(c) Any settlement, regardless of the amount of circumstances, must be referred to the Deputy Attorney General:

(1) When, for any reason, the compromise of a particular claim, as a practical matter, will control or adversely influence the disposition of other claims totalling more than the monetary limits designated in paragraph (a) of this section.

(2) When the Assistant Attorney General is of the opinion that because of a question of law or policy presented, or because of opposition to the proposed settlement by the agency or agencies involved, or for any other reason, the offer should receive the personal attention of the Deputy Attorney General.

(3) When a settlement converts into a mandatory duty the otherwise discretionary authority of an agency or department to revise, amend, or promulgate regulations.

(4) When a settlement commits a department or agency to expend funds that Congress has not appropriated and that have not been budgeted for the action in question, or commits a department or agency to seek a particular appropriation or budget authorization.

(5) When a settlement limits the discretion of a Secretary or agency administrator to make policy or managerial decisions committed to the Secretary or agency administrator by Congress or by the Constitution.

3. Section 0.164 is revised to read as follows:

§ 0.164 Civil claims which may be closed by Assistant Attorneys General.

Each Assistant Attorney General is authorized, with respect to matters assigned to his division or office, to close (other than by compromise or by entry of judgment) civil claims asserted by the Government in all cases in which the gross amount of the original claim does not exceed the monetary limits designated by § 0.160(a), except:

(a) When for any reason, the closing of a particular claim, as a practical matter, will control or adversely influence the disposition of other claims the total gross amounts of which exceed the monetary limits designated by § 0.160(a).

(b) When the Assistant Attorney General concerned is of the opinion that because of a question of law or policy presented, or because of opposition to the proposed closing by the agency or agencies involved, or for any other reason, the proposed closing should receive the personal attention of the Deputy Attorney General or the Attorney General.

4. Section 0.165 is revised to read as follows:

§ 0.165 Recommendations to the Deputy Attorney General that certain claims be closed.

In case the gross amount of the original claim asserted by the Government exceeds the monetary limits designated by § 0.160(a), or one of the exceptions enumerated in § 0.164 is involved, the Assistant Attorney General concerned shall, if in his opinion the claim should be closed, transmit his recommendation to that effect, together with a report on the matter, to the Deputy Attorney General for review and final action. Such report shall be in such form as the Deputy Attorney General may require.

§ 0.168 [Amended]

5. Section 0.168 is amended to add a new paragraph (d) as follows:

* * * * *

(d) Subject to the limitations set forth in § 0.160(c) and paragraph (a) of this section redelegations by the Assistant Attorneys General to United States Attorneys will include the authority to:

(1) Accept offers in compromise of claims on behalf of the United States:

(i) In all cases in which the original claim did not exceed $500,000; and,

(ii) In all cases in which the original claim was between $500,000 and $5,000,000, so long as the difference between the gross amount of the original claim and the proposed settlement does not exceed 15 percent of the original claim;

and,

(2) Accept offers in compromise of, or settle administratively, claims against the United States in all cases where the principal amount of the proposed settlement does not exceed $500,000.

Dated: February 26, 1991.

Dick Thornburgh,

Attorney General.

[FR Doc. 91-5005 Filed 3-1-91; 8:45 am]

BILLING CODE 4410-01

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Family Support Administration

45 CFR Part 205

RIN 0970-AA58

Aid to Families With Dependent Children Program Income and Eligibility Verification System Targeting

AGENCY: Family Support Administration, HHS.

ACTION: Adoption of interim rule as a final rule.

SUMMARY: This rule adopts as final the interim rule published at 53 FR 52709 on December 29, 1988 which implemented changes made in the Aid to Families with Dependent Children (AFDC) program under title IV-A and the Adult Assistance programs under titles I, X, XIV, and XVI (Aid to the Aged, Blind, or Disabled) of the Social Security Act by the Omnibus Budget Reconciliation Act of 1986 (Pub. L. 99-509). Included were provisions to:

—Rescind the requirement that a State must follow up on all information items received under the matching operations of its Income and Eligibility Verification System (IEVS).

—Permit States to allocate their resources to only follow up on those categories of information items which are cost-effective.

—Establish procedures for submitting State targeting plans for approval by the Secretary.

—Revise the timeliness standard for the completion of action from 30 to 45 days.

EFFECTIVE DATE: The interim rule was effective January 30, 1989. This final rule does not change the regulatory text of the interim rule.

FOR FURTHER INFORMATION CONTACT: Mark Ragan, Family Support Administration, Office of Family Assistance, 5th Floor, 370 L'Enfant Promenade SW., Washington, DC 20447, telephone 202-252-5116.

SUPPLEMENTARY INFORMATION:

Timing and Form of Regulations

On December 29, 1988, we published an interim rule with comments for the Aid to Families with Dependent Children and Adult Assistance programs (53 FR 52709 (1989)). This final rule responds to the comments we received.

Targeting of information items for Food Stamp recipients who do not receive AFDC or adult assistance is covered by an interim rule published February 2, 1988 by the Food and Nutrition Service (53 FR 2817 (1988)). Targeting of information items for Medicaid recipients for whom the Medicaid agency makes the Medicaid eligibility determination is covered by an interim final rule published March 2, 1989 by the Health Care Financing Administration (54 FR 8738 (1989)).

Discussion of Major Provisions; Responses to Comments

A discussion follows of the major provisions of Public Law 99-509 and the

comments received after the publication of the interim rule. Twenty-five letters were received from States, agencies, and organizations. In addition, we also considered issues raised in the report "After Implementation: State Experience with the Income and Eligibility Verification System (IEVS)" issued by the American Public Welfare Association in April, 1989.

Some comments did not directly relate to the AFDC program, but offered suggestions for improving practices or procedures of other programs, such as SSA or IRS. These comments are not addressed in this rule, but have been passed on to the appropriate agency for their use.

Approval of State Follow-up Plan

The new statutory provision does not relieve States of the responsibility to request information for each individual; rather, it relieves States of the obligation to verify items of information pertinent to eligibility of all recipients. The interim rule revised § 205.56(a)(1) to allow States to choose a strategy of excluding from follow-up categories of information items which are not cost-effective.

States which intend to exclude items from follow-up must submit a State follow-up plan which describes the categories to be excluded and provides a reasonable justification explaining why follow-up would not be cost-effective. The State must include in its justification the effects of overpayments and underpayments in the Food Stamp and Medicaid programs in addition to AFDC cash assistance. A formal cost-benefit analysis is not required.

Comment: Five commenters objected to charging Quality Control (QC) errors originating from IEVS items properly excluded under an approved follow-up plan.

