SUMMARY: The Children's Bureau, in the Administration on Children, Youth and Families, administers the title IV–E program which providers funds to States to assist in meeting the needs of certain children who are removed from their homes and placed in foster care. Federal financial participation (FFP) is available for a portion of the costs States incur in operating the foster care maintenance payments program.

We have received a number of inquiries regarding the requirements and/or restrictions associated with State's contracting for the performance of title IV–E administrative functions. In light of the range and complexity of the questions posed by States, we would like to examine the issues raised more closely. This notice invites public comment on State practices in contracting for the performance of title IV–E administrative functions. Based on comments received, we will determine the need for additional guidance related to contracting for the performance of specific title IV–E administrative functions.

Section 471(a)(5) of the Social Security Act requires States to '' * * * use such methods relating to the establishment and maintenace of personnel standards on a merit basis * * *'' Under a merit system of personnel administration, certain administrative functions must be performed by State agency employees. Functions that must be retained by the State agency are referred to as ''inherently governmental.'' Office of Management and Budget Circular A–76, ''Performance of Commercial Activities,'' defines ''inherently governmental functions,'' *i.e.*, those that must be performed by government employees, as ''* * * those activities which require either the exercise of discretion in applying Governmental authority or the use of value judgment in making decisions for the Government * * *'' The determination of a child's eligibility for title IV–E is, for example, an inherently governmental function.

We are requesting that respondents express their views with regard to how the legal prohibition against contracting out inherently governmental functions is consistent with, and its implications for, existing State practice, as well as plans for future contracting. It would assist our decision-making if respondents from State child welfare agencies would identify which, if any, title IV—E administrative functions the State currently contracts out. Please identify those considerations you would like us to take in developing additional policy guidance, in the event we determine it is warranted.

DATES: In order to be considered, written comments in response to this Notice must be received September 18, 2000.

ADDRESSES: Please address written comments to: Kathy McHugh, Director of Policy, Children's Bureau, Administration on Children Youth and Families, 330 C Street, SW., Room 2411, Washington, DC 20447. Comments will *not* be accepted electronically, by telephone, or by fax.

FOR FURTHER INFORMATION CONTACT: Joe Bock, Child Welfare Program Specialist Children's Bureau, Administration on Children, Youth, and Families at (202) 205–9632.

Dated: August 10, 2000.

Patricia Montoya,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. 00–20857 Filed 8–16–00; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Solicitation of Information and Recommendations for Developing a Compliance Risk Guidance for the Ambulance Industry

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

ACTION: Notice.

SUMMARY: This **Federal Register** notice seeks the input and recommendations of interested parties as the OIG develops a Compliance Risk Guidance (CRG) for ambulance service providers, especially those serving Medicare, Medicaid and other Federal health care program beneficiaries. The ambulance industry has experienced a number of instances of ambulance provider and supplier fraud and abuse and has expressed interest in increasing the awareness of the industry to assist in protecting against such conduct. In response to the industry's concerns, the OIG has, to date, written seven Advisory Opinions on a variety of ambulance-related issues [1] and has published a proposed rule concerning a safe harbor for ambulance restocking.[2]

In an effort to provide further guidance, the OIG is soliciting comments, recommendations and other suggestions from concerned parties and organizations on how best to develop an ambulance CRG to reduce the potential for fraud and abuse. The OIG expects that the CRG will outline the most common and prevalent fraud and abuse risk areas for the ambulance industry. In addition, the CRG will provide guidance on how to: (1) Address these risk areas; (2) prevent the occurrence of instances of fraud and abuse; and (3) develop corrective actions when those risks or instances of fraud and abuse are identified.

The OIG expects that the risk areas identified in the CRG will not be all-inclusive. Ambulance providers and suppliers will remain responsible for identifying those risk areas particular to their specific operations.

DATES: To assure consideration, comments must be delivered to the address provided below by no later than 5 p.m. on October 16, 2000.

ADDRESSES: Please mail or deliver your written comments, recommendations and suggestions to the following address: Department of Health and Human Services, Office of Inspector General, Attention: OIG–1–CRG, Room 5527 A, Cohen Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

We do not accept comments by facsimile (FAX) transmission. In commenting, please refer to the file code OIG–1–CRG. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 5541 of the Office of Inspector General at 330 Independence Avenue, S.W., Washington, D.C. 20201 on Monday through Friday of each week from 8 A.M. to 4:30 P.M.

