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: Annual Administrative Reporting System for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (RWCA) of 1990 for Titles I and II (OMB No. 0915–0166)

OMB approval is requested for the Annual Administrative Reporting System (AAR) established in 1994 to collect information from grantees and their subcontracted service providers. The AARs collect aggregate information from grantees about the disbursal of funds, number of clients served and services provided, demographic information about clients served, and cost of providing services funded under Title I and II of the Ryan White CARE Act.

The primary purposes of the AARs are to: (1) Document the use of Title I and Title II funds and the providers who received them, (2) assess the effects of these funds on the number and diversity of individuals served, (3) evaluate the quantity of services received, and (4) help examine the effectiveness of coordinated systems of care in meeting the needs of individuals living with HIV. In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, the AAR supports critical efforts by HRSA, State and local grantees, and providers to assess the status of existing HIV-related service delivery systems.

Separate reports were developed to collect aggregate data from the three program types that receive funds under Title I and/or Title II: (1) Title I programs, Title II Consortia, and Title II Home- and Community-Based programs; (2) centrally administered State programs for the continuation of health insurance; and (3) State programs providing HIV prescription drug assistance.

The following changes to the AAR are proposed to improve the accuracy of the data collected, reduce respondent burden, and facilitate local analysis of primary medical care outcome measures: Certain funding questions will be eliminated, all questions will require numerical responses, not percentages; some questions will be restricted to certain providers; an optional set of questions has been added to help evaluate primary medical services for local planning and evaluation needs.

The estimated response burden is as follows:

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Standard Annual Administrative Report (SAAR)					
Providers	2,600	1	2,600	14	36,400
Grantees	107	1	107	25	2,675
AIDS Pharmaceutical Assistance Annual Administrative Report (includes State ADAP and local APA pharmaceutical programs)					
Administrator/Grantee	158	1	158	25	3,950
Health Insurance Continuation Program (HICP) Annual Administrative Report					
Administrator/Grantee	35	1	35	15	525
Total	2,900	1	2,900		43,550

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 14, 1999.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 99–18585 Filed 7–20–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

AIDS Education and Training Centers Program Grants

AGENCY: Health Resources and Services Administration, Department of Health and Human Services.

ACTION: Notice of limited competition.

SUMMARY: The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) announces a limited competition to support regional AIDS Education and Training Centers in the following regional areas: Delta Region (serving Arkansas, Louisiana, Mississippi), Mid Atlantic Region serving Delaware, Maryland, Virginia, West Virginia, Washington, DC and Texas/Oklahoma Region to provide state-of-the-art treatment education, training consultation and support to health care professionals treating HIV seropositive patients for HRSA's AIDS Education Training Centers Program under section 2692(a) of the Public Health Service Act as amended by Pub. L. 104–146, the Ryan White Comprehensive Aids Resources Emergency Act Amendments of 1996. Assistance will be provided only to these there regional areas. No other applications are solicited, nor will they be accepted.

Approximately $2,500,000 is available in fiscal year 1999. The first budget period will be for 9 months with a start date of October 1, 1999. The total project period will be for 2 years 9 months. Continuation awards within the project period will have a July 1 start date with a 12 month budget period and

will be made on the basis of satisfactory progress and the availability of funds.

HRSA is limiting competition to the three regional areas because during the previously announced competitive cycle, applications submitted for the three regional areas did not successfully compete for funds. It is HRSA's intent to fund AETC Programs in all regions of the United States. This limited competition will focus on supporting a regional AETC Program in each of the three regions to provide state-of-the-art treatment education, training, consultation, and support to health care professionals treating HIV seropositive patients for the Health Resources and Services Administration's AETC Programs during the period of support.

DATES: Applications for these announced grants must be received in the Grants HRSA Application Center by the close of business September 1, 1999 to be considered for competition. Applications will meet the deadline if they are either (1) received on or before the deadline date or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legibly dated receipt from a commercial carrier of U.S. Postal Service will be accepted as proof of timely mailing. Applications received after the deadline will be returned to the applicant.