Response: The requirement to develop all IEVS leads as part of the QC program played an important part in the formulation of the interim rule. A formal cost-benefit analysis is not required—it is only necessary for the State to provide a reasonable justification that the proposed targeting is cost-effective. In drafting the interim rule, we considered requiring a formal analysis. However, the State would have had to prove cost-effectiveness through a detailed scientific study showing that the total cost of follow-up was greater than the savings from decreased payment deficiencies.

In the end, we were persuaded that IEVS targeting was a "self-correcting" process with Quality Control playing a vital role by providing important signals to the State on whether the allocation of staff time and other resources to IEVS is efficient. A dramatic rise in Quality Control errors for unreported income or resources signals that a State's targeting standards are too loosely drawn i.e., too many productive leads are ignored by the local agency. One consequence is that the State could face a possible loss of matching funds. On the other hand, a dramatic drop in resource errors coupled with a rise in other (non-IEVS related) errors may signal another type of problem—that the State has allocated too much staff time and resources to IEVS leads to the detriment of other promising oversight methods or corrective actions.

The linchpin to this approach is the availability of IEVS for Quality Control purposes, without which no reliable signals are transmitted to program managers. Additionally, it is important that the published error rate reflect all IEVS-related errors so that the Department can evaluate whether the State targeting plans have been approved correctly.

Comment: Several commenters complained that implementing different targeting rules for different programs wastes administrative resources. One recommended that the AFDC targeting rule should be extended to all Food Stamp households, another that the Food Stamp regulations should apply to the AFDC recipient who receives Food Stamps.

Response: A single targeting regulation published jointly by the three agencies may simplify State administration in principle, but may prove difficult in practice since it would require targeting plan approval by each of the three agencies. We chose instead to allow States additional flexibility by publishing separate (though similar) regulations. Of course, a State may develop a single targeting plan for each of its programs and request approval from all three agencies.

Comment: One commenter recommended that we waive the requirement for monitoring time frames for follow-up until a State FAMIS system can be certified.

Response: The requirement to monitor time frames was contained in the final rule implementing IEVS published February 28, 1986 (51 FR 7216). States have had ample time to implement an automated system since that time, if desired. We do not believe that any valid purpose would be served through further delay.

Comment: One commenter believes that the law precluded the Office of Family Assistance from having any approval authority over the precise parameters to be used in the State's targeting priorities.

Response: We do not agree with the comment. Section 1102 of the Social Security Act authorizes the Secretary to promulgate regulations to carry out his statutory responsibilities. Section 1137(a)(4) directs the Secretary to establish standardized procedures for targeting information for follow-up purposes to those uses which are most likely to be productive. We believe the requirements of this regulation are reasonable and necessary for carrying out this statutory directive.

Comment: One commenter suggested setting a tolerance for the IRS match—$10.00 per annum for dividends.

Response: We have no basis for concluding that establishing a nationwide tolerance for IRS information would be productive. We believe that States can best decide the most productive methods of screening IEVS leads and the level of follow-up necessary to reduce errors consistent with proven cost-effectiveness.

Follow-up of Information Items

Follow-up and Applicants

The provision of the law refers only to follow-up actions with respect to recipients. As a consequence, the interim rule did not change § 205.56(a)(1)(iii) which provides that IEVS-obtained information received during the application period must be used, to the extent possible, to make the initial determination of eligibility.

However, States may not delay a pending application solely to await IEVS information if other evidence establishes the individual's eligibility for assistance. Information requested on an applicant, but received after assistance is authorized, is considered as information regarding a recipient, and may therefore by excluded under an approved follow-up plan.

Comment: Four commenters recommended that States should be afforded the opportunity to justify targeting of IEVS applicant information.

Response: We reconsidered this issue in light of the comments received, but declined to change the current regulations. As we noted in the interim rule, the initial application interview is frequently the only in-depth interview with the family and the State's primary source of information on family income and resources. Responses are frequently inserted into the State automated case system and form the basis for later contacts with the family. Subsequent redeterminations generally focus on recent changes in the family

circumstances as recorded at the time of application. Consequently, it is required that every lead to possible unreported income or resources be investigated and resolved prior to authorization.

Timeframes for Action

Prior regulations at § 205.56(a)(1)(iv) required that the State either initiate a notice of case action or make an entry in the case record that no case action is necessary within 30 days of the receipt of an information item. Completion of action might be delayed beyond 30 days on up to 20 percent of the total information items received, but only if third-party verification has been timely requested and not received. In these cases, appropriate action must be completed no later than the date of the next redetermination or other case action.

The House Report accompanying Public Law 99–509 referred to this 30-day timeframe as too restrictive and suggested a 45-day standard for completion of follow-up. The interim rule revised § 205.56(a)(1)(iv) to allow a 45-day standard for follow-up, allowing completion of action to be delayed beyond this time limit on up to 20 percent of the information items selected for follow-up, but not beyond the date of the next case action or redetermination, whichever is earlier.

Comment: Six commenters recommended that the 45-day rule be revised. One commenter suggested that we allow States to follow SSA in timing follow-up actions to match redeterminations. Other commenters also suggested that we allow a 60 or 90 day follow-up period, allow each State to develop its own timeframe, or start the timeframe at the time the information is received by the local agency.

Response: We considered these comments carefully, but declined to change the requirement. The timeframe of 45 days is specifically mentioned in the conference report accompanying the legislation as the most reasonable for follow-up.

In addition, the small number of comments received shows a general acceptance that the 45-day time frame is not out of line with general administrative practices. We also note that the regulations of the Food and Nutrition Service currently allow for an independent waiver authority for operating procedures under the Food Stamp program. Nevertheless, to date FNS has received no waiver requests—an indication that the current time frame is practical.

We emphasize the States may adopt certain IEVS practices which would diminish any adverse impact on workload management. The requirement to match the entire caseload the IRS as soon as the data base is available was dropped after the first year. States may now match with the IRS at the times most favorable to their work schedules. Also, § 205.56(a)(1) now allows States to exclude from follow-up unemployment compensation information from the IRS and earnings information from SSA if followed up previously from another source.

Finally, States need not "re-invent the wheel" each year with lengthy investigations of information items which are similar to items resolved previously. As discussed in the preamble to the interim rule, follow-up is considered complete when the State annotates the case file that no case action is necessary because the information items substantially conform to the information in the case file. Further, States are allowed to compile lists or retain documentation of resolution of discrepancies from previous matches, curtailing duplicate development where possible.