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

SUPPLEMENTARY INFORMATION: The contents of this CRG will differ from the previous OIG compliance program guidances.[3] Although the CRG will refer to the seven elements of establishing an effective compliance program, set forth in the previous compliance program

[1] See Advisory Opinions Nos. 97–6, 98–3, 98–7, 98–13, 99–1, 99–2 and 99–5. The Advisory Opinions can be found on the OIG web site at http://www.hhs.gov/oig.

[2] See 65 FR 32060; May 22, 2000.

[3] The OIG has issued compliance program guidance for the following eight industry sectors: hospitals, clinical laboratories, home health agencies, durable medical equipment suppliers, third-party medical billing companies, hospices, Medicare+Choice organizations offering coordinated care plans and nursing facilities. Additionally, the Individual and Small Group Physician Practice Compliance Program Guidance has been issued in draft form (June 12, 2000; 65 FR 36818). The Compliance Program Guidances can be found on the OIG web site at http://www.hhs.gov/oig in the Electronic Reading Room, or by calling the OIG Public Affairs office at (202) 619–1343.

guidances,[4] the CRG will concentrate on specific identified risk areas and related compliance program best practices.

The CRG will include an additional section relating to risk areas associated with the Medical Assistance or Medicaid program requirements. The OIG intends to broadly address the Medicaid risks in light of the fact that the coverage and reimbursement rules differ among the various Medicaid programs. In order for the OIG to adequately incorporate the most prevalent Medicaid risk areas, we are requesting comments and suggestions from the various State agencies providing Medicaid services and from those ambulance providers and suppliers that furnish a significant level of services to Medicaid beneficiaries.

The OIG would also appreciate specific comments related to compliance regarding the proposed Medicare ambulance fee schedule.[5] As appropriate, we ask that commenters please provide detailed justifications and empirical data supporting such comments.

Dated: August 11, 2000.

Michael F. Mangano,

Principal Deputy Inspector General.

[FR Doc. 00–20856 Filed 8–16–00; 8:45 am]

BILLING CODE 4152–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request, NCI Cancer Information Service Demographic/ Customer Service Data Collection

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 7, 2000, Vol. 65, No. 25, page 5873–5874 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: NCI Cancer Information Service Demographic/Customer Service Data Collection. *Type of Information Collection Request:* Revision. OMB No. 0925–0208 expires October 2000. *Need and Use of Information Collection:* The Cancer Information Service (CIS) provides the general public, cancer patients, families, health professionals, and others with the latest information on cancer. Essential to providing the best customer service is the need to collect data about callers and web users and how they found out about the service. This effort involves a telephone survey and a web survey. The telephone survey involves asking seven questions to five categories of callers for an annual total of approximately 500,430 callers. Three of the seven questions will be asked to 100% of five categories of callers for an annual total of approximately 333,620 callers; four questions will be asked to 50% of the same five categories of callers for an annual total of approximately 166,810 callers. The web survey involves asking eight questions to an annual total of approximately 75,266 voluntary users of the CIS web site. *Frequency of Response:* Single time. *Affected Public:* Individuals or households. *Type of Respondents:* Patients, relatives, friends, and general public. The annual reporting burden is as follows: *Estimated Number of Respondents:* 500,430 callers and 75,266 web users; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* Telephone—.00328 and .0083 and Web—.0137; and *Estimated Total Annual Burden Hours Requested:* Telephone—2,479 and Web—1,031. The annualized cost to respondents is estimated at: $42,120. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Individuals or households				
Telephone:				
—3 questions (100%)	333,620	1	0.00328	1,094
—4 questions (50%)	166,810	1	0.0083	1,385
Web:				
—8 questions (100%)	75,266	1	0.0137	1,031
Annualized Totals	575,696			3,510

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other

[4] The seven elements of an effective compliance program include: (1) The development of written policies and procedures; (2) the designation of a compliance officer and other appropriate bodies; (3) the development and implementation of effective training and education programs; (4) the development and maintenance of effective lines of communication; (5) the enforcement of standards through well-publicized disciplinary guidelines; (6) the use of audits and other evaluation techniques to monitor compliance; and (7) the development of procedures to respond to detected offenses and to initiate corrective action.

[5] The Health Care Financing Administration's proposed Medicare ambulance fee schedule is expected to be published in the **Federal Register** shortly.