the CHAMPUS DRG-based payment system until April 1, 1989.

EFFECTIVE DATE: The final rule published on December 16, 1989 (53 FR 50515) April 1, 1989 and applies to inpatient hospital admissions occurring on or after April 1, 1989.

FOR FURTHER INFORMATION CONTACT: Stephen E. Isaacson, Office of Program Development, Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), Aurora, Colorado, 80045–6900, telephone (303) 361–4005.

SUPPLEMENTARY INFORMATION: The final rule published on December 16, 1988, (53 FR 50515) provided for inclusion of children's hospitals and neonatal services in the CHAMPUS DRG-based payment system effective for inpatient hospital admissions occurring on or after March 1, 1989. The actual weights and rates were not included in the final rule and will be published in a separate notice. As a result of unexpected delays and complications in calculating the weights and rates, we have decided to postpone implementation of these changes until April 1 so that hospitals can have adequate advance notice of the weights and rates. We expect to publish the weights and rates by the end of February.

Authority: 10 U.S.C. 1079; 1086; 5 U.S.C. 301.

L. M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

February 23, 1989.

[FR Doc. 89–4706 Filed 3–1–89; 8:45 am]

BILLING CODE 3810-01-M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 147

[FRL–3504–1]

Mississippi State Oil & Gas Board; Underground Injection Control ("UIC") Primacy Program Approval

AGENCY: Environmental Protection Agency.

ACTION: Final rule; approval of State program.

SUMMARY: The State Oil and Gas Board of Mississippi (the "Board") submitted an application under section 1425 of the Safe Drinking Water Act ("SDWA") for the approval of the UIC program governing Class II oil and natural gas related injection wells. After careful review of the application, the Agency has determined that the State's injection well program for Class II wells meets the requirements of the Act, and therefore approves it.

DATES: This approval shall become effective on March 2, 1989. The incorporation by reference of certain State statutes and regulations listed in the State Primacy Program is approved by the Director of the Federal Register effective March 2, 1989.

FOR FURTHER INFORMATION CONTACT: John K. Mason, Ground-Water Management Unit, Ground-Water Protection Branch, Environmental Protection Agency, Region IV, 345 Courtland Street, Atlanta, Georgia 30365, (404) 347–3866. Copies of the Responsiveness Summary covering the public hearings are available at the above address.

SUPPLEMENTARY INFORMATION:

Background

Part C of the SDWA provides for a UIC program. Section 1421 of the SDWA requires the Administrator to promulgate minimum requirements for effective State programs to prevent underground injection which endangers drinking water sources. The Administrator is also to list in the **Federal Register** each State for which, in his judgment, a State UIC program may be necessary. Each State listed shall submit to the Administrator an application which contains a satisfactory demonstration that the State: (i) Has adopted, after reasonable notice and public hearings, an UIC program which meets the requirements of regulations in effect under section 1421 of the SWDA; and (ii) will keep such records and make such reports with respect to its activities under its UIC program as the Administrator may require by regulations. Section 1425 provides that for oil and gas-related injection control programs, the State may, in lieu of meeting the requirements under section 1422(b)(1)(A), demonstrate that the State program meets the requirements of section 1421(b)(1)(A)–(D) and represents an effective program to prevent underground injection which endangers drinking water sources. After reasonable opportunity for public comment, the Administrator shall be rule approve, disapprove or approve in part and disapprove in part, the State's UIC program.

The State of Mississippi was listed by EPA as needing an UIC program. The Board submitted an application under section 1425 on March 2, 1982 for the approval of an UIC program governing Class II oil and natural gas-related injection wells to be administrated by the Board. This application was determined to be inadequate and on December 1, 1983 was returned to the State. Effective December 30, 1984, EPA implemented a Federal UIC program for Class II wells in Mississippi. On December 21, 1987, the Board submitted a primacy application under section 1425 which was determined to be complete. On January 27, 1988, EPA published notice of its receipt of the application, requested public comments, and scheduled public hearings on the Mississippi UIC program submitted by the Board (53 FR 2238). Two public hearings were held on March 8, 1988 in Jackson, Mississippi. No comments were received opposing approval of the State's program.

