

linkage, including testing of the linkage, and to be capable of transmitting hospital encounter data to an FI. All data submitted after July 1, 1998 will be transmitted using this linkage. (See Attachment 1 for additional information on the transmission of data to HCFA.) Each plan and/or contract will use a single FI.

HCFA will establish a series of interim deadlines to ensure that plans are making sufficient progress toward accomplishing this linkage no later than June 30, 1998. HCFA will assist plans in initiating discussions with their FI.

After plans have established linkages to a FI, hospitals will submit HCFA-1450 (UB-92) forms to the managed care plan. The HCFA-1450 (UB92) form is identical to the one used by hospitals in billing for Medicare fee-for-service claims. After receiving the pseudo claim from the hospital, the plan attaches the plan identifier, which is the HCFA assigned managed care organization (MCO) Contract Number, and submits the pseudo-claim electronically to the fiscal intermediary (FI). The data processing flow by the FI is very similar to current claims processing for the fee-for-service system, except that no payment is authorized to the plan. Pseudo claims will flow through the FI to our Common Working File (CWF) and will be retained by HCFA;

Frequency: On occasion;

Affected Public: Business or other for-profit, Not-for-profit institutions, and Federal government;

Number of Respondents: 1.9 million;

Total Annual Responses: 1.9 million;

Total Annual Hours: 13,310.

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 designee referenced below, by 5/6/98:

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: Allison Herron Eydt, HCFA Desk Officer.

Dated: April 9, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98-10105 Filed 4-15-98; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-8005.

Proposed Project: Community Mental Health Services (CMHS) Block Grant Application—Revision—The ADAMHA

Reorganization Act 42 USC 300x1-9 established the Community Mental Health Services Block Grant program which authorized block grants to States to provide community based mental health services. The name of the program was changed in the Spring of 1997 to The Performance Partnership Block Grants (PPBG) for Community Mental Health Services. Under provision of the law, States may receive allotments only after an application is approved by the Secretary. Further, the Act requires States to submit to the Secretary a plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance and an annual implementation report on the block grant fund activities for the previous year.

This block grant program is administered by SAMHSA's Center for Mental Health Services (CMHS). Through an iterative process of consultation with State mental health planners, representatives of the National Association of State Mental Health Program Directors, and the National Governors Association, CMHS revised the recommended voluntary format and content. The proposed application for FY 1999-2001 reflects the criteria, assurances, and requirements set forth in Public Law 102-321. The proposed application provides maximum flexibility to the States while providing performance measures as required by the Government Performance and Results Act. It includes a multi-year option for the State Plan, the option for consolidation of the 12 criteria for application to 5 criteria, and reduced respondent burden. Based on feedback from States that might exercise the multi-year planning option and the consolidation of the criteria, the annual burden estimates are as follows:

ESTIMATES OF ANNUALIZED BURDEN

	Number of States responding	Responses per respondent (over 3 year period)	Hours per response	Annualized response burden (hours)
State Plan:				
12 Criteria:				
1 year	7	3	210	1470
2 year	3	2	180	360
3 year	4	1	150	200
5 Criteria:				
1 year	15	3	180	2700
2 year	15	2	150	1500
3 year	15	1	110	550
Implementation Report	59	3	80	4720

ESTIMATES OF ANNUALIZED BURDEN—Continued

	Number of States responding	Responses per respondent (over 3 year period)	Hours per response	Annualized response burden (hours)
Totals	59	11,500

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Daniel J. Chenok, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10236, Washington, DC 20503.

Dated: April 7, 1998.

Richard Kopanda,
Executive Officer, SAMHSA.

[FR Doc. 98-10067 Filed 4-15-98; 8:45 am]

BILLING CODE 4162-20-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1998 Funding Opportunities

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability.

SUMMARY: The Substance Abuse and Mental Health Services Administration

(SAMHSA) Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) announce the availability of FY 1998 funds for grants and cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice. This notice is not a complete description of the activities; potential applicants *must* obtain a copy of the Guidance for Applicants (GFA) before preparing an application.

Activity	Application deadline	Estimated funds available	Estimated number of awards	Project period
Recovery Community Support Program	06/08/98	\$2.5M	20-30	3 yrs.
Methamphetamine Treatment	06/08/98	2.4M	5-7	3 yrs.
Children of Substance Abusing Parents (COSAPs)	06/08/98	8.0M	19	3 yrs.
Parenting Adolescents	06/08/98	4.3M	9-12	3 yrs.
Border CAPT	06/08/98	.60M	1	3 yrs.

Note: SAMHSA also published notices of available funding opportunities for FY 1998 in the **Federal Register** on January 6, 1998, January 20, 1998, February 26, 1998, March 20, 1998, and on April 8, 1998.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1998 funds for activities discussed in this announcement were appropriated by the Congress under Public Law No. 105-78. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and

Surveillance and Data Systems. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-512-1800).

General Instructions

Applicants must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the GFA (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for each activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

The PHS 5161-1 application form and the full text of each of the activities (i.e., the GFA) described in Section 4 are

available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

Application Submission

Unless otherwise stated in the GFA, applications must be submitted to: SAMHSA Programs, Center for Scientific Review, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710*.

(*Applicants who wish to use express mail or courier service should change the zip code to 20817.)

Application Deadlines

The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual activities.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

Applications received after the deadline date and those sent to an