

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.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Maximizing the Effectiveness of Home Health Care: The Influence of Service Volume and Integration With Other Care Settings on Patient Outcomes; *Form No.:* HCFA-R-189; *Use:* This study will examine (1) the relationship of home health care service volume and patient outcomes, and (2) the relationship of the physician role and integration of other services and patient outcomes; *Frequency:* Other (periodically); *Affected Public:* Not-for-profit institutions, business or other for profit, and individuals or households; *Number of Respondents:* 6,300; *Total Annual Hours:* 3,573.

2. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, Outpatient Physical Therapy Speech Pathology Survey Report; *Form Nos.:* HCFA-1856, HCFA-1893; *Use:* The Medicare Program requires outpatient physical therapy providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the result of the onsite survey; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 1,700; *Total Annual Hours:* 446.25.

3. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Certification as Supplier of Portable X-ray Services Under the Medicare/Medicaid Programs, and Portable X-ray Survey Report; *Form Nos.:* HCFA-1880, HCFA-1882; *Use:* The Medicare program requires portable x-ray suppliers to be surveyed for health and safety standards. The HCFA-1882 is the survey form that records survey results. The HCFA-1880 is used by the surveyor

to determine if a portable x-ray applicant meets the eligibility requirements; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 520; *Total Annual Hours:* 137.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Organ Procurement Organization's Request for Designation; *Form No.:* HCFA-576; *Use:* The information provided on this form serves as a basis for certifying organ procurement organizations (OPO) for participation in the Medicare and Medicaid programs and will indicate whether the OPO is meeting the specified performance standards for reimbursement of service; *Frequency:* Biennially; *Affected Public:* Business or other for profit, not-for-profit institutions; *Number of Respondents:* 80; *Total Annual Hours:* 160.

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Physical Therapist in Independent Practice Request for Certification in the Medicare Program; *Form No.:* HCFA-262; *Use:* The HCFA-262 is used by the surveyors to determine if a physical therapist in independent practice requesting Medicare approval meets the eligibility requirements; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 7,322; *Total Annual Hours:* 1,098.

6. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Request for Approval as a Hospital Provider of Extended Care Services (Swing-Bed) in the Medicare and Medicaid Programs; *Form No.:* HCFA-605; *Use:* The HCFA-605 is used for facility identification and screening. It will be completed by a hospital that is requesting approval and will initiate the process of determining the hospital's eligibility and for which bed count category the hospital wishes to request approval; *Frequency:* Other (one-time usage for initial application); *Affected Public:* Business or other for profit, not-for-profit institutions, Federal Government; *Number of Respondents:* 1,500; *Total Annual Hours:* 375.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to

the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 7, 1995.

Kathleen B. Larson,
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 95-30474 Filed 12-13-95; 8:45 am]

BILLING CODE 4120-03-P

Health Resources and Services Administration

Rural Health Services Outreach Grant Program

AGENCY: Health Resources and Services Administration, PHS.

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy, Health Resources and Services Administration (HRSA), announces that applications are being accepted for Rural Health Services Outreach Demonstration Grants to expand or enhance the availability of essential health services in rural areas. Grants for these projects are authorized under Section 301 of the Public Health Service Act.

This program announcement for the above stated program is subject to the appropriation of funds for this activity. Applicants are advised that this program announcement is a contingency action being taken to assure that should funds become available for this purpose, awards can be made in a timely fashion consistent with the needs of the program. At this time, given a continuing resolution and the absence of FY 1996 appropriations for this program, the amount of funds available cannot be estimated.

NATIONAL HEALTH OBJECTIVES FOR THE YEAR 2000: The Health Resources & Services Administration (HRSA) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a Public Health Service (PHS) national activity for setting priority areas. The Rural Health Services Outreach program is related to the priority areas for health promotion, health protection and preventive services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-C) or Healthy People 2000 (Summary Report: Stock No. 017-001-

00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone (202) 783-3238).

AMOUNT AND DURATION OF GRANT

AWARDS: Individual grant awards under this notice will be limited to a total amount of \$300,000 (direct and indirect costs) per year. Applications for smaller amounts are encouraged. Applicants may propose project periods for up to three years, but the duration of projects is contingent upon the availability of funds. It is expected that the average grant award will be approximately \$180,000 for the first year. However, applicants are advised that continued funding of grants beyond the one year period covered by this announcement is contingent upon the appropriation of funds for the program and assessment of grantee performance. No project will be supported for more than three years.