Summary of Today's Action

After careful review of the application and comments received from the public, I have determined that the portion of the Mississippi UIC program submitted by the Board to regulate Class II injection wells, applicable on all lands in the State other than Indian lands, meets the requirements of section 1425 of the SDWA, and I hereby approve it. The effect of this approval is to establish this program under the SDWA for Class II wells on all non-Indian lands in the State of Mississippi.

This program replaces the existing EPA-administered program for all Class II wells (except on Indian lands). Now that EPA has determined that the State-administered program meets all applicable federal requirements, the Agency is withdrawing the EPA-administered program for Class II wells and establishing the State-administered program as the applicable UIC program in the State, except on Indian lands. EPA will continue to enforce the UIC program on Indian lands in Mississippi. See 53 FR 43080 for details.

This program approval will be codified in 40 CFR 147.1251. State statutes and regulations that contain standards, requirements, and procedures applicable to owners or operators are incorporated by reference. To the extent set forth in 40 CFR Part 144 and 40 CFR Part 146, these provisions incorporated by reference, as well as all permit conditions and permit denials issued pursuant to such provisions, are enforceable by EPA pursuant to section 1423 of the SDWA.

EPA shall continue to handle the enforcement actions on all wells, permitted or otherwise, which were under any active EPA enforcement action as of the date of this delegation. Wells for which a Notice of Violation has been issued will be considered to be under an active enforcement action. EPA shall continue with the enforcement actions on these wells until final resolution or until EPA determines

that adequate State enforcement is being taken.

Effective Date

Today's program approval is effective March 2, 1989. The State of Mississippi desires to begin issuing Class II UIC permits as soon as possible. EPA has received no comments opposing today's action. EPA does not believe any potential permittees will be prejudiced. Therefore, EPA believes good cause exists to making this rule effective upon publication. 5 U.S.C. 553.

OMB Review

The Office of Management and Budget has exempted this rule from the requirements of section 3 of Executive Order 12291.

Certification Under the Regulatory Flexibility Act

Pursuant to the provisions of 5 U.S.C. 605(b), I certify that approval by EPA under section 1425 of the SDWA of the application by the Board will not have a significant economic impact on a substantial number of small entities, since this rule only approves State actions. It imposes no new requirements on small entities.

List of Subjects in 40 CFR Part 147

Indian lands, Reporting and recordkeeping requirements, Intergovernmental relations, Penalties, Confidential business information, Water supply, Incorporation by reference.

Dated: December 30, 1988.

John Moore,

Acting Administrator.

As set forth in the preamble, Part 147 of Title 40 of the Code of Federal Regulations is amended as follows:

PART 147—STATE UNDERGROUND INJECTION CONTROL PROGRAMS

The authority for Part 147 continues to read as follows:

Authority: 42 U.S.C. 300h *et seq.* and 42 U.S.C. 6901 *et seq.*

Supart Z—Mississippi

1. Section 147.1251 is revised to read as follows:

§ 147.1251 State—Administered Program—Class II Wells.

The UIC program for Class II wells in the State of Mississippi, other than those on Indian lands, is the program administered by the State Oil and Gas Board of Mississippi approved by EPA pursuant to section 1425 of the SDWA. Notice of this approval was published in the **Federal Register** on March 2, 1989; the effective date of this program is March 2, 1989. This program consists of the following elements, as submitted to EPA in the State's program application:

(a) Incorporation by reference. The requirements set forth in the State statutes and regulations cited in this paragraph are hereby incorporated by reference and made a part of the applicable UIC program under the SDWA for the State of Mississippi. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a).

(1) Mississippi Code Annotated, section 5–9–9 (Supp. 1988).

(2) Mississippi Code Annotated, sections 53–1–1 through 53–1–47, inclusive and sections 53–1–71 through 53–1–77, inclusive (1972 and Supp. 1988).