Executive Order 12291

This final rule has been reviewed under Executive Order 12291 and does not meet any of the criteria for a major regulation. The effect of this regulatory change on the economy will be less than $100 million and will have an insignificant effect on costs of prices. Competition, employment, investment, productivity and innovation will remain unaffected. There will be no effect on the competition of United States-based enterprises with foreign-based enterprises. Therefore, it is not a major rule within the definition of Executive Order 12291.

Paperwork Reduction Act

The State follow-up plan requirement of this final rule contains information collection requirements which are subject to review by the Office of Management and Budget (OMB) under section 3504(h) of the Paperwork Reduction Act of 1980 (Pub. L. 96–511). OMB has reviewed and approved these information collection requirements (OMB approval number 0970–0016).

Regulatory Flexibility Analysis

We certify that this action, if promulgated, will not have a significant impact on a substantial number of small entities because it primarily affects State governments and individuals. Therefore, a regulatory flexibility analysis as provided in Public Law 96–354, the Regulatory Flexibility Act, is not required.

(Catalog of Federal Domestic Assistance Program 13.808, Public Assistance.)

List of Subjects in 45 CFR Part 205

Computer technology, Grant programs-social programs, Privacy, Public assistance programs, Reporting and recordkeeping requirements, Wages.

Dated: August 5, 1990.

Jo Anne B. Barnhart,

Assistant Secretary for Family Support.

Approved: December 31, 1990.

Louis W. Sullivan,

Secretary of Health and Human Services.

PART 205—GENERAL ADMINISTRATION—PUBLIC ASSISTANCE PROGRAMS

Accordingly, the interim rule amending 45 CFR part 205 which was published at 53 FR 52709 on December 29, 1988, is adopted as a final rule without changes.

[FR Doc. 91–4657 Filed 3–1–91; 8:45 am]

BILLING CODE 4150–04–M

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45 CFR Parts 232, 234, and 235

RIN 0970–AA49

Cooperation in Identifying and Providing Information To Assist States in Pursuing Third Party Health Coverage

AGENCY: Family Support Administration, HHS.

ACTION: Final rule.

SUMMARY: This final rule implements section 12304 of the Consolidated Budget Reconciliation Act (COBRA) of 1985 which requires each applicant or recipient to cooperate with the State in identifying and providing information to assist States in pursuing any third party who may be liable to pay for care and services available under State plans for medical assistance under title XIX, unless such individual has good cause for refusing to cooperate as determined by the State agency in accordance with standards prescribed by the Secretary. The regulations are applicable to the AFDC program in all jurisdictions.

EFFECTIVE DATE: March 4, 1991. Except for § 232.48(g) which contains information collection requirements which are not effective until approved by OMB. When approval is received, HHS will publish the effective date.

FOR FURTHER INFORMATION CONTACT: Mr. Mack A. Storrs, Director, Division of Policy, OFA, Family Support Administration, 5th Floor, 370 L'Enfant

Promenade, SW., Washington DC 20447, telephone (202) 252–5119.

SUPPLEMENTARY INFORMATION:

Timing and Form of Regulation

On May 24, 1989, a Notice of Proposed Rulemaking for the Aid to Families and Dependent Children program was published in the **Federal Register** (89 FR 22457–22462). It required each AFDC applicant or recipient to cooperate in identifying and providing information to assist States in pursuing any third party who may be liable to pay for care and services available under Medicaid.

Background

Section 12304 of COBRA, Public Law 99–272, amended section 402(a)(26) of title IV–A of the Social Security Act (the Act) by adding a new subparagraph (C) which requires each applicant or recipient to cooperate with the State in identifying and providing information to assist the States in pursuing any third party who may be liable to pay for the care and services available under the State's plan for medical assistance under title XIX of the Act. An individual may be exempted from this requirement if he or she is determined to have good cause for refusing to cooperate as determined by the State agency in accordance with standards prescribed by the Secretary which take into consideration the best interest of the individuals involved. The statute also provides that States shall not be subject to any financial penalty in the administration or enforcement of this provision as a result of any monitoring, quality control, or auditing requirements. According to the conference report, this provision is intended to exclude from the calculation of AFDC fiscal sanctions for assistance payments any errors resulting from the application of this policy. These statutory requirements are effective July 1, 1986.

Discussion of Regulation

These rules require, as a condition of eligibility for AFDC, each applicant and recipient to cooperate with the State in identifying, and in providing information to assist the State in pursuing, any third party who may be liable to pay for medical care and services. This is consistent with the Department's initiative to reduce medical costs to States and the Federal government and with the concept of Medicaid as the payor of last resort. These rules facilitate the pursuit of third-party resources and thereby assist in reducing Medicaid expenditures of States and the Federal government. When used in this provision, "third party" includes any individual, entity, or program that may be liable to pay all or part of the costs for medical care and services available under title XIX of the Act. The term may also include any employment-related or other individual or group health insurance available to or through the dependent child's parents.

We have added a new section 45 CFR 232.13 to reflect this new eligibility requirement. We have also added language to the current regulations at 45 CFR 235.70 to provide for the prompt notification by each applicant or recipient to the title XIX agency of all relevant information to assist the State title XIX agency in its pursuit of liable third parties. Once information on a third party provider has been furnished by the title IV–A agency to the title XIX agency, the title XIX agency is responsible for developing further information and pursuing the liable third party.

The statute provides that individuals who refuse to cooperate in identifying and providing information to assist the State in its pursuit of third-party liability for medical services must be removed from the assistance unit. The statute also provides that applicants and recipients may be exempted from this new provision if they are determined by the State agency to have good cause for refusing to cooperate in accordance with standards prescribed by the Secretary, which take into consideration the best interests of the individuals involved. This provision is similar in scope to current regulations at 45 CFR 232.12 which provide for such good cause determinations for refusal to cooperate in establishing paternity or obtaining support for an eligible child. Regulations at 45 CFR 232.11 on "Assignment of Rights to Support" currently include standards for making determinations of whether good cause exists for an individual's refusal to comply with child support requirements.

For the sake of consistency, we are requiring that these same good cause standards are applicable to the requirement under this provision. The existing regulations for refusing to cooperate at 45 CFR 232.40–232.49 and 235.70 have been amended, where appropriate, to extend current procedures and policies regarding good cause determinations for child support to this new eligibility requirement. Specifically, we have amended 45 CFR 232.40 (a) and (b); 232.42 (a) and (c); 232.44 (a) and (b); 232.45 (a), (b), and (c); 232.48(g), 232.49 (a), (c) and (d); 235.70 (a) and (b); and Appendix A to Part 232, to incorporate those standards for use in determining good cause claims for refusal to identify and provide information to assist in the State's pursuit of liable third parties concerning medical services.