APPLICATION DEADLINE: Applications for the program must be received by the close of business on March 15, 1996. Completed applications must be sent to The Grants Management Officer, c/o Global Exchange, Inc., 7910 Woodmont Avenue, Suite 400, Bethesda, Maryland 20814.

Applications shall be considered as meeting the deadline if they are either (1) received on or before the deadline date; or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants must obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

The standard application form and general instructions for completing applications (Form PHS-5161-1, OMB #0937-0189) have been approved by the Office of Management and Budget. To receive an application kit, contact The Grants Management Office, c/o Global Exchange, Inc., 7910 Woodmont Avenue, Suite 400, Bethesda, Maryland 20814 or, in the contiguous U.S., call 1-800/784-0345. Hawaii, Alaska, Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia should call 301/656-3100 COLLECT.

FOR FURTHER INFORMATION CONTACT: Information or technical assistance regarding business, budget, or financial issues should be directed to the Office of Grants Management, Bureau of Primary Health Care, Health Resources

and Services Administration, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, 301/594-4260.

Requests for technical or programmatic information on this announcement should be directed to Eileen Holloran, Office of Rural Health Policy, Room 9-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-0835.

SUPPLEMENTARY INFORMATION:

Eligible Applicants

The grant recipient must be a nonprofit or public entity which meets one of the three requirements stated below.

(1) The applicant's central administrative headquarters where the grant will be managed is not located in a Metropolitan Statistical Area as defined by the Office of Management and Budget. A list of the cities and counties that are designated as Metropolitan Statistical Areas is included in the application kit. If your organization's central administrative headquarters is located in one of these areas, you are not eligible for the program unless you meet one of the other two criteria listed below.

(2) Some Metropolitan Statistical Areas on the list are extremely large. We have divided these areas into rural and urban census tracts. Appendix I provides a list of these Metropolitan Statistical Areas and the rural census tracts in each area. If your central administrative headquarters is located within one of these census tracts, you are eligible for the program.

(IF YOU ARE ELIGIBLE UNDER THIS CRITERION, YOU MUST LIST YOUR COUNTY AND CENSUS TRACT UNDER ITEM #8 ON THE FACE PAGE OF THE APPLICATION OR YOUR APPLICATION WILL BE RETURNED. If you do not know your census tract, Appendix II provides the telephone numbers for regional offices of the Census Bureau. You should call the appropriate office to determine your census tract.)

(3) Your organization is constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and is supported under Section 329 of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of their administrative headquarters.

In addition to meeting one of the above criteria, the applicant must be capable of receiving the grant funds directly and must have the capability to manage the project. This means that the applicant organization must be able to exercise administrative and program

direction over the grant project; must be responsible for hiring and managing the project staff; must have the administrative and accounting capabilities to manage the grant funds; and must have some permanent staff at the time a grant award is made. Further, the applicant organization must have an Employer Identification Number from the Internal Revenue Service at the time of the grant award and other proof of organizational viability that may be requested by the Grants Management Office.

Applicants from the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia, are eligible to apply.

Applications from organizations that do not meet one of the three requirements described above will not be reviewed.

Current Rural Health Services Outreach grantees who are in the last year of their projects may not reapply for funds to support the same project. Any new proposal they submit must have a different focus from the project that is currently being funded.

Program Objectives

The purpose of the program is to support projects that demonstrate new and innovative models of outreach and health care services delivery in rural areas that lack basic health services. Grants will be awarded either for the direct provision of health services to rural populations that are not currently receiving them, or to enable access to and utilization of existing services.

Applicants may propose projects to address the needs of a wide range of rural population groups, including the poor, the elderly, the disabled, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs. Projects should be responsive to the special cultural and linguistic needs of specific populations.

A central goal of the demonstration program is to develop new and innovative models for more effective integration and coordination of health services in rural areas. It is hoped that some of these models will prove significant in solving rural health problems throughout the country. In order to better integrate the provision of health services in rural areas, participation in the program requires

the formation of consortium arrangements among three or more separate and distinct entities to carry out the demonstration projects.

A consortium must be composed of three or more health care organizations, or a combination of three or more health care and social service organizations. At least one of the entities must be a health care service delivery organization. Individual members of a consortium might include such entities as hospitals, public health agencies, Area Health Education Centers, home health providers, mental health centers, substance abuse service providers, rural health clinics, social service agencies, health profession schools, local school districts, emergency service providers, community and migrant health centers, civic organizations, etc. Although applicants for the program must be nonprofit or public entities, other consortium members may be for-profit organizations.