(3) Mississippi Code Annotated, sections 53–3–1 through 53–3–165, inclusive (1972 and Supp. 1988).

(4) State Oil and Gas Board Statewide Rules and Regulations, Rules 1 through 65, inclusive (Aug. 1, 1987, as amended, Sept. 17, 1987).

(b) The Memorandum of Agreement between EPA Region IV and the State Oil and Gas Board of Mississippi signed by the Regional Administrator on October 31, 1988.

(c) Statement of legal authority. Statement from the Attorney General signed on October 1, 1987 with amendments to the Statement signed August 5, 1988 and September 15, 1988 by the Special Assistant Attorney General.

(d) The Program Description and any other materials submitted as part of the original application or as supplements thereto.

2. Section 147.1252 is amended by revising the section heading and adding text to read as follows:

§ 147.1252 EPA-administered program—Indian lands.

(a) *Contents.* The UIC program for all classes of wells on Indian lands in Mississippi is administered by EPA. The program consists of the UIC program requirements of 40 CFR Parts 124, 144, 146 and any additional requirements set forth in the remainder of this subpart. Injection well owners and operators and EPA shall comply with these requirements.

(b) *Effective date.* The effective date of the UIC program on Indian lands is November 25, 1988.

§§ 147.1253 and 147.1254 [Removed]

3. Sections 147.1253 and 147.1254 are removed.

[FR Doc. 89–424 Filed 3–1–89; 8:45 am]

BILLING CODE 6560–50–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

42 CFR Part 5

Criteria for Designation of Health Manpower Shortage Areas

AGENCY: Public Health Service, HHS.

ACTION: Final regulations.

SUMMARY: These final regulations revise the existing regulations governing the criteria for Designation of Health Manpower Shortage Areas, required by section 332 of the Public Health Service Act (the Act). This amendment revises the definition for the term "internees" used in the criteria for designating those Federal and State institutions which have a shortage of primary medical care, dental care, or psychiatric manpower.

EFFECTIVE DATE: These regulations are effective March 2, 1989.

FOR FURTHER INFORMATION CONTACT: Richard C. Lee, Chief, Shortage Analysis Staff, Bureau of Health Care Delivery and Assistance, Parklawn Building Room 8–57, 5600 Fishers Lane, Rockville, Maryland 20857; telephone 301 443–6932.

SUPPLEMENTARY INFORMATION: On October 29, 1987, a Notice of Proposed Rulemaking (NPRM) to amend the existing regulations governing the criteria for Designation of Health Manpower Shortage Areas was published in the **Federal Register** (52 FR 41594) by the Assistant Secretary for Health, Department of Health and Human Services, with the approval of the Secretary. The NPRM revises the definition for the term "internees" used in the criteria for designating medium to maxium security Federal and State correctional institutions and youth detention facilities that have a shortage of primary medical care, dental care, or psychiatric manpower.

The public comment period on the proposed regulations closed on December 28, 1987. The Department received nine letters. Seven of these were from State departments of correction; one was from the provider of medical services to correctional facilities of a major metropolitan area; and one was from a contractor that provides medical services in certain State correctional facilities. The

comments and the Department's responses to them are discussed below. For clarity, the comments and responses are arranged according to the issues to which they pertain.

Physician Visits Per Unit Time

One comment objected to the figure of 100 inmate visits per week as establishing unrealistically high expectation for physicians workload, i.e. underestimating staff needs. Another comment asserted that the proposed standards would generate unrealistically high medical staff requirements, which States would be unable to fund given the growth of prison populations. Other respondents stated that the new criteria are more realistic and equitable than the old.

The Department has retained these figures as proposed. The Secretary notes that the HMSA criteria in general and the correctional facility criteria in particular are not intended to take into account availability of funding; rather, their purpose is to accurately identify and quantify needs and shortages in order that Federal and State programs can target those resources that are available on the neediest areas, population groups and correctional facilities.

Time Devoted to Take Exams

One comment questioned the implied assumption that the time required to perform a complete intake examination is equivalent to that for a regular physician visit, stating that, "generally, thorough intake examinations require more time that other patient visits."