These rules also require that the State must provide assistance to an eligible child in the form of protective payments for cases where the caretaker relative refuses to cooperate. This requirement is consistent with similar restrictions imposed in cases where individuals refused to cooperate in employment-related activities or in establishing paternity or obtaining support payments. In the latter case, Congress was concerned that continued receipt of assistance by the uncooperative adult on behalf of other family members would offset, to some degree, the penalty imposed by the State and might lead to a diversion of funds necessary for the well-being of the child.

The requirement to provide assistance in the form of protective payments has proven to be an effective method in meeting these concerns. Extension of this policy for the refusal of an individual to cooperate in identifying and providing information to assist States in pursuing third-party liability for medical services, unless the individual has good cause for refusing to cooperate, is similarly essential for the well-being of the child and is therefore justified under the authority of section 1102 of the Act, which enables the Secretary to make such rules as are necessary for the efficient administration of the program. Accordingly, we have amended 45 CFR 234.60(a) to provide that protective payments are necessary in cases where good cause is not established. However, if after making all reasonable efforts, the State agency is unable to locate an appropriate individual to whom protective payments may be made, the State may continue to make payments on behalf of the remaining members of the assistance unit to the sanctioned caretaker relative.

Federal financial participation (FFP) is available for gathering third-party liability information as long as the activity is conducted as part of the administration of the title IV–A State plan. Such activities include making good cause determinations and providing assistance in the form of protective payment, as explained in proposed regulation 45 CFR 232.13(c). FFP is not available under title IV–A for activities outside the scope of the administration of the State plan for AFDC, such as for the cost of providing medical care and services.

We consider the information-gathering activities prescribed in this rule, such as interviewing clients and

contacting collateral sources, as part of the administration of the AFDC program. This is necessary because the statute now requires individual applicants or recipients to cooperate in identifying and providing information to assist States in pursuing third party liability for medical care "as a condition of eligibility for aid," unless an individual has good cause for refusing to cooperate. Moreover, the State plan must now require the IV–A agency to provide to the title XIX agency "all relevant information as prescribed by the State Medicaid agency" as set forth in regulations at 45 CFR 235.70(b)(2). Thus, the information-gathering requirement for third party liability is now part of the larger information-gathering requirement for the AFDC eligibility determination—these costs must therefore be claimed under title IV–A.

Current regulations at 45 CFR 304.23(a) deny FFP under title IV–D for activities related to the IV–A program. Only where the State IV–A agency fails to provide the title XIX agency with the information specified under 45 CFR 306.50(a) (this section will be renumbered as § 303.30 as of October 1, 1990), and the IV–D agency is able to collect the information and forward it to the title XIX agency pursuant to that section, is FFP available under the IV–D program. For example, there are situations where the AFDC applicant/recipient does not have information on third party liability which may be available through the absent parent and the IV–D agency is able to obtain the third party liability information during the provision of IV–D services. When this occurs, FFP is available under title IV–D for this activity.

This final rule continues to reflect the major provisions stated in the NPRM. We have, however, made one change to § 232.13(a) regarding the responsibility of the State IV–A Director to determine whether or not an individual has good cause for failing to cooperate in identifying and providing information to assist States in pursuing third parties liable for medical care. Although we received no comments on this provision, after further review we have decided that it is overly burdensome and unnecessarily limits State flexibility in administering the AFDC program. Accordingly, we have removed the words "Director of the State IV–A agency" from the section thereby allowing States the discretion to delegate responsibility for good cause determinations.

Additionally, in order to correspond to the original language of the Social Security Act, all references to "cooperate in the pursuit of liable third parties" have been changed to "cooperate with the State in identifying and providing information to assist the State in pursuing any third party who may be liable to pay for medical care and services." We have also clarified the point that the title XIX agency may not attempt to "collect third party information" for the purpose of pursuing third party liability when the collection of this information places an applicant or recipient at risk to physical or mental harm.

We have also incorporated several suggested changes of an editorial nature. One such modification was to change the NPRM references from "State and local agency" to "State or local agency." Another such change was referring to the "IV–D agency or title XIX agency" rather than the "IV–D agency or the Medicaid agency." We have also changed several references from the "Child Support Enforcement agency" to the "title IV–D agency."

Furthermore, in order to be consistent with the Health Care Financing Administration's regulations at 42 CFR 433.138(b), we have changed the language in § 232.13(a)(2) regarding the type of information that should be collected from the applicant or recipient.

With respect to protective payments, the references to work programs that preceded the Job Opportunities and Basic Skills Training (JOBS) Program have been removed and replaced with terminology compatible with JOBS.

Discussion of Comments

Comments were received from three State welfare agencies regarding the proposed rule on third party liability for medical services. These comments are discussed below:

Comment: A commenter questioned whether an AFDC recipient, identifying an absent parent and knowing his whereabouts, should be denied assistance if she doesn't provide information about the absent parent's health insurance coverage. Additionally, if the recipient is unwilling to contact the absent parent, must the IV–A agency attempt to secure health coverage information from him?

Response: Sections 402(a)(26) (B) and (C) of the Social Security Act require all applicants and recipients to cooperate with the State agency in identifying absent parents, unless the individual can show good cause for refusing to cooperate. This includes providing all known information about the absent parent's resources, including health insurance information. The primary responsibility for collecting this information rests with the State agency. Moreover, the State agency has flexibility in establishing the method of collection—i.e., the State agency determines, on a case-by-case basis, when it is practical for its workers to go directly to the absent parent for the required information or when it is prudent to have the applicant/recipient contact the absent parent. An applicant/recipient who fails to cooperate with the State agency in collecting absent parent information must be sanctioned if such failure is without good cause.

When collecting third party health insurance information, State agency staff must determine if the applicant/recipient has access to information about the absent parent's health insurance and whether contacting this parent can be accomplished without fear for herself or the children's safety. It would be inappropriate to sanction an individual for failure to contact the absent parent if such a contact is physically or mentally threatening to the individual or could be obtained more efficiently by State agency staff.

Comment: One commenter noted that for already overburdened caseworkers, the requirement to collect third party health coverage information from applicants and recipients diminishes the caseworkers' ability to process the case "error free."

Response: The collection of such information is required by statute and should ultimately save time and money for the State.

Comment: A commenter requested clarification as to whether an AFDC applicant or recipient would be ineligible for assistance in the month that she/he refuses or fails to cooperate with the State.

Response: An applicant or recipient is ineligible for assistance for the month he/she is determined to have failed to cooperate without good cause. However, if the State plan, in accordance with the Federal regulations at 45 CFR 233.10(b)(3), includes the provision which permits a payment to be made to an individual for the entire month if such individual was eligible on the date payment was made, ineligibility may begin the month following the month of the determination for failure to cooperate without good cause.

