

Dated: February 29, 1996.

Ciro V. Sumaya,  
*Administrator.*

[FR Doc. 96-5361 Filed 3-6-96; 8:45 am]

BILLING CODE 4160-15-P

### National Institutes of Health

#### National Institute of Mental Health, Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting of the National Institute of Mental Health Special Emphasis Panel:

*Agenda/Purpose:* to review and evaluate grant applications.

*Committee Name:* National Institute of Mental Health Special Emphasis Panel.

*Date:* March 4, 1996.

*Time:* 5 p.m.

*Place:* Chevy Chase Holiday Inn, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

*Contact Person:* Angela L. Redlingshafer, Parklawn, Room 9C-18, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301, 443-1367.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material

and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than fifteen days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

(Catalog of Federal Domestic Assistance Program Numbers 93.242, 93.281, 93.282)

Dated: March 1, 1996.

Margery G. Grubb,

*Senior Committee Management Specialist,  
NIH.*

[FR Doc. 96-5313 Filed 3-1-96; 4:33 pm]

BILLING CODE 4140-01-M

### Substance Abuse and Mental Health Services Administration

#### Center for Mental Health Services; Notice of Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Center for Mental Health Services (CMHS) National Advisory Council in April 1996.

The meeting of the CMHS National Advisory Council will focus on the implications of the AIDS epidemic for patients with serious mental illness, performance partnerships grants, positioning CMHS in the marketplace through the Knowledge Exchange Network (KEN) and a demonstration of the functioning of KEN. In addition, there will be a report on CMHS "Futures" Planning, presentations from David Mactas, Director, Center for Substance Abuse Treatment, and Vivian Smith, Deputy Director, Center for Substance Abuse Prevention, and an update on consumer initiatives.

A summary of the meeting and/or roster of Council members may be obtained from: Julie Pearson, Committee Management Office, CMHS, Room 11C-26, Parklawn Building, Rockville, Maryland 20857, Telephone: (301) 443-7919.

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

*Committee Name:* Center for Mental Health Services National Advisory Council.

*Meeting Dates:* April 11-12, 1996.

*Place:* Bethesda Holiday Inn, 8120 Wisconsin Avenue, Chevy Chase, Maryland 20814.

*Open:* April 11, 9:00 a.m.-5:00 p.m.

*Open:* April 12, 9:00 a.m.-adjournment.

*Contact:* Anne Mathews-Younes, Ed.D., Room 11C-26, Parklawn Building, Telephone: (301) 443-3606.