The Department does not disagree that the intake examination would require more time than a typical patient visit. However, as discussed in the preamble to the NPRM and acknowledged in some of the other comments received, much of the intake exam is typically performed by non-physician health professionals. The proposed criteria is based on the assumption that the physician's portion of the intake exam requires no more time than a patient visit, thus the Department has made final this criterion as proposed.

Reexaminations

One comment noted that "many facilities which house long-term inmates repeat complete examinations at annual or bi-annual intervals," and suggested that this be considered in the formula. The Secretary believes that the proposed criterion of five visits per year on the part of long-term inmates would adequately cover any reexaminations, and, therefore, has not accepted this comment.

Follow-up Care

One respondent asserted that the proposed criteria seem to assume higher requirements for health care providers at intake then subsequently, and that this conflicts with the respondent's experience, which indicates higher requirements for follow-up care due to chronic conditions identified in some inmates.

The Department notes that, in the case of primary care, the factors proposed assume that one follow-up visit occurs for every two new inmates. Thus, 100 new inmates will generate 50 follow-up visits. (This could mean that 50 of the new inmates have one follow-up visit each as a result of the intake exam, or that 25 have two follow-up visits each, or that 5 have 10 visits each.) The factors proposed also assume an additional 5 visits per year for long term inmates; clearly, inmates with chronic conditions would have more than 5 visits per year, but other inmates would have less. The factor of 5 visits per year is meant to be an average and has been made final as proposed.

Ratio for Primary Care Shortage

One comment specifically supported the use of the ratio 1000:1 for primary medical care, saying that this "has normally worked out in a real situation where 'pre-screening' is performed by another health professional." Another comment generally supported this and the other factors selected for primary medical care, but added "we do have institutions with health service missions where utilization of physicians may run higher," involving inmates with chronic health problems, and recommended a ratio closer to 750:1 for such institutions.

The Department has not developed a revised formula which would take into account the number of patients with chronic conditions, primarily because data were not available upon which to base such a revision but also because it is questionable whether these data would be uniformly available for all correctional institutions.

Use of Average Length-of-stay (ALOS) Factor

One comment pointed out that, in the equation defining internees for facilities with average length-of-stay (ALOS) specified as less than one year, ALOS should not be included as a factor modifying the average number of inmates in the equation's first term, since even when one inmate leaves during the year and is replaced by another, one averge inmate's full number of visits per year will still be generated (5 visits in the case of primary care). The Department agrees and will make this correction, deleting the factor ALOS in the first term.

The same respondent also recommended that the factor ALOS not be included in the equation's third term, which estimates the follow-up visits generated by intake exams, because such follow-up visits would occur soon after admission. The Department regards the use of the ALOS factor as appropriate in this third term since some facilities have such rapid turnover that time would not permit all the otherwise-expected follow-up visits to occur. Therefore, the factor ALOS has been retained in the equation's third term.

Use of Psychologists as Well as Psychiatrists

One commenter pointed out that psychologists as well as psychiartrists are used to provide mental health services. The Department recognizes this fact and will consider it when making future criteria revisions.

Dental Care Factors

One comment stated that the proposed correctional facility dental HMSA criteria understate typical needs, since most new inmates are in need of dental treatment, many having been to a dentist seldom if ever. This commenter proposed revising the factors used for defining internees in the dental care part of the criteria accordingly.

In the process of analyzing and responding to this comment, the Department found that the Proposed Rule had indicated an assumption that a dentist can handle 30 inmate visits or intake exams per week (or 1500 per year), but had used $k = \frac{1}{2}$ to represent this assumption in the formula. In fact, $k = 1$ is the correct factor to represent this assumption. Therefore, k for dental is being changed from ½ to 1 in the final version. This results in increasing the calculated dental needs, as the comments suggested. However, in order to avoid overestimating these needs, a partially compensating reduction in the factors b (intake exams) and c (follow-up exams) is also being made, setting $b = \frac{1}{3}$ and $c = \frac{2}{3}$.

