

method for adjusting median income for families of different sizes as specified in regulations applicable to LIHEAP, at 45 CFR 96.85(b), which was published in the **Federal Register** on March 3, 1988 at 53 FR 6824.

Dated: March 16, 2001.

**Robert Mott,**

*Acting Director, Office of Community Services.*

**ESTIMATED STATE MEDIAN INCOME  
FOR 4-PERSON FAMILIES, BY STATE,  
FEDERAL FISCAL YEAR 2002<sup>1</sup>**

States	Estimated state median income 4-person families <sup>2</sup>	60 Percent of estimated state median income 4-person families
Alabama .....	\$52,405	\$31,443
Alaska .....	70,294	42,176
Arizona .....	53,041	31,825
Arkansas .....	46,671	28,003
California .....	63,100	37,860
Colorado .....	62,860	37,716
Connecticut .....	75,505	45,303
Delaware .....	65,584	39,350
District of Col. ...	62,281	37,369
Florida .....	55,578	33,347
Georgia .....	57,795	34,677
Hawaii .....	66,402	39,841
Idaho .....	47,703	28,622
Illinois .....	66,356	39,814
Indiana .....	58,519	35,111
Iowa .....	58,075	34,845
Kansas .....	57,195	34,317
Kentucky .....	52,186	31,312
Louisiana .....	49,446	29,668
Maine .....	57,536	34,522
Maryland .....	74,806	44,884
Massachusetts ..	71,689	43,013
Michigan .....	65,467	39,280
Minnesota .....	66,677	40,006
Mississippi .....	47,915	28,749
Missouri .....	56,673	34,004
Montana .....	50,966	30,580
Nebraska .....	55,693	33,416
Nevada .....	59,479	35,687
New Hampshire ..	65,885	39,531
New Jersey .....	75,425	45,255
New Mexico .....	44,947	26,968
New York .....	59,755	35,853
North Carolina ..	56,115	33,669
North Dakota ...	51,002	30,601
Ohio .....	56,237	33,742
Oklahoma .....	52,261	31,357
Oregon .....	53,909	32,345
Pennsylvania ...	59,546	35,728
Rhode Island ....	64,614	38,768
South Carolina ..	55,978	33,587
South Dakota ....	52,246	31,348
Tennessee .....	51,999	31,199
Texas .....	53,291	31,975
Utah .....	57,251	34,351
Vermont .....	57,713	34,628
Virginia .....	64,352	38,611
Washington .....	62,618	37,571
West Virginia ....	45,202	27,121
Wisconsin .....	63,436	38,062

**ESTIMATED STATE MEDIAN INCOME  
FOR 4-PERSON FAMILIES, BY STATE,  
FEDERAL FISCAL YEAR 2002<sup>1</sup>—  
Continued**

States	Estimated state median income 4-person families <sup>2</sup>	60 Percent of estimated state median income 4-person families
Wyoming .....	55,624	33,374

NOTE—FFY 2002 covers the period of October 1, 2001 through September 30, 2002. The estimated median income for 4-person families living in the United States is \$59,981 for FFY 2002. The estimates are effective for the Low Income Home Energy Assistance Program (LIHEAP) at any time between the date of this publication and October 1, 2001, or by the beginning of a LIHEAP grantee's fiscal year, whichever is later.

<sup>1</sup>In accordance with 45 CFR 96.85, each State's estimated median income for a 4-person family is multiplied by the following percentages to adjust for family size: 52% for one person, 68% for two persons, 84% for three persons, 100% for four persons, 116% for five persons, and 132% for six persons. For family sizes greater than six persons, add 3% for each additional family member and multiply the new percentage by the State's estimated median income for a 4-person family.

<sup>2</sup>Prepared by the Bureau of the Census from the March 2000 Current Population Survey, 1990 Decennial Census of Population and Housing, and 1999 per capita personal income estimates, by state, from the Bureau of Economic Analysis (BEA). In 1999, BEA revised its methodology in estimating per capita personal income estimates. BEA's revised methodology is reflected in the FFY 2002 state 4-person family median income estimates. For further information, contact the Housing and Household Economic Statistics Division at the Bureau of the Census (301-457-3243).

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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Health Care Financing Administration**

[Document Identifier: HCFA-R-234]

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

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

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:* Extension of a currently approved collection;

*Title of Information Collection:* Subpart D—Private Contracts and Supporting Regulations in 42 CFR 405.410, 405.430, 405.435, 405.440, 405.445, 405.455, 410.61, 415.110, and 424.24;

*Form No.:* HCFA-R-234 (OMB# 0938-0730);

*Use:* Section 4507 of the BBA of 1997 amended section 1802 of the Social Security Act to permit certain physicians and practitioners to opt-out of Medicare and to provide through private contracts services that would otherwise be covered by Medicare. Under such contracts the mandatory claims submission and limiting charge rules of section 1848(g) of the Act would not apply. Subpart D and the Supporting Regulations contained in 42 CFR 405.410, 405.430, 405.435, 405.440, 405.445, and 405.455, counters the effect of certain provisions of Medicare law that, absent section 4507 of BBA 1997, preclude physicians and practitioners from contracting privately with Medicare beneficiaries to pay without regard to Medicare limits;

*Frequency:* Biennially;  
*Affected Public:* Business or other for-profit;

*Number of Respondents:* 26,820;  
*Total Annual Responses:* 26,820;  
*Total Annual Hours:* 7,197.

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 (HCFA-R-234) Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 13, 2001.

**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-10003]

**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:* New Collection;

*Title of Information Collection:* Medicare + Choice Beneficiary Appeal Notices, "Notice of Denial of Medical Services", "Notice of Denial of Request for Payment" and Supporting Regulations in 42 CFR 422.568;

*Form No.:* HCFA-10003 (OMB# 0938-NEW);

*Use:* This collection includes two Medicare + Choice appeal notices, Denial of Service and Denial of Payment. Pursuant to the Social Security Act Section 1852(g)(1)(B), M+C organizations are required to issue notices to Medicare managed care beneficiaries when a request for either medical service or payment is denied. Additionally, the notices inform

beneficiaries of their right to file an appeal.

All M+C organizations will be required to use these forms. Neither the Health Care Financing Administration (HCFA) nor the M+C organizations will use such notices to collect and analyze data on M+C beneficiary appeals. They are for information purposes only. These forms have been revised in accordance with public comments received during the 60-day comment period;

*Frequency:* On occasion;

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

*Number of Respondents:* 29,892;

*Total Annual Responses:* 29,892;

*Total Annual Hours:* 2,994.

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](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 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 1, 2001.

**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-2540-96]

**Agency Information Collection Activities: Submission for OMB Review; 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:*

Skilled Nursing Facility Cost Report and Supporting Regulations in 42 CFR 413.20 and 413.24; *Form No.:* HCFA-2540 (OMB 0938-0463); *Use:* Form HCFA-2540-96 is the form used by skilled nursing facilities participating in the Medicare program. This form reports the health care costs used to determine the amount of reimbursable costs for services rendered to Medicare beneficiaries; *Frequency:* Annually; *Affected Public:* Businesses or other for-profit; Not-for-profit institutions; *Number of Respondents:* 15,700; *Total Annual Responses:* 15,700; *Total Annual Hours:* 2,943,354.

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 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: March 7, 2001.

**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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