Comment: One commenter asked that if the State, in meeting the requirement to provide the applicant or recipient with a two-part good cause notice, would be permitted to utilize a one-part notice that contains all the elements of the two-part notice.

Response: A one-part notice is acceptable as long as it contains all the

elements of the two-part good cause notice. (See 45 CFR 232.40(b)(3))

Comment: A commenter expressed concern that most IV–D and IV–A agencies have not accepted the fact that title XIX issues are now their responsibility according to statute and regulation and suggested that coordination between the agencies be encouraged.

Response: Strengthening coordination between IV–D and IV–A agencies has been a priority for the Family Support Administration for some time. We believe that this regulation will enhance the relationship and encourage interplay between the two agencies. It is in the best interest of the title IV–D, IV–A and XIX programs to ensure that any information gathered on third party liability during the eligibility interview be forwarded to the IV–D agency to avoid any duplication of effort. We will continue to promote increased interaction between IV–A and IV–D agencies.

Comment: One commenter stated that this regulation will provide incentive to AFDC recipients to cooperate in identifying liable third parties, because no meaningful sanction has been available to States in the past. Another commenter suggested that the definition of "failure to cooperate" be expanded to include refusal to utilize all available third parties. For example, an absent parent could fulfill his legal obligation to provide health coverage by use of a Health Maintenance Organization (HMO). If the HMO was within reasonable distance from a recipient's home, refusal to utilize the HMO should be construed as "failure to cooperate."

Response: Section 402(a)(26)(C) of the Social Security Act requires, as a condition of eligibility for AFDC, that each applicant or recipient must "* * * cooperate with the State in identifying, and providing information to assist the State in pursuing, any third party who may be liable to pay for care and services available under the State's plan for medical assistance under title XIX * * *." Because this section is limited to "identifying" and "providing" information on third party health coverage, we do not have the authority to expand the statutory provision to include requirements on the utilization of specific health care plans, such as HMOs.

We would like to point out that the Health Care Financing Administration has already addressed this comment in a final regulation entitled "Medicaid Programs; State Plan Requirements and Other Provisions Relating to State Third Party Liability Programs." This regulation was published in the **Federal Register** on January 16, 1990 (see Vol. 55, No. 10, page 1427).

Regulatory Procedures

Executive Order 12291

These rules do not meet any of the criteria specified in Executive Order 12291 for a major regulation because the cost of implementation is expected to be insignificant.

Paperwork Reduction Act

Public reporting burden for the collection of information requirements at 45 CFR 232.48 is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collection requirements of this rule were subject to review by the Office of Management and Budget (OMB) under section 3504(h) of the Paperwork Reduction Act of 1980 (Pub. L. 96–511). A notice will be published in the **Federal Register** when OMB approves this information collection requirement.

Regulatory Flexibility Act

We certify that this regulation, if promulgated, will not have a significant economic impact on a substantial number of small entities because it primarily affects State governments and individuals. Thus, a regulatory flexibility analysis as provided in Public Law 96–354, the Regulatory Flexibility Act, is not required.

Catalogue of Federal Domestic Assistance Program 13.808, Public Assistance

List of Subjects

45 CFR Part 232

Aid to families with dependent children, Child support, Grant programs—social programs.

45 CFR Part 234

Grant programs—social programs, Health care, Public assistance programs, Rent subsidies.

45 CFR Part 235

Aid to families with dependent children, Fraud, Grant programs—social programs, Public assistance programs.

Dated: August 21, 1990.

Jo Anne B. Barnhart,

Assistant Secretary for Family Support.

Approved: January 24, 1991.

Louis W. Sullivan,

Secretary of Health and Human Services.

PART 232—SPECIAL PROVISIONS APPLICABLE TO TITLE IV–A OF THE SOCIAL SECURITY ACT

1. The authority citation for part 232 is revised to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

2. Part 232 is amended by adding a new § 232.13 to read as follows:

§ 232.13 Cooperation in identifying and providing information to assist the State in pursuing third party liability for medical services.

(a) The State plan must provide that as a condition of eligibility, each applicant for or recipient of AFDC will be required to cooperate (unless good cause for refusing to do so is determined to exist in accordance with §§ 232.40 through 232.49) with the State in:

(1) Identifying any third party who may be liable for care and services available under the State's title XIX State plan in behalf of the applicant or recipient or in behalf of any other family member (including parents and siblings as required under § 206.10(a)(1)(vii) (A) and (B)) for whom the applicant or recipient is applying for or receiving assistance; and

(2) Providing relevant information, consistent with rules issued by the Health Care Financing Administration at 42 CFR 433.138(b), to assist the State in pursuing any such potentially liable third party resources. Such information may include, but is not limited to, the name of the health insurance policy holder, his or her relationship to the applicant or recipient, the social security number of the policy holder, and the name and address of the insurance company and policy number.

(b) The plan shall provide that if the applicant or recipient fails to cooperate as required by this section (unless good cause is determined to exist), the State or local agency shall:

(1) Deny assistance to the applicant or recipient without regard to other eligibility factors; and

(2) Provide assistance to the eligible child in the form of protective payments as described in § 234.60 of this chapter. Such assistance will be determined without regard to the needs of the applicant or recipient.

(c) Federal financial participation (FFP) is available for title IV–A

administrative costs associated with identifying and providing information about a potentially liable third party as part of the eligibility determination for the AFDC program. FFP is also available for IV–A administrative costs associated with determining good cause for failure to cooperate, and providing assistance in the form of protective payments.

3. Section 232.40 is amended by revising paragraphs (a), (b)(1), (b)(2)(i)(A), (B), and (C), and (b)(2)(ii) (C), (E) and (F) to read as follows:

§ 232.40 Claiming good cause for refusing to cooperate.

(a) *Opportunity to claim good cause.* The plan shall provide that an applicant for, or recipient of, AFDC will have the opportunity to claim good cause for refusing to cooperate as required by § 232.12 or § 232.13.

(b) * * *

(1) The plan shall provide that: (i) Prior to requiring cooperation under § 232.12 or § 232.13, the State or local agency will notify the applicant or recipient of the right to claim good cause as an exception to the cooperation requirement and of all the requirements applicable to a good cause determination;

(ii) The notice will be in writing, with a copy furnished to the applicant or recipient; and

(iii) The applicant or recipient and the caseworker will acknowledge that the applicant or recipient received the notice by signing and dating a copy of the notice, which will be placed in the case record.