Intake Psychiatric Exams/Psychological Testing

One respondent stated that, in his State's correctional facilities, new inmates are given a battery of psychological tests at intake but only those whose test results suggest a problem are seen by a psychiatrist. This might indicate that the factor b could be

set to equal to zero in the correctional facility HMSA criteria for psychiatry (i.e., no psychiatrists needed for intake exams), leaving the factor c (follow-up exams) to represent follow-up psychiatric visits based on the results of the testing.

While the Department had decided not to set b=0 in the final regulations, it has reduced b to ⅓ and c to ⅔ in the psychiatric internee formula. In addition, the Department has revised the normalization factor k for psychiatry from k=2 to k=1 to avoid overestimating needs.

Geographic Location of Prisons

One comment stated that the proposed criteria "fail to account for geographical location of institutions; their inaccessibility to health care professionals; and the hardship posed by physician coverage at one or more remotely-situated prison facilities providing in- and out-patient health care."

It is true that the correctional facility HMSA criteria do not take into account (and never have) whether the prison is located within a county or city which has an adequate physician supply. This consideration was not included because the HMSA criteria are for medium-to-maximum security prisons, which are thought of as self-contained, not interacting with the rest of the area where they are located. However, clearly prisons located in a well-served area rather than an isolated, remote one should find it easier to recruit physicians on contract. This fact is taken into consideration in making decisions about which HMSA-designated prisons will actually receive the limited number of National Health Service Corps (NHSC) physicians available for service in a given year.

Other Variables

One comment noted that the proposed criteria failed to consider specifically a number of different variables which relate to the provision of medical services in correctional facilities, e.g. the percentage of inmates over age 40; the percentage of inmates requiring chronic inpatient or outpatient care; and the percentage of inmates suffering from AIDS or other catastrophic illness. The high percentage of inmates with a history of intravenous drug abuse, leading both to the necessity for drug treatment and to increasing levels of AIDS infection in prisons, was also cited by another commenter. The Department recognizes that these are important variables, but did not have data on which to base their use in any formula, nor a model for relating these factors to the number of physicians or other health professionals required.

Litigation on Prison Health Care

One comment stated that "the proposed criteria ignore the frequency of litigation and stipulated settlement agreements at the Federal and State levels," and referred to physician-patient ratios and quality of care required by court rulings in such cases. The Department recognizes that court rulings may mandate a different level of care than that called for by the HMSA criteria. In such cases, the States involved (or the Federal government, if such a case were to involve a Federal prison) clearly will need to obtain the court-ordered number of health professionals. In those cases where the prison involved also meets the HMSA criteria, the Public Health Service may be able to assist in recruiting to the extent of the number needed under the HMSA criteria. However, the Department must continue to base its HMSA designation criteria exclusively upon objective data measuring the supply of health personnel, and will not revise the HMSA designation process based on legal settlements or judgments relating to particular prison health needs.

Restriction to Federal and State Correctional Facilities Only

One comment objected to the restriction of these criteria to Federal and State correctional facilities only, given that some such facilities serving major metropolitan areas in fact operate in lieu of State (and perhaps Federal) facilities. The Department recognizes this problem and will consider case-by-case exceptions for large correctional facilities in major metropolitan areas.

Regulatory Flexibility Act and Executive Order 12291

The Secretary certifies that this amendment to the regulations does not have a significant economic impact on a substantial number of small entities; it primarily affects the way correctional institution populations are counted to allow more accurate calculation of the need for health care practitioners under the existing HMSA designation process. Therefore, a regulatory flexibility analysis under the Regulatory Flexibility Act of 1980 is not required. Further, this rule will not exceed the threshold level of $100 million established in section (b) of Executive Order 12291. For these reasons, the Secretary has determined that the rule is not a major rule under Executive Order 12291 and a regulatory impact analysis is not required.

Paperwork Reduction Act of 1980

There are no information collection requirements in this regulation.

