

0193); *Use*: The HCFA-179 is used by State agencies to transmit State plan material to HCFA for approval prior to amending their State plan. The State Plan is the method in which States inform staff of State policies, standards, procedures and instructions; *Frequency*: On occasion; *Affected Public*: State, local and tribal government; *Number of Respondents*: 57; *Total Annual Responses*: 1,254; *Total Annual Hours*: 1,254.

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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 12, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management 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-53]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Health Care Financing Administration.

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*: Imposition of Cost Sharing Charges Under Medicaid and Supporting Regulations contained in 42 CFR 447.53; *Form No.*: HCFA-R-53 (OMB# 0938-0429); *Use*: The information collection requirements contained in 42 CFR 447.53 require the States to include in their Medicaid State Plan their cost sharing provisions for the medically and categorically needy. The State Plan is the method in which States inform staff of State policies, standards, procedures and instructions; *Frequency*: Annually; *Affected Public*: State, Local or Tribal Government; *Number of Respondents*: 54; *Total Annual Responses*: 54; *Total Annual Hours*: 2,700.

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 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: Louis Blank, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 10, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management 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

[Form #HCFA-855]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

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 (DHSS), has submitted to the Office of Management and Budget (OMB) the following request for Emergency review. We are requesting an emergency review because the collection of this information is needed prior to the expiration of the normal time limits under OMB's regulations at 5 C.F.R., Part 1320. The Agency cannot reasonably comply with the normal clearance procedures because a statutory deadline imposed by the Balanced Budget Act of 1997 (Pub. L. 105-33). Without this information, HCFA would not be able to properly implement the requirements set forth in the statute.

HCFA is requesting OMB review and approval of this collection by 12/31/97, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individual designated below, by 12/29/97.

During this 180-day period HCFA will pursue OMB clearance of this collection as stipulated by 5 CFR. 1320.5.

1. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: Medicare and Other Federal Health Care Program Providers/Supplier Enrollment Application; *Form No.*: HCFA-855, HCFA-855C, HCFA-855R, HCFA-855S; *Use*: This information is needed to enroll providers and suppliers into the Medicare program by identifying them, and verifying their qualifications and eligibility to participate in Medicare, and to price and pay their claims.; *Frequency*: Initial Enrollment/Recertification; *Affected Public*: Business or other for-profit, individuals or households, not-for-profit institutions, and Federal Government; *Number of Respondents*: 225,000; *Total Annual Responses*: 225,000; *Total Annual Hours*: 435,000.

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, and HCFA form number(s) referenced above, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designee referenced below, by 12/29/97: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Fax Number: (202) 395-6974 or (202) 395-5167 Attn: Allison Herron Eydt, HCFA Desk Officer.

Dated: December 12, 1997.

John P. Burke III,

*HCFA Reports Clearance Officer, HCFA,
Office of Information Services, Information
Technology Investment Management Group,
Division of HCFA Enterprise Standards.*

[FR Doc. 97-33066 Filed 12-17-97; 8:45 am]

BILLING CODE 4120-03-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

Office of Inspector General

Program Exclusions: November 1997

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions. During the month of November 1997, 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, Maternal and Child Health Services Block Grant and Block Grants to States for Social Services 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
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PROGRAM-RELATED CONVICTIONS

ARBAUGH, CHARLES B, W PALM BEACH, FL	12/18/1997
BARNARD, KEITH L, BROOKLYN, NY	12/18/1997
BONANNO, STEVEN, BROOKLYN, NY	12/18/1997
BONE, DONALD RAY, LITTLE ROCK, AR	12/18/1997
BORGES, ALFREDO LAZARO JR, EGLIN AFB, FL	12/18/1997
CABRERA, JUAN, PLANDOME HEIGHTS, NY	12/18/1997
CHERKAS, MARK W, YARDLEY, PA	12/18/1997
FOLSE, NADINE M, RACELAND, LA	12/18/1997
FOSTER, RAMONA, CAROLINA, RI	12/18/1997
FRAZIER, JAMES, OAK PARK, MI	12/18/1997
GONZALEZ, PEDRO LEONARDO, MIRAMAR, FL	12/18/1997
HOWARD, LINDA J, CHEPACHET, RI	12/18/1997
HUDSON, LOVEY LEE, JACKSONVILLE, AR	12/18/1997
IRVING, LEWIS M JR, BRIDGETON, NJ	12/18/1997
LAMBERT, DIANNA, BRYAN, TX	12/18/1997
LAWRENCE, THOMAS JAMES, WAYNESVILLE, MO	12/18/1997
LEE, STEVEN K, LAFAYETTE HILL, PA	12/18/1997
MCDONALD, J T, LITTLE ROCK, AR	12/18/1997
MCKENZIE, MARIE, WHEATLEY HGHTS, NY	12/18/1997
MER, EVGENYA, SHARON SPRINGS, NY	12/18/1997
VERTON, PAMELA SALERNO, NEW HAVEN, CT	12/18/1997
RODRIGUEZ, SONIA, NEW YORK, NY	12/18/1997
ROWELL, GEORGE P, DELANO, CA	12/18/1997
SCHUSTER, STANLEY, ANN ARBOR, MI	12/18/1997
STAGGER, ROBERT W, UPPER SANDUSKY, OH	12/18/1997
STEVEN LEE, INC, LAFAYETTE HILL, PA	12/18/1997
TAING, SOPHY, POMONA, CA	12/18/1997
TARAWALY, TEJAN, OREGON, WI	12/18/1997
THOMAS, SHARMAINE, AUSTIN, MN	12/18/1997
VIDU, DORIAN M, CLEVELAND, OH	12/18/1997
WEATHERLY, BILLY WAYNE, FORREST CITY, AR	12/18/1997
YANEZ-LEMIRE, FAITH, GOFFSTOWN, NH	12/18/1997
ZWEIG, MARK ALAN, BOSSIER CITY, LA	12/18/1997

PATIENT ABUSE/NEGLECT CONVICTIONS

BLOOM, RICHARD M, BROOKLINE, MA	12/18/1997
BUTLER, HENRY, NOBLE, IL	12/18/1997
CACIOPPO, DINO T, SAN LEANDRO, CA	12/18/1997
CICHON, DANIEL FRANK, OSHKOSH, WI	12/18/1997
COLLINS, ANN, BEVERLY, MA	12/18/1997
CROWLEY, JENNIFER LENAE, SWISHER, IA	12/18/1997
FREDERICK, JANENE L, ST LOUIS, MO	12/18/1997
GRIFFIN, MICHAEL JAMES, OSAWATOMIE, KS	12/18/1997
LOPEZ, ADAM, LOVINGTON, NM	12/18/1997