

which approval has expired; *Title of Information Collection*: Request for Enrollment in Supplementary Medical Insurance; *Form No.*: HCFA-4040; *Use*: The HCFA-4040 is used to establish entitlement to Supplementary Medical Insurance by Beneficiaries not eligible under Part A of Title XVIII or Title II of the Social Security Act. The HCFA-4040SP is the Spanish edition of this form; *Frequency*: One time only; *Affected Public*: Individuals and households, Federal government, State, local, or tribal governments; *Number of Respondents*: 10,000; *Total Annual Responses*: 10,000; *Total Annual Hours*: 2,500.

3. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Request for Certification as a Rural Health Clinic, Rural Health Clinic Survey Report Form; *Form No.*: HCFA-29, 30; *Use*: The form HCFA-29 "Request for Certification as a Rural Health Clinics" is used by facilities to apply to participate in the Medicare program. The form HCFA-30 "Rural Health Clinic Survey Report Form, is used by State survey agencies to record data needed to determine compliance with the Federal requirements; *Frequency*: Annually; *Affected Public*: State, local or tribal governments; *Number of Respondents*: 390; *Total Annual Responses*: 390; *Total Annual Hours*: 682.

4. *Type of Information Collection Request*: Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection*: Quarterly Showing; *Form No.*: HCFA-R-41; *Use*: This form is used by State Medicaid agencies to list participating health care facilities and the dates the State agencies reviewed the facilities. The lists are required to assure the existence of an effective utilization (of services) control program, as required by law and regulation, to avoid a penalty; *Frequency*: Quarterly; *Affected Public*: State, local or tribal governments; *Number of Respondents*: 47; *Total Annual Responses*: 188; *Total Annual Hours*: 9,212.

5. *Type of Information Collection Request*: Reinstatement, without change, of previously approved collection for which approval has expired; *Title of Information Collection*: Quarterly Showing Validation Survey; *Form No.*: HCFA-9050; *Use*: Reporting entities may be required to submit lists of Medicaid beneficiaries residing in a select number of institutions. State Medicaid agencies may also be required to submit procedures for conducting

inspection of care reviews and other documentation necessary to validate the Quarterly Showing reports. The listings are required to determine those patients for which the State is currently responsible for their care. This part of the operation to determine that states have an effective utilization control program; *Frequency*: Annually; *Affected Public*: State, local or tribal governments; *Number of Respondents*: 47; *Total Annual Responses*: 8; *Total Annual Hours*: 376.

6. *Type of Information Collection Request*: Reinstatement, with change, of previously approved collection for which approval has expired; *Title of Information Collection*: Medicare Managed Care Disenrollment Form; *Form No.*: HCFA-566; *Use*: This form is used to process a beneficiaries request of disenrollment action from a health maintenance organization or competitive medical plan and to update the beneficiaries' health insurance master record; *Frequency*: On occasion; *Affected Public*: Individuals and households, Business or other for profit, not for profit institutions, Federal government, State, local, or tribal governments; *Number of Respondents*: 24,000; *Total Annual Responses*: 24,000; *Total Annual Hours*: 792.

7. *Type of Information Collection Request*: New collection; *Title of Information Collection*: "Maximizing the Effective Use of Telemedicine: A study of the Effects, Cost Effectiveness and Utilization Patterns of Consultations via Telemedicine."; *Form No.*: HCFA-R-197; *Use*: The major objective of this study is to evaluate the medical and cost effectiveness of three different categories of telemedicine services; *Frequency*: Other (periodically); *Affected Public*: Individuals and households, Business or other for profit, not for profit institutions; *Number of Respondents*: 1819; *Total Annual Responses*: 11,095; *Total Annual Hours*: 1,564.

8. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Business Proposal Formats for Utilization and Quality Control Peer Review Organizations (PROs); *Form No.*: HCFA-718-721; *Use*: Submission of proposal information by current PROs and other bidders, according to the business proposal instructions, will satisfy HCFA's need for consistent, and verifiable data with which to validate contract proposals; *Frequency*: Other (Tri-annually); *Affected Public*: Business or other for profit, not for profit institutions; *Number of Respondents*:

20; *Total Annual Responses*: 23; *Total Annual Hours*: 450.

