

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration****[Document Identifier: HCFA-1728-94]****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

AGENCY: Health Care Financing Administration, HHS. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Home Health Agency Cost Report and Supporting Regulations in 42 CFR 413.20, 413.24, and 413.106.

Form No.: HCFA-1728-94 (OMB 0938-0022).

Use: Form HCFA-1728-94 is the form used by HHAs participating in the Medicare program. This form reports the health care costs used to determine the amount of reimbursable costs for services rendered to Medicare beneficiaries.

Frequency: Annually.

Affected Public: Businesses or other for-profit; not-for-profit institutions.

Number of Respondents: 8,950.

Total Annual Responses: 8,950.

Total Annual Hours: 1,599,700.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 6, 2000.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

[FR Doc. 00-26418 Filed 10-13-00; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration****[Document Identifier: HCFA-437]****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

AGENCY: Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection.

Title of Information Collection: Psychiatric Unit Criteria Worksheet, Rehabilitation Unit Criteria Worksheet, and Rehabilitation Hospital Criteria Worksheet, and Supporting Regulations at 42 CFR 412.20-412.30.

Form No.: HCFA-437, 437A, and 437B (OMB # 0938-0358).

Use: The rehabilitation hospital/unit and psychiatric unit criteria worksheets are necessary to verify and reverify that

these facilities/units comply and remain in compliance with the exclusion criteria for the Medicare prospective payment system.

Frequency: Annually.

Affected Public: Business or other for-profit, not-for-profit institutions, State, local, or tribal government.

Number of Respondents: 2,580.

Total Annual Responses: 2,580.

Total Annual Hours: 645.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 5, 2000.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration****[Document Identifier: HCFA-R-0094]****Agency Information Collection Activities: Submission for OMB Review; Comment Request**

AGENCY: Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions;

(2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection

Request: Extension of a currently approved collection.

Title of Information Collection: Sterilization Regulations and Consent Form.

Form No.: HCFA-R-0094 (OMB# 0938-0481).

Use: All Medicaid-eligible individuals seeking sterilization are required to provide informed consent, acknowledging that they understand the risks and benefits.

Frequency: On occasion.

Affected Public: Individuals or households; State, local or tribal gov't.

Number of Respondents: 135,923.

Total Annual Responses: 135,923.

Total Annual Hours: 169,903.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 5, 2000.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: September 2000

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of September 2000, the HHS Office of Inspector General

imposed exclusions in the cases set forth below. When an exclusion is imposed, no program payment is made to anyone for any items or services (other than an emergency item or service not provided in a hospital emergency room) furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, and all Federal Health Care programs. In addition, no program payment is made to any business or facility, e.g., a hospital, that submits bills for payment for items or services provided by an excluded party. Program beneficiaries remain free to decide for themselves whether they will continue to use the services of an excluded party even though no program payments will be made for items and services provided by that excluded party. The exclusions have national effect and also apply to all Executive Branch procurement and non-procurement programs and activities.

Subject, city, state	Effective date
PROGRAM-RELATED CONVICTIONS	
ANDERSON, RICHARD JOHN TREMPEALEAU, WI	10/19/2000
ARANZAZU, YOLANDA QUIN- TANA	10/19/2000
MIAMI, FL	
ARENAS, ARNOLFO CARSON JR	10/19/2000
GLENDAL, CA	
BAIRES, DOUGLAS ARTURO SOUTH GATE, CA	10/19/2000
BERNAL, LUCILA	10/19/2000
KEY BISCAYNE, FL	
BERNARDO, CAROL JOYCE .. PROVIDENCE, RI	10/19/2000
BRAILOVSKAIA, POLINA	10/19/2000
WEST HOLLYWOOD, CA	
CARNEY, EDWARD A	10/19/2000
CAMP HILL, PA	
CHANG, CANDACE	10/19/2000
CHOWCHILLA, CA	
CONWAY, JOHN W	10/19/2000
LEXINGTON, KY	
CROWN MEDICAL SERVICES INC	10/19/2000
PROVIDENCE, RI	
ELLSWORTH, GILBERT	10/19/2000
COCONUT CREEK, FL	
GILBERT, JAMES ANDREW ... EL RENO, OK	10/19/2000
GODZHOYAN, SARKIS	10/19/2000
GLENDAL, CA	
GOLDSTAR HEALTHCARE INC	05/19/2000
TAMPA, FL	
GORODETSKY, GEORGE	10/19/2000
LOS ANGELES, CA	
GUPTA, RAMESH KUMAR	10/19/2000
TROY, MI	
HAUSER, GREGORY LEE	10/19/2000
ARROYO GRANDE, CA	
HEIBLUM, MIRIAM	10/19/2000
MIAMI, FL	
HERMES, HARRY HERMAN III	10/19/2000
FLORENCE, CO	
ILORI, CLEMENT OLUWOLE .. PROVIDENCE, RI	10/19/2000
JRL HEALTH ASSOCIATES, LTD	10/19/2000
WOOD RIDGE, NJ	
KORANTENG, EILEEN	10/19/2000
PEEKSKILL, NY	
LACEY, JOAN R	10/19/2000
WOOD RIDGE, NJ	
LAWSON, DONNIE W	10/19/2000
ASHLAND, KY	
LEHRMAN, NORMAN P	10/19/2000
DEVENS, MA	
MAJOR, JEFFERY ALLAN	10/19/2000
SACRAMENTO, CA	
MANZO, SUZANNE MARIE	10/19/2000
BRUNSWICK, ME	
MATRIX BIOKINETICS, INC ... LAS VEGAS, NV	10/19/2000
MCKEAN, J D JR	10/19/2000
EDMOND, OK	
MCLEE-BERGERON, MARIE LOUISE	10/19/2000
VISALIA, CA	
MICHAEL, SAMI ISAAC	10/19/2000
STEUENVILLE, OH	
NGUYEN, PHUONG THI	10/19/2000
LAKE FOREST, CA	
NGUYEN, LY QUANG	10/19/2000
LOMPOC, CA	
NICHOLS, MARYELLEN	10/19/2000
COLUMBUS, OH	
O'CONNOR, ANN M	10/19/2000
BRONXVILLE, NY	
PACE, CECILIA JOHNECE	10/19/2000
GLADEWATER, TX	
RODRIGUEZ, ELENA	10/19/2000
MIAMI, FL	
SAFONOVA, NATALIYA	10/19/2000
BROOKLYN, NY	
SALERA, SHEILA M	10/19/2000
CRANSTON, RI	
SAMARITAN HEALTH SYS- TEMS, INC	10/19/2000
LEXINGTON, KY	
SCHWARTZ, DUANE ED- WARD	10/19/2000
LIBERTY, ME	
SCOTTI, WILLIAM J	10/19/2000
MARGATE, FL	
SLEETH, ELVIN	05/10/2000
TAMPA, FL	
SORGNARD, RICHARD	10/19/2000
N LAS VEGAS, NV	
SUMBLIN, DELISA ANTOI- NETTE	10/19/2000
SACRAMENTO, CA	
SY, EVANICA	10/19/2000
CHOWCHILLA, CA	
TABLEMAN, BETH C	10/19/2000
OLD TOWN, ME	
TER-ORGANESYAN, ABRAM RESEDA, CA	10/19/2000
THURSTON, MICHAEL ALLAN WHITE DEER, PA	10/19/2000
TOBIAS, SHERYL LAVERNE .. WEST COVINA, CA	10/19/2000
VICTOR, ALEXANDRIA	10/19/2000
NAGEEZI, NM	
WICK, CARMEN	10/19/2000
DUBLIN, CA	
ZARRINNAM, MAJID	10/19/2000