LEGGRAPHIC MESSAGE

NAME OF AGENCY
DHEW, PHS, HSMHA, RHMS

ACCOUNTING CLASSIFICATION
3-3971015 7530321 23.6J

DATE PREPARED
4/4/73

FOR INFORMATION CALL
Sarah J. Silsbee
PHONE NUMBER
31580

MESSAGE TO BE TRANSMITTED
TO:
FRANCIS S. CHEEVER, M.D.
COORDINATOR
WESTERN PENNSYLVANIA REGIONAL MEDICAL PROGRAM
1200 SCARFF HALL
3530 TERRACE STREET
UNIVERSITY OF PITTSBURGH
PITTSBURGH, PENNSYLVANIA

TO:
MR. JOHN T. RYAN
CHAIRMAN, BOARD OF TRUSTEES
UNIVERSITY HEALTH CENTER OF PITTSBURGH
C/O UNIVERSITY OF PITTSBURGH CHANCELLOR
OF THE HEALTH PROFESSIONS
1200 SCARFF HALL
PITTSBURGH, PENNSYLVANIA

TO:
MR. CLYDE L. COUCHMAN
PROGRAM DIRECTOR, RHMS
OFFICE OF THE REGIONAL HEALTH DIRECTOR
DHEW REGION III
3521-35 MARKET STREET
P.O. BOX 13716
PHILADELPHIA, PENNSYLVANIA

THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW BY RHMS
OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE WESTERN PENNSYLVANIA
REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:

1. THE TERMINATION DATE FOR THE WESTERN PENNSYLVANIA REGIONAL
MEDICAL PROGRAM IS NOVEMBER 30, 1973. THIS IS THE DATE BEYOND
WHICH NO RHMS GRANT FUNDS MAY BE EXPENDED.

2. THE APPROVED DIRECT COST IS NOW $1,137,618 PLUS
APPROPRIATE INDIRECT COSTS.
TO:  


3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>017A&amp;B3</td>
<td>BEAVER COUNTY LEPID STUDY</td>
</tr>
<tr>
<td>D017</td>
<td>REGIONAL CYTOLOGIC SERVICE</td>
</tr>
<tr>
<td>D021</td>
<td>DISCHARGE COORDINATOR FOR HOME HEALTH SERVICES</td>
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<td></td>
<td>IN BULTER COUNTY</td>
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<tr>
<td>D023</td>
<td>IMPLEMENTATION OF DECENTRALIZED PROBLEM-ORIENTED</td>
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<td>MEDICAL RECORD SYSTEM</td>
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4. FUNDS MAY NOT BE REBUDGET INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.

5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY.
TO:

AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY NOVEMBER 30, 1973.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE.

HAROLD MARGULIES, M.D.
DIRECTOR
REGIONAL MEDICAL PROGRAMS SERVICE