

Total Annual Cost (Operating and Maintenance): \$841,000.

Total Annualized Cost: \$841,000.

Description: Subtitle B of Title 1 of ERISA, Part 7, section 707, added by the Health Care Portability and Accountability Act of 1996 (Pub. L. 104-191, August 31, 1996) (HIPAA) authorizes the Secretary of Labor, in coordination with the Secretary of Health and Human Services (HHS) and the Secretary of the Treasury, to promulgate such regulations as may be necessary or appropriate to carry out the provisions of the Statute. Accordingly, Interim Rules Implementing the Portability Requirement for Group Health Plans were published on April 8, 1997 (62 FR 16920 through 16923) (April 8 Interim Rules).

In order to improve participants' understanding of their rights under an employer's group health plan, HIPAA requires that a participant be provided with a description of a plan's special enrollment rules on or before the time when a participant is offered the opportunity to enroll in a group health plan. This ICR covers the disclosure of enrollment rights.

Agency: Pension and Welfare Benefits Administration.

Title: Notice of Pre-existing Condition Exclusion.

Type of Review: Extension of a currently approved collection.

OMB Number: 1210-0102.

Affected Public: Business or other for-profit, Not-for-profit institutions, Individuals or households.

Frequency of Response: On occasion.

Respondents: 1,300,000.

Responses: 8,570,000.

Total Estimated Burden Hours: 9,004.

Total Annualized Capital/Startup Costs: \$0.

Total Annual Cost (Operating and Maintenance): \$1,088,000.

Total Annualized Cost: \$1,088,000.

Description: Subtitle B of Title 1 of ERISA, Part 7, section 707, added by the Health Care Portability and Accountability Act of 1996 (Pub. L. 104-191, August 31, 1996) (HIPAA) authorizes the Secretary of Labor, in coordination with the Secretary of Health and Human Services (HHS) and the Secretary of the Treasury, to promulgate such regulations as may be necessary or appropriate to carry out the provisions of the statute. Accordingly, Interim Rules implementing the Portability Requirement for Group Health Plans were published on April 8, 1997 (62 FR 16920 through 16923) (April 8 Interim Rules).

In order to meet HIPAA's goal of improving portability of health care

coverage, participants need to understand their right to demonstrate prior creditable coverage when entering a group health plan that imposes pre-existing condition exclusion provisions. In addition, participants entering plans that use an alternative method of determining creditable coverage also need to be informed of the plan's provisions. Therefore, the Department has determined that plans that contain these provisions must disclose that fact to new participants, as well as inform individual participants of the extent to which a pre-existing condition exclusion applies to them. This ICR covers the disclosure of pre-existing condition exclusions.

Agency: Pension and Welfare Benefits Administration.

Title: Establishing Prior Creditable Coverage.

Type of Review: Extension of a currently approved collection.

OMB Number: 1210-0103.

Affected Public: Business or other for-profit, Not-for-profit institutions, Individuals or households.

Frequency of Response: On occasion.

Respondents: 2,600,000.

Responses: 44,396,000.

Total Estimated Burden Hours: 351,150.

Total Annual Cost (Operating and Maintenance): 429,289,000.

Total Annualized Cost: \$34,689,000.

Description: Subtitle B of Title 1 of ERISA, Part 7, section 707, added by the Health Care Portability and Accountability Act of 1996 (Pub. L. 104-191, August 31, 1996) (HIPAA) authorizes the Secretary of Labor, in coordination with the Secretary of Health and Human Services (HHS) and the Secretary of the Treasury, to promulgate such regulations as may be necessary or appropriate to carry out the provisions of the statute. Accordingly, Interim Rules implementing the Portability Requirement for Group Health Plans were published on April 8, 1997, (62 FR 16920 through 16923) (April 8 Interim Rules).

In order to meet HIPAA's goal of improving access to and portability of health care benefits, the statute provides that, after the submission of evidence establishing prior creditable coverage, a subsequent health insurance provider would be limited to the extent to which it could use pre-existing condition exclusions to limit coverage. This ICR covers the submission of materials

sufficient to establish prior creditable coverage.

Ira L. Mills,

Department Clearance Officer.

[FR Doc. 00-8444 Filed 4-5-00; 8:45 am]

BILLING CODE 4510-29-M

DEPARTMENT OF LABOR

Employment and Training Administration

Proposed Collection of Job Corps Health Questionnaire Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Job Corps is soliciting comments concerning the proposed revision of the Health Questionnaire, Form ETA 6-53, a copy of which is attached to this notice.

DATES: Written comments must be submitted to the office listed; in the **ADDRESSES** section below on or before June 5, 2000.

ADDRESSES: Barbara J. Grove, RN, National Nursing Director, Job Corps, room N 4507, 200 Constitution Avenue, NW, Washington, DC 20210, 202-219-5556, ext. 121 (this is not a toll-free number), 202-219-5183 (fax).

SUPPLEMENTARY INFORMATION:

I. Background

The Job Corps program is described in its enabling legislation under Public Law 105-220, Workforce Investment Act of 1998. Section 145 establishes standards and procedures for obtaining data from each applicant relating to their needs. The Department of Labor's regulation at 20 CFR 670.410 further details the recruitment and screening of applicants.

