

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Program Announcement No. ACF/ACYF 98-05; Fiscal Year 1998 Discretionary Announcement for Head Start; Availability of Funds and Request for Applications

AGENCY: Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), DHHS.

ACTION: Notice of FY 1998 Head Start availability of financial assistance and request for applications.

SUMMARY: The Administration on Children, Youth and Families announces financial assistance to be competitively awarded to local public and private non-profit entities—including current Head Start grantees—to provide Head Start services to pre-school age children in geographical areas currently unserved by Head Start. Head Start programs provide comprehensive child development and family support services to low-income families. The purpose of the Head Start program is to enhance children's physical, social, emotional, and intellectual development; to support parents' efforts to fulfill their parental roles; and to help parents move toward self-sufficiency.

The funds available will be competitively awarded to eligible applicants to: (1) serve Head Start-eligible children living in geographical areas that are not currently served by Head Start; (2) serve Head Start-eligible children living on Federally-recognized Indian reservations where a Head Start program does not currently operate; and (3) serve Head Start-eligible children of migrant farm workers in geographical areas that are not currently served by a Migrant Head Start program.

DATES: The closing date for receipt of applications is 4:30 p.m. EDT on July 6, 1998.

FOR FURTHER INFORMATION CONTACT: A copy of the program announcement and necessary application forms can be obtained by contacting: Head Start Competition, ACYF Operations Center, 225 Jefferson Davis Highway, Suite 415, Arlington, VA 22202. The telephone number is 1-800-351-2293. The fax number is 1-703-416-6077.

Copies of the program announcement can be downloaded from the Head Start web site at: www.acf.dhhs.gov/programs/hsb.

SUPPLEMENTARY INFORMATION:

Eligible Applicants: Applicants eligible to apply to become a Head Start program are local public and private non-profit agencies. (For Indian reservations, eligible applicants are the Tribal governments of unserved reservations that wish to initiate a Head Start program or agencies designated by these Tribal governments.)

Project Duration: Awards will be on a competitive basis and will be for a one-year period. The project period is indefinite.

Federal Share of Project Costs: Grantees that operate Head Start programs must, in most instances, provide a non-Federal contribution of at least 20 percent of the total approved costs of the project.

Available Funds: Approximately \$4 million is available to fund programs that will serve approximately 800 children.

Anticipated Number of Projects to be Funded: It is estimated that up to 20 projects will be funded.

Statutory Authority: The Head Start Act, as amended, 42 U.S.C. 9831 et seq.

Catalog of Federal Domestic Assistance: Number 93.600, Head Start.

Dated: April 8, 1998.

James A. Harrell,

Deputy Commissioner, Administration on Children, Youth and Families.

[FR Doc. 98-10989 Filed 4-23-98; 8:45 am]

BILLING CODE 4184-02-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Radiological Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Radiological Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Times: The meeting will be held on May 11, 1998, 9 a.m. to 5 p.m.

Location: Corporate Bldg., conference room 020B, 9200 Corporate Blvd., Rockville, MD.

Contact Person: Robert J. Doyle, Center for Devices and Radiological

Health (HFZ-470), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301-594-1212, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12526. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will discuss, make recommendations and vote on a premarket approval application for a computer aided detection system for screening mammograms.

Procedure: On May 11, 1998, from 9 a.m. to 12 m., and from 1 p.m. to 5 p.m., the meeting is open to the public. 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 May 4, 1998. Oral presentations from the public will be scheduled between approximately 9:15 a.m. and 9:45 a.m., and for an additional one half hour near the end of the Committee deliberations. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before May 4, 1998, 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.

Closed Committee Deliberations: On May 11, 1998, from 12 m. to 1 p.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information. (5 U.S.C. 552b(c)(4)). This portion of the meeting will be closed to permit discussion of this information.

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

Dated: April 20, 1998.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 98-10971 Filed 4-23-98; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Science Board to the Food and Drug Administration; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Science Board to the Food and Drug Administration.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Time: The meeting will be held on May 19, 1998, 9 a.m. to 3:30 p.m.

Location: Doubletree Hotel, Plaza Room, 1750 Rockville Pike, Rockville, MD.

Contact Person: Susan K. Meadows, Office of Science (HF-32), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4591, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12603. Please call the Information Line for up-to-date information on this meeting.