(2) * * *

(i) * * *

(A) Advise the applicant or recipient of the potential benefits the child may derive from the establishment of paternity, securing support, and identifying and providing information to assist the State in pursuing third party liability for medical services;

(B) Advise the applicant or recipient that by law, cooperation in establishing paternity, securing support, and pursuing liability for medical services is a condition of eligibility for AFDC;

(C) Advise the applicant or recipient of the sanctions provided by §§ 232.12 and 232.13 for refusal to cooperate without good cause;

* * * * *

(ii) * * *

(C) Inform the applicant or recipient that on the basis of the corroborative evidence supplied and the agency's investigation, if necessary, the State or local agency will determine whether cooperation would be against the best interests of the child for whom support or third party liability for medical services would be sought;

* * * * *

(E) Inform the applicant or recipient that the State title IV–D agency and the State title XIX agency may review the State or local agency's findings and basis for a good cause determination and may participate in any hearings concerning the issue of good cause; and

(F) As applicable (see § 232.49), inform the applicant or recipient that either: The State title IV–D agency will not attempt to establish paternity and collect support and the State title XIX agency may not attempt to collect third party information or pursue third parties liable for medical services in those cases where the applicant or recipient is determined to have good cause for refusing to cooperate; or the State title IV–D agency may attempt to establish paternity and collect support and the State title XIX agency may pursue liable third parties in those cases where the State or local agency determines that this can be done without risk to the applicant or recipient if done without their participation.

* * * * *

4. Section 232.41 is amended by revising paragraph (d)(2) to read as follows:

§ 232.41 Determination of good cause for refusal to cooperate.

* * * * *

(d) * * *

(2) Continued refusal to cooperate will result in imposition of the sanctions provided in § 232.12 or § 232.13.

5. Section 232.42 is amended by revising the introductory text to paragraphs (a) and (a)(1), paragraphs (a)(2) and (c)(5) to read as follows:

§ 232.42 Good cause circumstances.

(a) Circumstances under which cooperation may be "against the best interests of the child". The plan shall provide that the State or local agency will determine that cooperation in establishing paternity, securing support or identifying and providing information to assist the State in pursuing any third party who may be liable to pay for medical services available under the State's title XIX plan is against the best interests of the child only if:

(1) The applicant's or recipient's cooperation in establishing paternity, securing support, or identifying and providing information to assist the State in pursuing third parties potentially liable for medical services is reasonably anticipated to result in:

* * * * *

(2) At least one of the following circumstances exists, and the State or local agency believes that because of the existence of that circumstance proceeding to establish paternity, secure support, or to identify and provide information to assist States in pursuing third party liability for medical services would be detrimental to the child for whom support would be sought.

* * * * *

(c) * * *

(5) The extent of involvement of the child in the paternity establishment, support enforcement activity or collection of information to assist the State in the pursuit of third parties to be undertaken.

6. Section 232.44 is revised to read as follows:

§ 232.44 Participation by the State IV–D or Title XIX Agency.

The plan shall provide that:

(a) Prior to making a final determination of good cause for refusing to cooperate, the State or local agency will:

(1) Afford the IV–D agency or the title XIX agency, as appropriate, the opportunity to review and comment on the findings and basis for the proposed determination; and

(2) Consider any recommendation from the IV–D agency or the title XIX agency, as appropriate.

(b) The State or local agency will give the IV–D agency or the title XIX agency, as appropriate, the opportunity to participate in any hearing (under § 205.10 of this chapter) that results from an applicant's or recipient's appeal of any agency action under §§ 232.40 through 232.49.

7. Section 232.45 is revised to read as follows:

§ 232.45 Notice to the IV–D or Title XIX Agency.

The plan shall provide that:

(a) If the notice, required by § 235.70 of this chapter, has previously been provided to the IV–D agency or title XIX agency, as appropriate, the State or local agency will promptly report to the IV–D agency or title XIX agency, as appropriate, that good cause has been claimed;

(b) The State or local agency will promptly report to the IV–D agency or title XIX agency, as appropriate, all cases in which it has determined that there is good cause for refusal to cooperate and, if applicable, its determination whether or not child support enforcement or collection of information identified and provided to assist a State in the pursuit of third

parties potentially liable for medical services may proceed without the participation of the caretaker relative; and

(c) The State or local agency will promptly report to the IV–D agency or title XIX agency, as appropriate, all cases in which it has determined that there is not good cause for refusal to cooperate.

8. Section 232.47 is amended by revising paragraph (b) to read as follows:

§ 232.47 Periodic review of good cause determination.

* * * * *

(b) If it determines that circumstances have changed such that good cause no longer exists, it will rescind its findings and proceed to enforce the requirements of § 232.12 or § 232.13 of this chapter.

9. Section 232.48 is amended by revising the introductory text of the section and paragraph (g) to read as follows:

§ 232.48 Record keeping in good cause.

The plan shall provide that the State will maintain separate records of the good cause claims under § 232.12 and the good cause claims under § 232.13 and will make it possible to submit to the Department, upon request, data concerning:

* * * * *

(g) The number of cases in which the applicant or recipient was found to have good cause for refusing to cooperate but there was a determination pursuant to § 232.49 that child support enforcement or the collection of information to assist the State in the pursuit of third parties potentially liable for medical services, may proceed without the participation of the caretaker relative; and

* * * * *

10. Section 232.49 is amended by revising paragraphs (a), (c) and (d) to read as follows:

§ 232.49 Enforcement without the caretaker's cooperation.

* * * * *

(a) If the State or local agency makes a determination that good cause exists, it will also make a determination of whether or not child support enforcement or the collection of information identified and provided to assist the State in the pursuit of any third party liable for medical services could proceed without risk of harm to the child or caretaker relative if the enforcement or collection activities did not involve their participation;

* * * * *

(c) If the IV–A agency excuses noncooperation but determines that the IV–D agency or the title XIX agency may proceed to establish paternity, enforce support, or collect information to assist the State in pursuit of liable third parties, it will notify the applicant or recipient to enable such individual to withdraw his or her application for assistance or have the case closed; and

(d) Prior to making this determination under this paragraph, the State or local agency will afford the IV–D agency or the title XIX agency an opportunity to review and comment on the findings and basis for the proposed determination and consider any recommendation from the IV–D agency or the title XIX agency.

11. In part 232, appendix A is revised to read as follows:

Appendix A to Part 232—Model Two-Part Good Cause Notice

This suggested two-part notice format meets the notice requirements of § 232.40(b)(2). The first notice should be provided prior to requiring the applicant's or recipient's cooperation. The second notice should be primarily provided if the applicant or recipient so requests or following a claim of good cause. Receipt of the notice will be acknowledged by the applicant's or recipient's and the worker's signature. The signed copy should be placed in the AFDC case record with one copy retained by the applicant or recipient.