Individuals who wish to enroll in the Job Corps program, must first be determined to be eligible and selected

for enrollment. This process is carried out by admissions agencies, including state employment services, contracted to recruit young people for the Job Corps program. The admission process ensures that applicants meet all the admission criteria as defined in the *Policy and Requirement Handbook (PRH) Chapter 1, Outreach and Admissions, October 1998*.

Nonmedical personnel in the admission's office (admission counselors) conduct the admission interview and complete the required application forms. The ETA 6-53 is completed on all applicants that have been determined to be eligible and selected for the Job Corps Program.

II. Review Focus

The Department of Labor is particularly interested in comments which:

- 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;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission or responses.

III. Current Actions

After the applicant has been determined to be eligible and then selected for the Job Corps Program, the applicant is assigned to a center. After being assigned to a center, the ETA 6-

53 is completed on all applicants. If additional health information is needed from previous health care providers, this information is collected and the admission packet in its entirety, is sent to the center of assignment. When the application is received on center, it is reviewed; and if there are health related issues, the application is forwarded to the center's health services. After reviewing the application, if it is felt that the applicant's health needs can not be met on center, the folder is sent to the Regional Office for review. The folder is then reviewed by the Regional Health Consultant and a recommendation is made to the Regional Director. The Regional Director makes the final determination regarding enrollment of the applicant. If the application is denied, the applicant will be referred to other state and/or local agencies.

Experience throughout the Job Corps indicates that the Health Questionnaire is an excellent guide in identifying current and potential applicant health needs. Its use results in considerable savings of time, by both center health staff and regional health consultants and staff, and of money, by reducing high medical program costs due to medical separations.

Revisions of the ETA 6-53 have been made to reflect the Workforce Investment Act, and to be more sensitive to applicants with health needs.

Type of Review: Reinstatement with Change.

Agency: Employment and Training Agency.

Title: Job Corps Health Questionnaire, ETA 6-53.

OMB Number: 1205-0033.

Agency Number: ETA 653.

Recordkeeping: The applicant is not required to retain the records; admission counselors or contractor's main offices are required to retain records of applicants who are enrolled in the program for three years from the date of application.

Affected Public: Individuals or households.

Frequency: The form would be completed on each applicant.

Total Responses: 93,000.

Average Time for Responses: It takes approximately 5 minutes to complete the form. (It may take longer for some applicants.)

Estimated Total Burden Hours: 7750. [93,000 (number of applications) ÷ 12 (number of applications that can be completed in an hour) = 7750].

Total Burden Cost (capital/startup): 0.

Total Burden Cost: (operating/maintaining): Operating and maintenance services associated with these forms are contracted yearly by the Federal Government with outreach and admissions contractors, according to designated recruiting areas. This is one of the many functions the contractors perform for which precise costs cannot be identified. Based on the past experience of recruitment contractors, however, the annual cost for contractor staff and related cost is estimated to be about \$771,750. An additional cost of \$11,974 is added for the applicant's time, making the total \$783,724. For the approximately 70 percent of the Job Corps applicants who have never worked, no value is determined. For the remaining 30 percent of applicants who have been in the work force previously for any length of time, whether full-time or less, the current minimum wage of \$5.15 is used to determine the value of the applicant time.

Comments submitted in response to this comment request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: March 31, 2000.

Jackie Roberts,

Acting Deputy Director, Job Corps.

