

collection of information consists solely of those application forms. The total annual burden hours are 100.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)
Agencies and Individuals	600	1	0.167

Dated: May 27, 1997.

Wilma G. Johnson,

Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-14262 Filed 5-30-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Protocol To Measure the Quantity of Nicotine Contained in Smokeless Tobacco Products Manufactured, Imported, or Packaged in the United States; Amendment To Extend Comment Period

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services.

ACTION: Extension of request for comments.

A notice requesting comments from all interested parties concerning a protocol to measure nicotine content of smokeless tobacco products was published in the **Federal Register** on May 2, 1997 (62 FR 24116).

This notice is amended as follows: On page 24116, first column, under the heading **DATES**, line seven, the date for submission of written comments to this notice has been extended from June 2, 1997, to "July 2, 1997."

All other information and requirements of the May 2, 1997, **Federal Register** notice remain the same.

Dated: May 27, 1997.

Joseph R. Carter

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-14258 Filed 5-30-97; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. ACYF-CB-93.652-97-04-1]

Adoption Opportunities Program: Announcement of Availability of Financial Assistance and Request for Applications

AGENCY: Administration for Children and Families, ACF, DHHS.

ACTION: Correction notice.

SUMMARY: This notice corrects the announcement of the availability of financial assistance and request for applications for the Adoption Opportunities Program, published in the **Federal Register** on May 21, 1997. The closing date for receipt of applications was listed as August 19, 1997 which is 90 days from the date of publication. The correct closing date for receipt of applications is July 21, 1997 which is 60 days from the date of publication.

FOR FURTHER INFORMATION CONTACT: The ACYF Operations Center Technical Assistance Team at 1-800-351-2293 regarding this Correction Notice and for questions regarding application requirements.

Dated: May 21, 1997.

James A. Harrell,

Acting Commissioner, Administration on Children, Youth Families.

[FR Doc. 97-14311 Filed 5-30-97; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [316]

Agency Information Collection Activities: Proposed Collection: 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 proposals for the collection of information. 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.

1. *Type of Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicaid Integrated Quality Control (QC) Review Worksheet; *Form No.:* HCFA-316; *Use:* State agencies are required to perform QC reviews for the Aid to Families with Dependent Children (AFDC), Food Stamps, and Medicaid programs. The integrated QC review worksheet is designed to collect both case characteristics and QC data for all QC reviews in the three Federal assistance programs listed above; *Frequency:* Monthly; *Affected Public:* State, local, or tribal government; *Number of Respondents:* 51; *Frequency:* Monthly; *Total Annual Responses:* 30,600; *Total Annual Hours:* 288,688.

To request copies of the proposed paperwork collection referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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 Analysis and Planning Staff, Attention: Linda Mansfield, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 22, 1997.

Edwin J. Glatzel,

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

[FR Doc. 97-14233 Filed 5-30-97; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[R-86, SP0001, R-153]

Submitted for Collection of Public Comment: Submission for OMB Review

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 proposals for the collection of information. 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.

1. *Type of Request:* Extension of a currently approved collection; *Title of Information Collection:* Systems Performance Review (SPR); *Form No.:* HCFA-R-86; *Use:* The System Performance Review (SPR) is a vehicle used to evaluate State Medicaid Management Information Systems (MMIS) to determine whether or not a State system satisfies the functional requirements and statistical levels of output relating to accuracy and timeliness. This review necessitates the documentation or maintenance of specific records; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; Business or other for profit; and Federal Government; *Number of Respondents:* 17; *Total Annual Responses:* 17; *Total Annual Hours:* 22,100.

2. *Type of Request:* Revision of a currently approved collection; *Title of Information Collection:* Medicaid Posteligibility Preprint; *Form No.:*

HCFA-SP0001; *Use:* To standardize the display of information on the posteligibility process in the State's Medicaid plan. The State plan is issued as a basis for Federal financial participation in the State program; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; and Federal Government; *Number of Respondents:* 56; *Total Annual Responses:* 896; *Total Annual Hours:* 529.

3. *Type of Request:* Revision of a currently approved collection; *Title of Information Collection:* Drug Utilization Review (DUR) (Medicaid); *Form No.:* HCFA-R-153 and HCFA-R-153a; *Use:* This is a revision of a currently approved collection of the OMB approved requirements on DUR programs that will expire on 9/30/97. The program and requirements are the same, but HCFA intends to add survey/instructions for the annual report. This framework in form HCFA-R153a would allow for reports to be more easily prepared by the states while also enhancing the usefulness of these reports for analysis and comparison by HCFA. Submission of reports has been required by Section 1927 (g) of the Social Security Act; *Frequency:* Annually; *Affected Public:* State, local, or tribal government; Business or other for profit; and Not-for-profit institutions; *Number of Respondents:* 50; *Total Annual Responses:* 50; *Total Annual Hours:* 608,400.

To request copies of the proposed paperwork collection referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent 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, D.C. 20503.

Dated: May 22, 1997.

Edwin J. Glatzel,

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

[FR Doc. 97-14234 Filed 5-30-97; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-1728]

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: Revision of a currently approved collection; *Title of Information Collection:* Home Health Agency Cost Report; *Form No.:* HCFA-1728; *Use:* The HCFA 1728 is the form used by Home Health Agencies to report their health care costs to determine the amount reimbursable for services furnished to Medicare beneficiaries. *Frequency:* Annually; *Affected Public:* Business or other for profit, Not for profit institutions, and State, Local or Tribal Government; *Number of Respondents:* 8,950; *Total Annual Hours:* 1,575,200.

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 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 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New