9. *Type of Information Collection Request*: Reinstatement, without change, of a previously approved collection for which approval has expired; *Title of Information Collection*: Request for Accelerated Payments; *Form No.*: HCFA-9042; *Use*: These forms are used by fiscal intermediaries to access a provider's eligibility for accelerated payments. Such payment is granted if there is an unusual delay in processing bills. *Frequency*: On occasion; *Affected Public*: Business or other for-profit and Not for-profit institutions; *Number of Respondents*: 854; *Total Annual Responses*: 854; *Total Annual Hours Requested*: 427.

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>, or to obtain the supporting statement and any related forms, 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 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: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: June 25, 1996.

Kathleen B. Larson,
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

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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 for opportunity for public comment on proposed data collection projects, 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 data collection plans and

instruments, call the SAMHSA Reports Clearance Officer on (301) 443-0525.

Comments are invited on: (a) Whether the proposed collection of information is 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; © 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: Evaluation of Model Programs Targeting Substance Abusing Pregnant and Postpartum Women and their Infants—Revision—Data are collected from clients, comparison group women, and staff on interventions received and maternal and child outcomes as part of an evaluation of model projects serving substance abusing pregnant and postpartum women and their infants. The model projects are funded by the Center for Substance Abuse Prevention, SAMHSA. This evaluation will assist CSAP in accomplishing national health objectives related to maternal and child health, especially those directly related to maternal substance abuse and its potential effects on birth outcomes and child development. In this proposed revision of an ongoing study, the data collection instruments remain unchanged. Sample sizes are somewhat smaller than originally anticipated resulting in a reduced annual burden. The estimated revised burden is shown below.

Number of respondents	Re-sponses per respondent	Hours per response	Total burden hours
823	5.48	0.24	1082

Send comments to Deborah Trunzo, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 25, 1996.

Richard Kopanda

Executive Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 96-16831 Filed 7-01-96; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4100-N-01]

Office of the Assistant Secretary for Housing—Federal Housing Commissioner; Notice of Proposed Information Collection for Public Comment

AGENCY: Office of the Assistant Secretary for Housing-Federal Housing Commissioner, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due: September 3, 1996.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Oliver Walker, Housing, Department of Housing and Urban Development, 451-7th Street SW., Room 9116, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Ann M. Sudduth, Telephone number (202) 708-0740 (this is not a toll-free number) for copies of the proposed forms and other available documents.

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

The Notice is soliciting comments from members of the public and affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Request for Occupied Conveyance.

OMB Control Number: 2502-0268.

Description of the need for the information and the proposed use: Information collected by this form provides information HUD needs to determine if the occupant is financially able to pay the fair market rent and/or whether a member of the immediate family residing in the residence suffers from a temporary, permanent or long-term illness or injury which would be aggravated by the process of moving. HUD field office personnel use this information to base its determination as to whether to approve or deny occupied conveyance.

Agency form numbers: HUD-9539.

Members of affected public: Individuals or households.

An estimation of the total numbers of hours needed to prepare the information collection is 17,387.50, number of respondents is 11,025, frequency response is one-time, and the hours of response is 4,012.50.

Status of the proposed information collection: Extension of a currently approved collection.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: June 21, 1996.

Nicolas P. Retsinas,

Assistant Secretary for Housing—Federal Housing Commissioner.

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DEPARTMENT OF THE INTERIOR

Office of the Secretary

National Environmental Policy Act: Implementing Procedures (516 DM 6, Appendix 9)

AGENCY: Department of the Interior.

ACTION: Notice of a proposed addition to the Department of the Interior's Categorical Exclusions for the Bureau of Reclamation.

SUMMARY: This notice announces a proposed addition to the categorical exclusions included in Departmental Manual 516 DM 6, appendix 9, that lists actions excluded from the National Environmental Policy Act of 1969 (NEPA) procedures for the Bureau of Reclamation (Reclamation). The proposed categorical exclusion pertains to transfer of title to single-purpose facilities within Reclamation projects to non-Federal entities.