BILLING CODE 4510-30-P

Job Corps Health Questionnaire

U.S. Department of Labor

Employment and Training Administration

OMB Approval No. 1205-0033

Expiration Date: xx/xx/xxxx

PURPOSE: To determine the health and accommodation/modification needs of the Job Corps applicant.					
INSTRUCTIONS: Job Corps centers provide health care; therefore, please answer all of the questions correctly so that the center you go to can provide you with appropriate health services. The collection of this information is authorized by PL 105-220. The information is requested on a voluntary basis.					
1. Name (Last, First, Middle Initial)					
2. Social Security Number _____			3. Sex (M/F)	4. Height (in)	5. Weight (lb)
6. What is your general Health Condition (circle one): Excellent Good Fair					
7. a. Are you or your family covered by health insurance? (If YES, obtain copy of health insurance card and attach to this form.)					NO <input type="checkbox"/> YES <input type="checkbox"/>
b. Are you or your family covered by Medicaid? (If YES, obtain copy of Medicaid card and attach to this form.)					NO <input type="checkbox"/> YES <input type="checkbox"/>
A "YES" answer to any item in questions 8, 9, or 10 requires an explanation in question 11 on the reverse of this form.					
8. a. Are you currently under the care of a physician or other health professional?					NO <input type="checkbox"/> YES <input type="checkbox"/>
b. Are you currently taking any prescribed medication?					NO <input type="checkbox"/> YES <input type="checkbox"/>
c. Have you been advised to have any surgical procedure or medical treatment?					NO <input type="checkbox"/> YES <input type="checkbox"/>
d. Have you been hospitalized for a medical or mental health reason within the past 2 years?					NO <input type="checkbox"/> YES <input type="checkbox"/>
e. Have you received counseling or treatment for drug or alcohol use within the past 2 years?					NO <input type="checkbox"/> YES <input type="checkbox"/>
f. Have you ever been refused or discharged from military service for medical or mental health reasons?					NO <input type="checkbox"/> YES <input type="checkbox"/>
g. Do you wear a medical device or orthodontic braces?					NO <input type="checkbox"/> YES <input type="checkbox"/>
h. Are you allergic to any drugs, medicines, or foods?					NO <input type="checkbox"/> YES <input type="checkbox"/>
i. Have you ever attempted or seriously thought about attempting suicide?					NO <input type="checkbox"/> YES <input type="checkbox"/>
9. Have you EVER had or do you now have any of the following conditions?					
	No	Yes		No	Yes
a. Anemia (including sickle cell disease)			h. Kidney, bladder, or urinary problems		
b. Asthma			i. Speech impairment (e.g., stuttering)		
c. Visual impairment			j. Tuberculosis (TB) or positive TB skin test		
d. Hearing impairment			k. Ulcer of stomach or intestines		
e. Serious dental problems			l. Epilepsy, seizures, convulsions		
f. Diabetes (sugar in urine)			m. Other health issues		
g. Heart condition or high blood pressure			n. FEMALES: Are you pregnant? If YES, date of last menstrual period _____		
10. Do you have any physical or mental disability which will require an accommodation or modification to participate in the Job Corps program?					

11. Provide explanation below of any "YES" responses to items in questions 8, 9, or 10. If additional space is needed, attach separate sheet.	
Item	Explanation
<p>I (we) authorize the Job Corps to receive from doctors, clinics, hospitals, or other sources, a complete transcript of my (son's, daughter's, ward's) health records for the purpose of determining the health needs of the applicant. I (we) authorize release of medical information to staff with a need for that information, and to the local health department when required by law. I (we) authorize an ENTRANCE MEDICAL EXAMINATION which includes blood testing to identify conditions such as anemia, syphilis, and HIV infection; urine testing for conditions such as diabetes, nephritis, pregnancy, and for controlled substance. I (we) understand the reasons for the medical examination and health testing, and have had the opportunity to ask questions. I (we) also authorize immunizations for tetanus, diphtheria, poliomyelitis, measles, mumps, rubella, influenza, and others, if necessary; and a skin test for tuberculosis. I (we) certify that the information that has been provided on this medical form is true and complete to the best of my (our) knowledge. I (we) understand that any false statement or dishonest answers will be grounds for the dismissal for the above-named individual and may be punishable by law.</p>	
Applicant Signature	Date
Parent/Guardian Signature (if applicant is a minor)	Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room N-4507, 200 Constitution Avenue, NW, Washington, DC 20210 (1205-0033), Washington, DC 20503. (Paperwork Reduction Project 1205-0033).

JOB CORPS HEALTH QUESTIONNAIRE, ETA 6-53

Purpose. To obtain a health history on each applicant and to determine the health and accommodation/modification needs of the Job Corps applicant.

Originator. Job Corps admissions counselor.

Frequency. Once for each student at time of application.

Distribution. This is a 2-page form. If there are "yes" answers to one or more questions on the form, the originator (admissions counselor) must obtain relevant physician/institution reports and forward the applicant's folder, including the ETA 6-53, to the Job Corps center of assignment.

General Instructions. Information is placed on the form as given by the applicant during the health interview. This information is confidential and must be so maintained by the admissions counselor. The admissions counselor must:

- Ensure that the health questionnaire is fully understood by the applicant and that all entries are completed and appropriately written or checked.
- Obtain additional information or arrange for a new health examination or evaluation for the applicant when requested by the center of assignment.

Detailed Instructions.

<u>Item</u>	<u>Comments</u>
1	Self Explanatory
2	Self Explanatory
3	Self Explanatory
4	Self Explanatory
5	Self Explanatory
6	Self Explanatory

<u>Item</u>	<u>Comments</u>
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- 7,8 Ask questions as stated and check "NO" or "YES."
- Attach copy of insurance or Medicaid card if appropriate.
 - If possible, obtain the medical diagnosis of the condition rather than the applicant's description of symptoms.
 - Establish appropriate dates for the onset of the condition and date it ceased, if appropriate.
 - Obtain information about all hospital stays even if several were for the same condition. List only dates that applicant was in the hospital. Do not include emergency room visits.
- 9 Obtain information about each condition. Explain how often the problem occurs (e.g., heart condition--cannot walk up stairs without getting short of breath). Specify whether the applicant still has the condition.
- 10 Record whether applicant has a physical or mental impairment that requires a reasonable accommodation to perform the essential functions of the Job Corps program.
- 11 Use this section to record any comments provided by the applicant for questions 8, 9, or 10. If the applicant is not sure whether he/she had one of the conditions mentioned in questions 8 or 9 or requires an accommodation (item 10), include whatever information the applicant provides.
- If the applicant is reluctant to give additional information, the admissions counselor must not pressure the applicant. Indicate in this section that the applicant declined to comment.