The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the project. The process used to ensure compliance with the consortium requirement includes two steps: (1) making sure that at least three organizations, including the applicant, are identified, and that each is a separate legal entity, and (2) ensuring that each member plays a substantial part in accomplishing the objectives of the project.

Applicants are encouraged to develop projects to address specific areas of need in their communities. Need can be established through a formal needs assessment or by population specific demographic data. The following are examples of project focus areas that can be supported through this program:

1. Projects that bring ambulatory and mental health care to unserved or underserved rural areas or populations. The HRSA has a special priority to establish primary care programs along the U.S./Mexican border.

2. Projects that provide, or make possible the provision, of emergency medical services within rural areas that lack these services.

3. The creation of new integrated networks of providers to deliver ambulatory care when such networks appear likely to improve access to health care or its quality. The HRSA is especially interested in networks that may become a part of managed care systems in rural areas.

4. Projects that provide services that enable rural populations to better utilize existing health services, including those involving the use of community outreach workers.

5. Projects that provide training for health care professionals and workers, including community outreach workers, when such training may be demonstrated to be likely to lead to higher quality services or more accessible services in rural areas.

6. Projects that enhance the health and safety of farmers, farm families, and migrant and seasonal farm workers through direct services.

7. Projects that address the needs of rural minority populations.

8. Projects that train rural people in disease prevention and health promotion, when such training addresses critical needs of the area.

9. Telecommunication and telemedicine projects.

10. Projects on adolescent health and on school-based programs.

The focus areas listed above are examples only. All projects must address the demonstrated needs of the community.

Review Consideration

Grant applications will be evaluated on the basis of the following criteria:

1. The extent to which the applicant has documented and justified the need(s) for the proposed project.

2. The extent to which the applicant has proposed new approaches that will meet the health care needs of the community and has developed measurable goals and objectives for carrying out the project.

3. The extent to which the applicant has clearly defined the roles and responsibilities of each member of the consortium and demonstrated the experience and expertise needed to manage the project.

4. The level of local commitment and involvement with the project, as evidenced by: (1) the extent of cost participation on the part of the applicant, members of the consortium, and other organizations; (2) letters of support from community leaders and organizations; and, (3) the feasibility of plans to sustain the project after federal grant support is ended.

5. The reasonableness of the budget that is proposed for the project.

6. The extent to which the applicant has developed a realistic and workable plan for evaluating the project and for disseminating information about the project.

Geographic Considerations

The HRSA hopes to expand the outreach program into geographic areas not currently served by the program. Consequently, HRSA will consider geographic coverage when deciding which approved applications to fund.

Other Information

Grantees will be required to use at least 85 percent of the total amount awarded for outreach and care services, as opposed to administrative costs. At least 50 percent of the funds awarded must be spent in rural areas. This is a demonstration program that will not support projects that are solely or predominantly designed for the purchase of equipment or vehicles. The purchase of equipment and vehicles may not represent more than 40 percent of the total federal share of a proposal. Grant funds may not be used for purchase, construction or renovation of real property or to support the delivery of inpatient services.

Applicants are advised that the entire application may not exceed 70 pages in length including the project and budget narratives, face page, all forms, appendices, attachments and letters of support. Applications that exceed the 70 page limit will not receive consideration. All applications must be typewritten and legible. Margins must be no less than 1/2 inch on all sides.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget—# 0937-0195. Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to state and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

a. A copy of the face page of the application (SF 424).

b. A summary of the project not to exceed one page, which provides:

(1) A description of the population to be served.

(2) A summary of the services to be provided.

(3) A description of the coordination planned with the appropriate state or local health agencies.