List of Subjects in 42 CFR Part 5

Dental health, Health, Health professions, Mental health, Physicians, Public health, Rural areas.

Accordingly, 42 CFR Part 5 is amended as follows.

Dated: November 29, 1988.

Robert E. Windom,

Assistant Secretary for Health.

Approved: December 30, 1988.

Otis R. Bowen,

Secretary.

PART 5—DESIGNATION OF HEALTH MANPOWER SHORTAGE AREAS—[AMENDED]

1. The authority citation for Part 5 continues to read as follows:

Authority: Sec. 215 of the Public Health Service Act, 58 Stat. 690 (42 U.S.C. 216); Sec. 332 of the Public Health Service Act, 90 Stat. 2770–72 (42 U.S.C. 254e).

Appendix A to Part 5—[Amended]

2. Appendix A (Criteria for Designation of Primary Care HMSAs), Part III (Facilities), paragraph A is revised to read as follows:

A. *Federal and State Correctional Institutions.*

1. *Criteria.*

Medium to maximum security Federal and State correctional institutions and youth detention facilities will be designated as having a shortage of primary medical care manpower if both the following criteria are met:

(a) The institution has at least 250 inmates.

(b) The ratio of the number of internees per year to the number of FTE primary care physicians serving the institution is at least 1,000:1.

Here the number of internees is defined as follows:

(i) If the number of new inmates per year and the average length-of-stay are not specified, or if the information provided does not indicate that intake medical examinations are routinely performed upon entry, then—Number of internees=average number of inmates.

(ii) If the average length-of-stay is specified as one year or more, and intake medical examinations are routinely performed upon entry, then—Number of internees=average number of inmates+(0.3)×number of new inmates per year.

(iii) If the average length-of-stay is specified as less than one year, and intake examinations are routinely performed upon entry, then—Number of internees=average number of inmates+(0.2)×(1+ALOS/2)×number of new inmates per year where ALOS=average length-of-stay (in fraction of year). (The number of FTE primary care

physicians is computed as in Part I, Section B, paragraph 3 above.)

2. Determination of Degree of Shortage.

Designated correctional institutions will be assigned to degree-of-shortage groups based on the number of inmates and/or the ratio (R) of internees to primary care physicians, as follows:

Group 1—Institutions with 500 or more inmates and no physicians.

Group 2—Other institutions with no physicians and institutions with R greater than (or equal to) 2,000:1.

Group 3—Institutions with R greater than (or equal to) 1,000:1 but less than 2,000:1.

Appendix B to Part 5—[Amended]

3. Appendix B (Criteria for Designation of Dental Care HMSAs), Part III (Facilities), paragraph A is revised to read as follows:

A. *Federal and State Correctional Institutions.*

1. *Criteria*

Medium to maximum security Federal and State correctional institutions and youth detention facilities will be designated as having a shortage of dental manpower if both the following criteria are met:

(a) The institution has at least 250 inmates.

(b) The ratio of the number of internees per year to the number of FTE dentists serving the institution is at least 1,500:1.

Here the number of internees is defined as follows:

(i) If the number of new inmates per year and the average length-of-stay are not specified, or if the information provided does not indicate that intake dental examinations are routinely performed by dentists upon entry, then—Number of internees = average number of inmates.

(ii) If the average length-of-stay is specified as one year or more, and intake dental examinations are routinely performed upon entry, then—Number of internees = average number of inmates + number of new inmates per year.

(iii) If the average length-of-stay is specified as less than one year, and intake dental examinations are routinely performed upon entry, then—Number of internees = average number of inmates + $\frac{1}{3} \times [1 + (2 \times \text{ALOS})] \times$ number of new inmates per year where ALOS = average length-of-stay (in fraction of year).

(The number of FTE dentists is computed as in Part I, Section B, paragraph 3 above.)

2. Determination of Degree of Shortage.

Designated correctional institutions will be assigned to degree-of-shortage groups based on the number of inmates and/or the ratio (R) of internees to dentists, as follows:

Group 1—Institutions with 500 or more inmates and no dentists.