Agenda: Information will be presented to the board regarding: (1) FDA's research and science programs, (2) the process for peer review and findings from the Subcommittee for the Center for Biologics Evaluation and Research Review, (3) the status of the Biomaterials Forum project (a process for information exchange addressing issues in biomaterials science), (4) the activities of the Science Board Subcommittee on Toxicology, and (5) a proposed model for support for FDA Science.

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 May 1, 1998. Oral presentations from the public will be scheduled between approximately 2 p.m. and 3 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before May 1, 1998, 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: April 17, 1998.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 98-10970 Filed 4-23-98; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Publication of OIG Special Fraud Alert: Fraud and Abuse in Nursing Home Arrangements With Hospices

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice.

SUMMARY: This **Federal Register** notice sets forth a recently issued OIG Special Fraud Alert concerning fraud and abuse practices involving nursing home arrangements with hospices. For the most part, OIG Special Fraud Alerts address national trends in health care fraud, including potential violations of the Medicare anti-kickback statute. This Special Fraud Alert, issued to the health care provider community and now being reprinted in this issue of the **Federal Register**, specifically identifies and highlights some vulnerabilities in nursing home arrangements with hospices and instances of potential kickbacks between nursing homes and hospices to influence the referral of patients.

FOR FURTHER INFORMATION CONTACT: Joel J. Schaer, Office of Counsel to the Inspector General, (202) 610-0089.

SUPPLEMENTARY INFORMATION:

I. Background

The Office of Inspector General (OIG) issues Special Fraud Alerts based on information it obtains concerning particular fraudulent and abusive practices within the health care industry. These Special Fraud Alerts provide the OIG with a means of notifying the industry that we have become aware of certain abusive practices which we plan to pursue and prosecute, or bring civil and administrative action, as appropriate. The Special Fraud Alerts also serve as an effective tool to encourage industry compliance by giving providers an opportunity to examine their own practices.

Special Fraud Alerts are intended for extensive distribution to the health care provider community, as well as those charged with administering the Medicare and Medicaid programs. To date, the OIG has published in the **Federal Register** the texts of 8 previously-issued Special Fraud Alerts (December 19, 1994, 59 FR 65372; August 10, 1995, 60 FR 40847; and June 17, 1996, 61 FR 30623), and we have indicated our intention of publishing future Special Fraud Alerts in this same

manner as a regular part of our dissemination of such information.

With regard to nursing home arrangements with hospices, this newly-issued Special Fraud Alert discusses (1) the nature of hospice care and who is eligible to receive such care; (2) the reimbursement for hospice care provided by nursing homes; (3) the vulnerabilities in nursing home arrangements with hospices; (4) several suspected kickback arrangements that are designed to induce Medicare or Medicaid referrals. A reprint of this Special Fraud Alert follows.

II. Special Fraud Alert: Fraud and Abuse in Nursing Home Arrangements With Hospices (April 1998)

Office of Inspector General was established at the Department of Health and Human Services by Congress in 1976 to identify and eliminate fraud, abuse and waste in the Department's programs and to promote efficiency and economy in departmental operations. The OIG carries out this mission through a nationwide program of audits, investigations, and inspections.

To reduce fraud and abuse in the Federal health care programs, including Medicare and Medicaid, the OIG actively investigates fraudulent schemes to obtain money from these programs and, when appropriate, issues Special Fraud Alerts that identify segments of the health care industry that are particularly vulnerable to abuse. This Special Fraud Alert focuses on the interrelationship between the hospice and nursing home industries and describes some potentially illegal practices the OIG has identified in arrangements between these providers.

What Is Hospice Care and Who Is Eligible To Receive It?

Medicare's hospice benefit provides palliative care to individuals who are terminally ill. Palliative care focuses on pain control, symptom management, and counseling for both the patient and family. Medicare hospice payments increased from about \$958 million for Fiscal Year 1993 to over \$1.8 billion for Fiscal Year 1995. Although the hospice benefit is still a relatively small portion of total Medicare Part A expenditures (about 1.5 percent), it has grown considerably over the past several years.

In order to elect the hospice benefit, a Medicare beneficiary must be entitled to Medicare Part A services and certified as terminally ill, which is defined as a medical prognosis of a life expectancy of 6 months or less if the illness runs its normal course. A beneficiary who elects to enroll in a hospice program waives his or her rights to all curative care