Before being used by a State, this model should be adapted by substituting the appropriate agencies' names.

Notice of Requirement To Cooperate and Right To Claim Good Cause for Refusal To Cooperate in Identifying and Providing Information To Assist States in Pursuit of Third Parties Liable for Medical Services, and in Child Support Enforcement.

Benefits of Child Support Enforcement

Your cooperation in the child support enforcement process may be of value to you and your child because it might result in the following benefits:

- Finding the absent parent;
- Legally establishing your child's paternity;
- The possibility that support payments might be higher than your welfare grant; and
- The possibility that you and your children may obtain rights to future social security, veterans, or other government benefits.

What is Meant by Cooperation?

The law requires you to cooperate with the welfare, child support and Medicaid agencies to get any support (financial or medical) owed to you and any of the children for whom you want AFDC, unless you have good cause for not cooperating.

In cooperating with the welfare, child support and Medicaid agencies, you may be asked to do one or more of the following things:

- Name the parent of any child applying for or receiving AFDC, and give information you have to help find the parents;
- Help determine legally who the father is if your child was born out of wedlock;
- Give help to obtain money owed to you or the children receiving AFDC;
- Pay the State any money which is given directly to you by the absent parent (you will continue to get your full AFDC grant from the State); and
- Identify and provide information to assist the State in the pursuit of any third party who may be liable to pay for medical care and services.

You may be required to come to the welfare office, child support office, court or the State Medicaid agency to sign papers or give necessary information.

What is Meant by Good Cause?

You may have good cause not to cooperate in the State's efforts to collect child support and to provide information to assist the State in pursuing third party liability. You may be excused from cooperating if you believe that cooperation would not be in the best interest of your child, and if you can provide evidence to support this claim.

If You Do Not Cooperate and You Do Not Have Good Cause

- You will be ineligible for AFDC.
- Your children will still be eligible for AFDC for their own needs. Your children's benefits will go to another person, called a "protective payee."

How and When You May Claim Good Cause

- If you want to claim good cause, you must tell a worker that you think that you have good cause. You can do this at any time you believe you have good cause not to cooperate.
- If you claim "good cause" you must be given another notice. This second notice will explain the circumstances under which the Welfare Agency may find good cause, and the type of evidence or other information the Welfare Agency needs to decide your claim. You may also ask for this second notice to help you decide whether or not to claim good cause.

I have read this notice concerning my right to claim good cause for refusing to cooperate.

(Signature of applicant/recipient)

(Date)

I have provided the applicant/recipient with a copy of this notice.

(Signature of worker)

(Date)

Second Notice of Right To Claim Good Cause for Refusal To Cooperate in Identifying and Providing Information to Assist the State in Pursuit of Third Parties Liable for Medical Services, and in Child Support Enforcement

You may claim to have good cause for refusing to cooperate if you believe that such cooperation would not be in the best interests of your child. The following are circumstances under which the Welfare Agency may determine that you have good cause for refusing to cooperate:

• Cooperation is anticipated to result in serious physical or emotional harm to the child;

• Cooperation is anticipated to result in physical or emotional harm to you which is so serious it reduces your ability to care for the child adequately;

• The child was born after forcible rape or incest;

• Court proceedings are going on for adoption of the child; or

• You are working with an agency helping you to decide whether to place the child for adoption.

Proving Good Cause

It is your responsibility to:

• Provide the Welfare Agency with the evidence needed to determine whether you have good cause for refusing to cooperate (If your reason for claiming good cause is your fear of physical harm and it is impossible to obtain evidence, the Welfare Agency may still be able to make a good cause determination after an investigation of your claim).

• Give the necessary evidence to the agency within 20 days after claiming good cause. The Welfare Agency will give you more time only if it determines that more than 20 days are required because of the difficulty in obtaining the evidence.

The Welfare Agency may:

• Decide your claim based on the evidence which you give to the agency, or

• Decide to conduct an investigation to further verify your claim. If the Welfare Agency decides an investigation is needed, you may be required to give information, such as the absent parent's name and address, to help the investigation. The agency will not contact the absent parent without first telling you.

Note: If you are an applicant for assistance, you will not receive your share of the grant until you have given the agency the evidence needed to support your claim, and, if requested, the information needed to permit an investigation of your claim.

Examples of Acceptable Evidence

The following are examples of acceptable kinds of evidence the Welfare Agency can use in determining if good cause exists.

If you need help in getting a copy of any of the documents, ask the Welfare Agency. The Welfare Agency will give you reasonable assistance which is needed to help you obtain the necessary documents to support your claim.

• Birth certificates, or medical or law enforcement records, which indicate that the child was conceived as the result of incest or forcible rape;

• Court documents or other records which indicate that legal proceedings for adoption are pending in court;

• Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the alleged or absent parent might inflict physical or emotional harm on you or the child;

• Medical records which indicate emotional health history and present health status of you or the child for whom support would be sought; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child;

• A written statement from a public or private agency confirming that you are being assisted in resolving the issue of whether to keep or give up the child for adoption; and

• Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim.

Child Support Agency and Medicaid Agency Participation and Enforcement

The Child Support Enforcement Agency or the Medicaid Agency may review the welfare agency's findings and the basis for a good cause determination in your case. If you request a hearing regarding this issue of good cause for refusing to cooperate, the Child Support Enforcement Agency or the Medicaid Agency may participate in that hearing.

The Notice must include one of the following statements, as applicable depending on the State plan option chosen. See § 232.49.

Option 1. If you are found to have good cause for not cooperating, the Child Support Enforcement Agency may attempt to establish paternity or collect support and the State Medicaid Agency may attempt to collect third party information and pursue third parties potentially liable for medical services only if the welfare agency determines that this can be done without risk to you or your child. This will not be done without first telling you.

Option 2. If you are found to have good cause for not cooperating, the Child Support Enforcement Agency will not attempt to establish paternity or collect support and, as appropriate, the State Medicaid Agency may not pursue third parties potentially liable for medical services.

I have read this notice concerning my right to claim good cause for refusing to cooperate.

_____

(Signature of applicant/recipient)

_____

(Date)

I have provided the applicant/recipient with a copy of this notice.

_____

(Signature of worker)

_____

(Date)

Part 234 of chapter II, title 45, Code of Federal Regulations is amended as set forth below:

PART 234—FINANCIAL ASSISTANCE TO INDIVIDUALS

1. The authority citation for part 234 is revised to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

2. Section 234.60 is amended by revising paragraphs (a)(1) and (a)(13) to read as follows:

§ 234.60 Protective, vendor and two-party payments for dependent children.