ADDRESSES: All applications should be mailed or delivered to: Grants Management Officer, HRSA Grants Application Center, Parklawn Building, 5600 Fishers Lane, Room 4–91, Rockville, Maryland 20857. Grant applications sent to any address other than that above are subject to being returned. **Federal Register** notices and application guidance for the HIV/AIDS Bureau program are available on the World Wide Web via the Internet. The web site for the HIV/AIDS Bureau is: *http://www.hrsa.gov/hab/*. Federal grant application kits are available at the following Internet address: http://forms.psc.gov/phsforms.htm. For those applicants who are unable to access application materials electronically, a hard copy of the official grant application kit (PHS Form 6025–1) must be obtained from the HRSA Grants Application Center. The Center may be contacted by (telephone, 1–888–300–4772) FAX: 301–309–0579, or 3 e-mail, HRSA.GAC@ix.netcom.com.

FOR FURTHER INFORMATION CONTACT: Additional Information may be obtained from Mrs. Juanita Koziol, Deputy Branch Director, HIV Education Branch, Division of Training and Technical Assistance, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 9A–39, Rockville, Maryland 20857. Telephone number (301) 443–6364 and the FAX: (301) 443–9887.

Dated: July 14, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99–18583 Filed 7–20–99; 8:45 am]

BILLING CODE 4160–15–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Draft OIG Compliance Program Guidance for Hospices

AGENCY: Office of Inspector General (OIG), HHS.

ACTION: Notice and comment period.

SUMMARY: This **Federal Register** notice seeks the comments of interested parties on draft compliance guidance developed by the Office of Inspector General (OIG) for the hospice industry. Through this notice, the OIG is setting forth its general views on the value and fundamental principles of hospice compliance programs, and the specific elements that the hospice industry should consider when developing and implementing an effective compliance program.

DATES: To assure consideration, comments must be delivered to the address provided below by no later than 5 p.m. on August 20, 1999.

ADDRESSES: Please mail or deliver written comments to the following address: Office of Inspector General, Department of Health and Human Services, Attention: OIG–6P–CPG, Room 5246, Cohen Building, 330 Independence Avenue, SW, Washington, DC 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to file code OIG–6P–CPG. Comments received timely will be available for public inspection as they are received, generally beginning approximately 2 weeks after publication of a document, in Room 5541 of the Office of Inspector General at 330 Independence Avenue, SW, Washington, DC 20201 on Monday through Friday of each week from 8:00 a.m. to 4:30 p.m.

FOR FURTHER INFORMATION CONTACT: Michael Shaw, Office of Counsel to the Inspector General, (202) 619–2078.

SUPPLEMENTARY INFORMATION:

Background

The creation of compliance program guidance is a major initiative of the OIG in its effort to engage the private health care community in addressing and fighting fraud and abuse. In the last several years, the OIG has developed and issued compliance program guidance directed at the following segments of the health care industry:

- Clinical Laboratories (62 FR 9435; March 3, 1997, as amended in 63 FR 45076; August 24, 1998),
- Hospitals (63 FR 8987; February 23, 1998),
- Home Health Agencies (63 FR 42410; August 7, 1998),
- Third-Party Medical Billing Companies (63 FR 70138; December 18, 1998), and
- Durable Medical Equipment, Prosthetics, Orthotics and Supply Industry (64 FR 36368; July 6, 1999).

Copies of these compliance program guidances can also be found on the OIG web site at http://www.os.dhhs.gov/oig.

Developing Draft Compliance Program Guidance for the Hospice Industry

On January 13, 1999, the OIG published a solicitation notice seeking information and recommendations for developing formal guidance for the hospice industry (64 FR 2228). In response to that solicitation notice, the OIG received 11 comments from various outside sources. In developing this notice for formal public comment, we have considered those comments, as well as previous OIG publications, such as other compliance program guidances and Special Fraud Alerts. We have also taken into account past and recent fraud investigations conducted by the OIG's Office of Investigations and the Department of Justice, and have consulted with the Health Care Financing Administration.

This draft guidance for the hospice industry contains seven elements that the OIG has determined are fundamental to an effective compliance program:

- Implementing written policies;
- Designating a compliance officer and compliance committee;
- Conducting effective training and education;
- Developing effective lines of communication;
- Conducting internal monitoring and auditing;
- Enforcing standards through well-publicized disciplinary guidelines; and
- Responding promptly to detected offenses and developing corrective action.

These elements are contained in the other guidance issued by the OIG, indicated above. As with the previously-issued guidances, this draft compliance program guidance represents the OIG's