Group 2—Other institutions with no dentists and institutions with R greater than (or equal to) 3,000:1.

Group 3—Institutions with R greater than (or equal to) 1,500:1 but less than 3,000:1.

Appendix C to Part 5—[Amended]

4. Appendix C (Criteria for Designation of Psychiatric HMSAs), Part III (Facilities), paragraph A is revised to read as follows:

A. Federal and State Correctional Institutions

1. Criteria.

Medium to maximum security Federal and State correctional institutions and youth detention facilities will be designated as having a shortage of psychiatric manpower if both of the following criteria are met:

(a) The institution has more than 250 inmates, and

(b) The ratio of the number of internees per year to the number of FTE psychiatrists serving the institution is at least 1,000:1.

Here the number of internees is defined as follows:

(i) If the number of new inmates per year and the average length-of-stay are not specified, or if the information provided does not indicate that intake psychiatric examinations are routinely performed upon entry, then—

Number of internees = average number of inmates

(ii) If the average length-of-stay is specified as one year or more, and intake psychiatric examinations are routinely performed upon entry, then—

Number of internees = average number of inmates + number of new inmates per year

(iii) If the average length-of-stay is specified as less than one year, and intake psychiatric examinations are routinely performed upon entry, then—

Number of internees = average number of inmates + $\frac{1}{3} \times [1 + (2 \times \text{ALOS})] \times$ number of new inmates per year

where ALOS = average length-of-stay (in fraction of year) (The number of FTE psychiatrists is computed as in Part I, Section B, paragraph 3 above.)

2. Determination of Degree of Shortage.

Designated correctional institutions will be assigned to degree-of-shortage groups, based on the number of inmates and/or the ratio (R) of internees to FTE psychiatrists, as follows:

Group 1—Institutions with 500 or more inmates and no psychiatrist.

Group 2—Other institutions with no psychiatrists and institutions with R greater than (or equal to) 3,000:1.

Group 3—Institutions with R greater than (or equal to) 2,000:1 but less than 3,000:1.

[FR Doc. 89-4922 Filed 3-1-89; 8:45 am]

BILLING CODE 4160-15-M

Health Care Financing Administration

42 CFR Parts 433 and 435

[BQC-071-IFC]

Medicaid Program; Targeting Information for Income and Eligibility Verification Systems

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

ACTION: Interim final rule with comment period.

SUMMARY: This rule revises regulations text that is now obsolete because of section 9101 of the Omnibus Budget Reconciliation Act of 1986 (Pub. L. 99-509); this section allows State Medicaid Agencies flexibility to use selectively (target) certain information about a Medicaid recipient's income obtained through their income and eligibility verification systems (IEVS). In addition, this rule implements a congressional directive to revise the timeliness standards for use of IEVS information to grant States more time to obtain and use the data.

EFFECTIVE DATE: These regulations are effective April 3, 1989. They are being issued in final for the reasons explained in Waiver of Proposed Rulemaking in the Supplementary Information section below. However, we will consider any comments received by May 1, 1989 and revise the regulations as necessary. In order for comments to be considered, we must receive them at the appropriate address, as provided below, no later than 5:00 p.m. on May 1, 1989. Sections 435.945 and 435.953, however, contain information collection requirements subject to Office of Management and Budget clearance. We will publish a notice in the **Federal Register** after we receive that Office's clearance.

ADDRESS: Mail comments to the following address:

Health Care Financing Administration, Department of Health and Human Services, Attention: BQC-71-FC, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your comments to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Ave. SW., Washington, DC, or

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland.

In commenting, please refer to file code BQC-71-FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately three weeks after publication of a document, in Room 309-G of the Department's offices at 200 Independence Ave. SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5:00 p.m. (phone: 202-254-7890).

FOR FURTHER INFORMATION CONTACT: Elliot Naide, (301) 966-5920.

SUPPLEMENTARY INFORMATION:

A. Background

On April 1, 1985, section 1137 of the Social Security Act (the Act) was