(a) * * * (1) If a State plan for AFDC under title IV–A of the Social Security Act provides for protective, vendor and two-party payments for cases other than failure to participate in the Job Opportunities and Basic Skills Training (JOBS) Program under § 250.34(d), or failure by the caretaker relative to meet the eligibility requirements of § 232.11, 232.12, or 232.13 of this chapter. It must meet the requirements in paragraphs (a)(2) through (11) of this section. In addition, the plan may provide for protective, vendor, and two-party payments at the request of recipients as provided in paragraph (a)(14) of this section.

* * * * *

(13) For cases in which a caretaker relative fails to meet the eligibility requirements of §§ 232.11, 232.12, or 232.13 of this chapter by failing to assign rights to support, cooperate in determining paternity, securing support, or identifying and providing information to assist the State in pursuing third party liability for medical services, the State plan must provide that only the requirements of paragraphs (a)(7) and (9)(ii) of this section will be applicable. For such cases, the entire amount of the assistance payment will be in the form of protective or vendor payments. These protective or vendor payments will be terminated, with return to money payment status, only upon compliance by the caretaker relative with the eligibility requirements of §§ 232.11, 232.12, and 232.13 of this chapter. However, if after making all reasonable efforts, the State agency is unable to locate an appropriate individual to whom protective payments can be made, the State may continue to make payments on behalf of the remaining members of the assistance unit to the sanctioned caretaker relative.

* * * * *

Part 235 of chapter II, title 45, Code of Federal Regulations is amended as set forth below:

PART 235—ADMINISTRATION OF FINANCIAL PROGRAMS

1. The authority citation for part 235 is revised to read as set forth below, and the authority citations following any section in the part are removed.

Authority: Secs. 2, 3, 402, 403, 1002, 1003, 1102, 1402, 1403, 1602, and 1603, Social Security Act as amended (42 U.S.C. 302, 303,

602, 603, 1202, 1203, 1302, and Part XXIII of Pub. L. 97–35, 1352, 1353, 1382, and 1383).

2. Section 235.70 is amended by revising the section heading and introductory text of paragraph (a) and paragraph (b)(2) to read as follows:

§ 235.70 Prompt notice to child support or Medicaid agency.

(a) A State plan under title IV–A of the Social Security Act must provide for prompt notice to the State or local child support agency designated pursuant to section 454(3) of the Social Security Act and to the State title XIX agency, as appropriate, whenever:

* * * * *

(b) * * *

(2) *Prompt notice* means written notice including a copy of the AFDC case record, or all relevant information as prescribed by the child support agency. Prompt notice must also include all relevant information as prescribed by the State medicaid agency for the pursuit of liable third parties. The prompt notice shall be provided within two working days of the furnishing of aid or the determination that an individual is a recipient under § 233.20(a)(3)(viii)(D). The title IV–A, IV–D and XIX agencies may agree to provide notice immediately upon the filing of an application for assistance.

* * * * *

[FR Doc. 91–4658 Filed 3–1–91; 8:45 am]

BILLING CODE 4150–04–M

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 90–567; RM–7468]

Radio Broadcasting Services; Marquette, MI

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: This document allots Channel 231A to Marquette, Michigan, as that community's third FM broadcast service in response to a petition filed by Iron Mountain-Kingsford Broadcasting Company. *See* 55 FR 49400, November 28, 1990. Canadian concurrence has been obtained for this allotment at coordinates 46–33–00 and 87–23–36.

EFFECTIVE DATE: April 12, 1991; the window period for filing applications for Channel 231A at Marquette will open on April 15, 1991, and close on May 15, 1991.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 634–6530.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Report and Order, MM Docket No. 90–567, adopted February 11, 1991, and released February 26, 1991. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Dockets Branch (room 230), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, International Transcription Service, (202) 857–3800, 2100 M Street, NW., suite 140, Washington, DC 20037.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

PART 73—[AMENDED]

1. The authority citation for part 73 continues to read as follows:

Authority: 47 U.S.C. 154, 303.

§ 73.202 [Amended]

2. Section 73.202(b), the Table of FM Allotments under Michigan, is amended by adding Channel 231A at Marquette.

Federal Communications Commission.

Andrew J. Rhodes,

Acting Chief, Allocations Branch, Policy and Rules Division, Mass Media Bureau.

[FR Doc. 91–4954 Filed 3–1–91; 8:45 am]

BILLING CODE 6712–01–M

47 CFR Part 73

[MM Docket No. 90–463; RM–7371]

Radio Broadcasting Services; Coleraine, MN

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: This document allots Channel 241C1 to Coleraine, Minnesota, as that community's first FM broadcast station, in response to a petition filed by Lew Latto. *See* 55 FR 45621, October 30, 1990. There is a site restriction 8.6 kilometers (5.4 miles) north of the community. Canadian concurrence has been obtained for this allotment at coordinates 47–21–24 and 93–25–47.

EFFECTIVE DATE: April 12, 1991; the window period for filing applications for Channel 241C1 at Coleraine will open on April 15, 1991, and close on May 15, 1991.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 634–6530.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Report and Order, MM Docket No. 90–463, adopted February 11, 1991, and released February 26, 1991. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Dockets Branch (room 230), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, International Transcription Service, (202) 857–3800, 2100 M Street, NW., suite 140, Washington, DC 20037.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

PART 73—[AMENDED]

1. The authority citation for part 73 continues to read as follows:

Authority: 47 U.S.C. 154, 303.

§ 73.202 [Amended]

2. Section 73.202(b), the Table of FM Allotments under Minnesota, is amended by adding Channel 241C1, Coleraine.

Federal Communications Commission.

Andrew J. Rhodes,

Acting Chief, Allocations Branch, Policy and Rules Division, Mass Media Bureau.

[FR Doc. 91–4957 Filed 3–1–91; 8:45 am]

BILLING CODE 6712–01–M

47 CFR Part 73

[MM Docket No. 90–565; RM–7536]

Radio Broadcasting Services; Deer River, MN

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: This document substitutes Channel 288C1 for Channel 288A at Deer River, Minnesota, in response to a petition filed by Radio Ingstad Minnesota, Inc. See 55 FR 49542, November 29, 1990. We shall also modify the construction permit for Station KXGP, Channel 288A, Deer River, to specify operation on Channel 288C1. Canadian concurrence has been obtained for this allotment at coordinates 47–23–00 and 93–24–10.

EFFECTIVE DATE: April 12, 1991.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 634–6530.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Report and Order, MM Docket No. 90–565,