

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Proposed Information Collection Activity; Comment Request****Proposed Project**

Title: Interim Tribal TANF Data Report.

OMB No.: 0970-0176.

Description: This information is being collected to meet the statutory requirements of section 411 of the Social Security Act and section 116 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. It consists of disaggregated demographic and program information that will be used to determine participation rates and other statutorily required indicators

for the Tribal Temporary Assistance for Needy Families (Tribal TANF) program.

Respondents: State, Local or Tribal Government.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Interim Tribal TANF Data Report	18	4	451	32,472

Estimated Total Annual Burden Hours: 32,472.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is 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)

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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: November 6, 1998.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 98-30251 Filed 11-10-98; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Submission for OMB Review; Comment Request**

Title: Application Requirements for the Low Income Home Energy

Assistance Program (LIHEAP) Detailed Model Plan and the Abbreviated Model Plan.

OMB No.: 0970-0075.

Description: This information requirement is an annual activity which is required by law for the receipt of Federal block grant funds under the LIHEAP statute. By law, we must make this model plan available to grantees. It provides grantees an optional management tool that may alleviate the burden of preparing additional information to complete plans. The detailed model plan is to be filed only once every three years or sooner if major changes are made to a grantee's program. In the other two years, grantees would submit an abbreviated application which will still meet the statutory requirement for a complete application.

Respondents: State, Local or Tribal Govt.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Detailed Model Plan	65	1	1	65
Abbreviated Model Plan	115	1	.33	38

Estimated Total Annual Burden Hours: 103.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W.;

Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 to 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of

having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Attn: Ms. Wendy Taylor.

Dated: November 5, 1998.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 98-30164 Filed 11-10-98; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA-1039-CN]

RIN 0938-A187

Medicare Program; Hospice Wage Index; Corrections

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice; correction notice.

SUMMARY: In the October 5, 1998 issue of the **Federal Register** (63 FR 53446), we published a notice announcing the annual update to the hospice wage index. The wage index is used to reflect local differences in wage levels. That update was effective October 1, 1998 and is the second year of a 3-year transition period. This notice corrects errors made in that document.

FOR FURTHER INFORMATION CONTACT: Carol Blackford, (410) 786-5909.

SUPPLEMENTARY INFORMATION: The October 5, 1998 notice contained technical and typographical errors. Therefore, we are making the following corrections:

1. On page 53447, in Table A., "Schoharie, NY" is removed from the list of counties with MSA code number 0160.
2. On page 53448, in Table A., "Stanly, NY" is removed from the list of counties with MSA code number 1520 and is added to a new MSA code number "15206," with area name "Charlotte-Gastonia-Rock Hill, NC-SC" and with wage index value "0.9741."
3. On page 53449, in Table A., the MSA code number "2580" for Washington, AR is corrected to read "25806."
4. On page 53449, in Table A., the MSA code number "2760" for Allen, IN,

De Kalb, IN, and Whitley, IN is corrected to read "27606."

5. On page 53450, in Table A., "La Crosse, WI" is removed from the list of counties with MSA code number 3870.

6. On page 53451, in Table A., the MSA code number "5640" for Warren, NJ is corrected to read "56406."

7. On page 53452, "St. Louis, MO" is added to the list of counties with MSA code number 70408.

Authority: Section 1814(i) of the Social Security Act (42 U.S.C. 1395f (i)(1))

(Catalog of Federal Domestic Assistance Program No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 29, 1998.

Neil J. Stillman,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 98-30193 Filed 11-10-98; 8:45 am]

BILLING CODE 4120-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995.

Proposed Project: The National Health Service Corps (NHSC) Loan Repayment Program (OMB No. 0915-0127)—Extension and Revision. The NHSC Loan Repayment Program (LRP) was established to assure an adequate

supply of trained primary care health professionals to the neediest communities in the Health Professional Shortage Areas (HPSAs) of the United States. Under this program, the Department of Health and Human Services agrees to repay the educational loans of the primary care health professionals. In return, the health professionals agree to serve for a specified period of time in a federally-designated HPSA approved by the Secretary for LRP participants.

This request for extension of OMB approval will include the NHSC LRP application and loan verification form, as well as two new forms: a Site Information Form and Request for Method of Advanced Loan Repayment Form. In an effort to improve the procedure for recruiting NHSC applicants and to alleviate some of the burden and delay in the application process, the following changes are proposed:

(1) The applicant will submit a "Site Information Form" rather than a copy of the signed employment contract. This form provides information about the proposed employment site, requiring only a signature and date from the Site Administrator/Executive Officer. This change will allow HRSA to begin consideration of the application at an earlier stage, since a signed employment contract generally takes more time to negotiate.

(2) A new one page form, "The Request for Method of Advanced Loan Repayment" form, will be included with the application. It provides a description of three methods of payment (quarterly, annually, and biennially), and asks applicants to select the method they prefer.

(3) Applicants now obtain a self-report from the National Practitioner Data Bank (NPDB), which must be submitted with the application form. To obtain that form, applicants must submit a written request to the NPDB. To expedite that process, HRSA proposes to send the NPDB request form with the LRP application.

The estimate of burden is as follows:

Respondent	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Applicants	800	1	1.5	1200
Lenders	45	1	15 minutes ..	11
Total	845		1211

Written comments and recommendations concerning the

proposed information collection should be sent within 30 days of this notice to:

Wendy A. Taylor, Human Resources and Housing Branch, Office of