

time. We cannot reasonably comply with the normal clearance procedures because of the statutory deadline.

HCFA is requesting emergency OMB review and approval of this collection by October 12, 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 October 11, 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: Home Health Advanced Beneficiary Notices of Liability.

HCFA Form Number: HCFA-R-0296 (OMB approval #: 0938-0781).

Use: Home health agencies must provide proper written notice to Medicare beneficiaries in advance of furnishing what the agencies believe to be noncovered care or of reducing or terminating ongoing care. Beneficiaries have, and will continue to have a right to obtain a Medicare initial determination through the demand bill process, with all attendant appeal rights.

Frequency: On occasion.

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

Number of Respondents: 8,200.

Total Annual Responses: 180,000.

Total Annual Burden Hours: 30,000.

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/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to 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 October 11, 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-296 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: Wendy Taylor, HCFA Desk Officer.

Dated: September 22, 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. 00-24802 Filed 9-22-00; 2:32 pm]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 concerning opportunity for public comment on proposed collections of information, 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 information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are 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; (c) 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

Providers Survey in the Aging, Mental Health/Substance Abuse and Primary Care Program—(New)—The Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA), in

collaboration with the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT), the Department of Veterans Affairs (VA), the Health Care Financing Administration (HCFA), and the Health Resources and Services Administration (HRSA), plans to conduct a survey of the service providers in the Aging, Mental Health/Substance Abuse and Primary Care Program. The purpose of this program is to evaluate alternative models of delivering and financing mental health and/or substance abuse services for older adults through primary health care. We hope to identify differences in outcomes between models referring to specialty mental health/substance abuse (MH/SA) services outside the primary care setting (Referral Model) and those providing such services within the primary care setting itself (Integrated Model).

SAMHSA is funding the Coordinating Center at the Harvard Medical School and six Study Sites, three of which are also HRSA Community Health Centers and receive additional service enhancement funding from HRSA. Furthermore, the VA is funding a Coordinating Center at the Miami VAMC and another five VA Study Sites, following the same protocol, making a total of 11 Study Sites, in 8 States throughout the country. In the intervention, over 50,000 individuals over age 65 are expected to be screened in primary care settings for mental health and substance abuse problems; those in need will receive treatment in either the referral model or the integrated model.

Specifically, the primary purpose of the Aging, MH/SA and Primary Care Program is to specify the conditions under which integrated and referral models are most effective in terms of access, adherence, consumer outcomes, and system outcomes. The multi-site study will focus on the impact of the treatment models on older adults with depression, anxiety, alcoholism, and alcohol abuse with other drugs, and combinations of the above disorders. It highlights prevention, early identification, early intervention, and brief treatment components of service models; it incorporates a consumer-oriented approach throughout all phases of the study, and cultural competence in all study instruments and methods for a variety of ethnic older populations. This study will seek to expand our knowledge, using the most rigorous available scientific methods available, by measuring the relative effectiveness of service models.

In this context, this study intends to evaluate the role of the providers in the treatment of these older adults with MH/SA disorders, both the Primary Care Providers (PCPs) and MH/SA Providers. Therefore, it is proposed to use a questionnaire called a Providers Survey to survey both PCPs and MH/SA Providers to determine their perceptions, attitudes and beliefs about providing these services to older adults under the two service delivery models.

Analysis of this information will assist SAMHSA in documenting

communication patterns with, attitudes towards, and perceptions of older adults participants in the study, permitting some understanding of the provider-older adult interactions. In addition, there may be important differences between the integrated and referral service delivery models in the interaction between the PCP and MH/SA Providers. These two sets of interactions may, in turn, have a direct effect or moderating effect on the effectiveness of the service delivery models.

The Provider Survey will be used one time as a part of Process Evaluation at the time of site visits to the 11 Study Sites in the spring of 2001. Outside, formal comparison groups are not needed, as the main comparisons will be made of the integrated and referral models within each study site.

The 11 Study Sites expect to survey approximately 312 providers for this study, including 158 PCPs and 154 MH/SA Providers. The chart below summarizes complete burden for this project.

Respondent type	Number of respondents	Responses/ respondent	Average burden/ response (hours)	Annual burden (hours)
Primary care providers	158	1	0.133	21
Mental health/substance abuse providers	154	1	0.133	20
Total	312			41

Send comments to Nancy Pearce, 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: September 20, 2000.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 00-24626 Filed 9-25-00; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4563-N-15]

Notice of Proposed Information Collection for Public Comment; Police Department Accreditation Under the Public Housing Drug Elimination Program (PHDEP)

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, 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 Date:* November 27, 2000.

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: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street, SW., Room 4238, Washington, DC 20410-5000.

FOR FURTHER INFORMATION CONTACT:

Mildred M. Hamman, (202) 708-3642, extension 4128, for copies of the proposed forms and other available documents. (This is not a toll-free number).

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).

This Notice is soliciting comments from members of the public and affected 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: Police Department Accreditation under the PHDEP.

OMB Control Number: 2577-0124.

Description of the need for the information and proposed use: Public Housing Agencies (PHAs) that intend to use PHDEP funds to support their police activities must be accredited by their State accreditation program, if one exist, or receive accreditation nationally from the Commission on Accreditation for Law Enforcement Agencies (CALEA). New and existing PHA police departments who have not been approved and want to use PHDEP funds for police services must submit a letter and supporting documents to HUD for approval.

Agency form number: None.

Members of affected public: State or Local government.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 13 PHA police departments are currently established, accreditation certification/letter, 25 minutes per response, total burden hours 3.25; HUD expects that no more than seven new PHA police departments will be established. Seven responses, annually, two hours per response, total burden hours 14. Total reporting burden for new and established PHA police departments will be 17.25 hours.

Status of the proposed information collection: Revision.

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