

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 Information Collection Request:* New collection; *Title of Information Collection:* Maximizing the Effectiveness of Home Health Care: The Influence of Service Volume and Integration With Other Care Settings on Patient Outcomes; *Form No.:* HCFA-R-189; *Use:* This study will examine (1) the relationship of home health care service volume and patient outcomes, and (2) the relationship of the physician role and integration of other services and patient outcomes; *Frequency:* Other (periodically); *Affected Public:* Not-for-profit institutions, business or other for profit, and individuals or households; *Number of Respondents:* 6,300; *Total Annual Hours:* 3,573.

2. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, Outpatient Physical Therapy Speech Pathology Survey Report; *Form Nos.:* HCFA-1856, HCFA-1893; *Use:* The Medicare Program requires outpatient physical therapy providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the result of the onsite survey; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 1,700; *Total Annual Hours:* 446.25.

3. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Certification as Supplier of Portable X-ray Services Under the Medicare/Medicaid Programs, and Portable X-ray Survey Report; *Form Nos.:* HCFA-1880, HCFA-1882; *Use:* The Medicare program requires portable x-ray suppliers to be surveyed for health and safety standards. The HCFA-1882 is the survey form that records survey results. The HCFA-1880 is used by the surveyor

to determine if a portable x-ray applicant meets the eligibility requirements; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 520; *Total Annual Hours:* 137.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Organ Procurement Organization's Request for Designation; *Form No.:* HCFA-576; *Use:* The information provided on this form serves as a basis for certifying organ procurement organizations (OPO) for participation in the Medicare and Medicaid programs and will indicate whether the OPO is meeting the specified performance standards for reimbursement of service; *Frequency:* Biennially; *Affected Public:* Business or other for profit, not-for-profit institutions; *Number of Respondents:* 80; *Total Annual Hours:* 160.

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Physical Therapist in Independent Practice Request for Certification in the Medicare Program; *Form No.:* HCFA-262; *Use:* The HCFA-262 is used by the surveyors to determine if a physical therapist in independent practice requesting Medicare approval meets the eligibility requirements; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 7,322; *Total Annual Hours:* 1,098.

6. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Request for Approval as a Hospital Provider of Extended Care Services (Swing-Bed) in the Medicare and Medicaid Programs; *Form No.:* HCFA-605; *Use:* The HCFA-605 is used for facility identification and screening. It will be completed by a hospital that is requesting approval and will initiate the process of determining the hospital's eligibility and for which bed count category the hospital wishes to request approval; *Frequency:* Other (one-time usage for initial application); *Affected Public:* Business or other for profit, not-for-profit institutions, Federal Government; *Number of Respondents:* 1,500; *Total Annual Hours:* 375.

To request copies of the proposed paperwork collections 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 Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 7, 1995.

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

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## Health Resources and Services Administration

### Rural Health Services Outreach Grant Program

**AGENCY:** Health Resources and Services Administration, PHS.

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Office of Rural Health Policy, Health Resources and Services Administration (HRSA), announces that applications are being accepted for Rural Health Services Outreach Demonstration Grants to expand or enhance the availability of essential health services in rural areas. Grants for these projects are authorized under Section 301 of the Public Health Service Act.

This program announcement for the above stated program is subject to the appropriation of funds for this activity. Applicants are advised that this program announcement is a contingency action being taken to assure that should funds become available for this purpose, awards can be made in a timely fashion consistent with the needs of the program. At this time, given a continuing resolution and the absence of FY 1996 appropriations for this program, the amount of funds available cannot be estimated.

**NATIONAL HEALTH OBJECTIVES FOR THE YEAR 2000:** The Health Resources & Services Administration (HRSA) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a Public Health Service (PHS) national activity for setting priority areas. The Rural Health Services Outreach program is related to the priority areas for health promotion, health protection and preventive services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-C) or Healthy People 2000 (Summary Report: Stock No. 017-001-