

minimize the information collection burden.

*Type of Information Collection Request:* New Collection;

*Title of Information Collection:* Medicare+Choice Beneficiary Notices, Volume 1 and Supporting Regulations in 42 CFR 422.60;

*Form No.:* HCFA-R-314 (OMB# 0938-NEW);

*Use:* HCFA is requesting approval of 5 Medicare+Choice (M+C) election notices that M+C organizations will be required to send to Medicare beneficiaries who submit applications for enrollment. The notices will be used to inform Medicare beneficiaries of the status and outcome of an application to enroll in a M+C organization. All M+C organizations will be required to use the language in these notices, but may print the notices on their business letterhead. Neither HCFA nor the M+C organizations will use such notices to collect and analyze data on beneficiary M+C enrollment. They are for information purposes only.;

*Frequency:* On occasion, One time only;

*Affected Public:* Business or other for-profit, and Individuals or Households;

*Number of Respondents:* 2,853,347;

*Total Annual Responses:* 2,853,347;

*Total Annual Hours:* 109,314.

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](mailto: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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards Attention: Dawn Willingham Room N2-14-26 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 29, 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. 00-9018 Filed 4-11-00; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-193]

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

**AGENCY:** Health Care Financing Administration, DHHS.

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.

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

*Title of Information Collection:* "Important Message About Medicare Rights: Admission, Discharge, & Appeals." Title XVIII Section 1866(a)(1)(M) and Supporting Regulations in 42 CFR 466.78, 489.20, 489.34, 489.32, 411.404, 412.42, 417.440.

*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:* 1,100,000.

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](mailto: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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willingham, Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 29, 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. 00-9019 Filed 4-11-00; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-0245]

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

**AGENCY:** Health Care Financing Administration.

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 of the Social Security Act. We cannot reasonably comply with the normal clearance procedures because section 1895 of the Social Security Act requires us to begin paying home health agencies under a prospective payment system for cost reporting periods beginning October 1, 2000. In order to be able to do that, we must be able to revise current OASIS schedules and make them available to home health providers, allowing sufficient time for training. Moreover, current HAVEN software, used to transmit OASIS data, and new grouper software used to assign a case mix will need to be revised/developed, tested, and produced before being made available to providers and vendors. If emergency clearance for these requested changes is obtained, current production schedules will allow for a summer release of the revised HAVEN software and the new grouper software and would allow for adequate staff training of the product and its appropriate use. It is in the public interest for the HHAs to be able to be ready to collect data timely.

HCFA is requesting OMB review and approval of this collection by April 21, 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 April 17, 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:* Collection of OASIS Data for Prospective Payment

System Purposes and for Masking Data; *HCFA Form Number:* HCFA-R-0245 (OMB approval #: 0938-0760); *Use:* We are requesting emergency clearance of our proposal to modify the currently approved OASIS forms HCFA-R-245D for purposes of case mix adjustment of payment rates under home health PPS and to modify the OASIS data assessment schedule to allow for the preservation of masking of personally identifiable information for the non-Medicare/non-Medicaid individuals; *Frequency:* On occasion; *Affected Public:* Businesses or other for-profit, Not-for-profit institutions, Federal Government; State, Local, or Tribal Government; *Number of Respondents:* 8,200; *Total Annual Responses:* 8,200; *Total Annual Burden Hours:* 967,600.

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/reg/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto: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 April 17, 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-245

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: Allison Herron Eydt, HCFA Desk Officer.

Dated: April 4, 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. 00-9119 Filed 4-10-00; 9:38 am]

**BILLING CODE 4120-03-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[Program Announcement No. CFDA 93.576]

#### Office of Refugee Resettlement Microenterprise Development

**AGENCY:** Office of Refugee Resettlement (ORR), ACF, DHHS.

**ACTION:** Notice of availability of FY 2000 discretionary funds for refugee microenterprise development.

**SUMMARY:** ORR invites eligible entities to submit competitive grant applications for microenterprise development for refugees.

Applications will be accepted pursuant to the Director's discretionary authority under section 412(c) of the Immigration and Nationality Act (INA) (8 U.S.C. 1522), as amended.

Applications will be screened and evaluated as indicated in this program announcement. Awards will be contingent on the outcome of the competition and the availability of funds.

**DATES:** The closing date for submission of applications is June 12, 2000. See Part IV of this announcement for more information on submitting applications.

**FOR FURTHER INFORMATION CONTACT:** Marta Brenden at (202) 205-3589, [MBrenden@ACF.DHHS.GOV](mailto:MBrenden@ACF.DHHS.GOV).

Application materials are also available from Marta Brenden at the Office of Refugee Resettlement, 370 L'Enfant Promenade SW, Washington DC 20447 and on the ORR website at [www.acf.dhhs.gov/program/orr](http://www.acf.dhhs.gov/program/orr).

**SUPPLEMENTARY INFORMATION:** This program announcement consists of four parts:

Part I: Background, legislative authority, funding availability, CFDA Number, Applicant eligibility, project and budget periods, length of application, program purpose and scope, client eligibility, allowable activities, and treatment of program income.

Part II: General instructions for preparing a full project description.

Part III: The Review Process—Intergovernmental review, initial ACF