Executive Order 12372

The Rural Health Services Outreach Grant Program has been determined to

be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of federal programs by appropriate health planning agencies as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their states for assistance under certain Federal programs. Applicants (other than federally-recognized Indian tribal governments) should contact their state Single Point of Contact (SPOCs), a list of which will be included in the application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected State. All SPOC recommendations should be submitted to Harriet Green, Office of Grants Management, Bureau of Primary Health Care, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, (301) 594-4260. The due date for state process recommendations is 60 days after the application deadline (May 15, 1996) for competing applications. The granting agency does not guarantee to "accommodate or explain" state process recommendations it receives after that date. (See Part 148 of the PHS Grants Administration Manual, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR Part 100 for a description of the review process and requirements.	<i>Baldwin</i> 0101 0102 0106 0110 0114 0115 0116 <i>Mobile</i> 0059 0062 0066 0072.02 <i>Tuscaloosa</i> 0107 <i>Arizona</i> <i>Maricopa</i> 0101 0405.02 0507 0611 0822.02 5228 7233 <i>Pima</i> 0044.05 0048 0049 <i>California</i> <i>Butte</i> 0024 0025 0026 0027 0028 0029 0030 0031 0032 0033 0034 0035 0036 <i>El Dorado</i> 0301.01 0301.02 0302 0303 0304.01 0304.02 0305.01 0305.02 0305.03 0306 0310 0311 0312 0313 0314 0315 <i>Fresno</i> 0040 0063 0064.01 0064.03 0065 0066 0067 0068	0071 0072 0073 0074 0077 0078 0079 0080 0081 0082 0083 0084.01 0084.02 <i>Kern</i> 0033.01 0033.02 0034 0035 0036 0037 0040 0041 0042 0043 0044 0045 0046 0047 0048 0049 0050 0051.01 0052 0053 0054 0055.01 0055.02 0056 0057 0058 0059 0060 0061 0063 <i>Los Angeles</i> 5990 5991 9001 9002 9004 9012.02 9100 9101 9108.02 9109 9110 9200.01 9201 9202 9203.03 9301 <i>Monterey</i> 0109 0112 0113 0114.01 0114.02 0115 <i>Placer</i> 0201.01 0201.02 0202 0203
State Offices of Rural Health		
Applicants should notify their State Office of Rural Health of their intent to apply for this grant program. The State Office can provide information and technical assistance. A list of State Offices of Rural Health will be provided with the application kit.		
OMB Catalog of Federal Domestic Assistance number is 93.912		
Dated: December 7, 1995.		
Ciro V. Sumaya, <i>Administrator.</i>		
Appendix I		
*Census tract numbers are shown <i>below</i> each county name.		
To be eligible under criterion #2 your organization's central administrative headquarters must be located in one of the census tracts that is listed below your county. The county name and the census tract number <i>must be included in section #8</i> on the face page of the 424 application.		
State		
<i>County</i>		
Census tract number		
Alabama		

0204	0052.02	0022
0216	0053.02	
0217	0053.03	<i>Pueblo</i>
0219	0053.04	0028.04
0220	0054	0032
	0055	0034
<i>Riverside</i>		
0421	<i>Santa Barbara</i>	<i>Weld</i>
0427.02	0018	0019.02
0427.03	0019.03	0020
0429		0024
0430	<i>Santa Clara</i>	0025.01
0431	5117.04	0025.02
0432	5118	
0444	5125.01	Florida
0452.02	5127	<i>Collier</i>
0453		0111
0454	<i>Shasta</i>	0112
0455	0126	0113
0456.01	0127	0114
0456.02	1504	
0457.01		<i>Dade</i>
0457.02	<i>Sonoma</i>	0115
0458	1506.04	
0459	1537.01	<i>Marion</i>
0460	1541	0002
0461	1542	0004
0462	1543	0005
		0027
<i>San Bernardino</i>	<i>Stanislaus</i>	
0089.01	0001	<i>Osceola</i>
0089.02	0002.01	0401.01
0090.01	0032	0401.02
0090.02	0033	0402.01
0091.01	0034	0402.02
0091.02	0035	0403.01
0093	0036.05	0403.02
0094	0037	0404
0095	0038	0405.01
0096.01	0039.01	0405.02
0096.02	0039.02	0405.03
0096.03		0405.05
0097.01	<i>Tulare</i>	0406
0097.03	0002	
0097.04	0003	<i>Palm Beach</i>
0098	0004	0079.01
0099	0005	0079.02
0100.01	0006	0080.01
0100.02	0007	0080.02
0102.01	0026	0081.01
0102.02	0028	0081.02
0103	0040	0082.01
0104.01	0043	0082.02
0104.02	0044	0082.03
0104.03		0083.01
0105	<i>Ventura</i>	0083.02
0106	0001	
0107	0002	<i>Polk</i>
	0046	0125
<i>San Diego</i>	0075.01	0126
0189.01		0127
0189.02	Colorado	0142
0190	<i>Adams</i>	0143
0191.01	0084	0144
0208	0085.13	0152
0209.01	0087.01	0154
0209.02		0155
0210	<i>El Paso</i>	0156
0212.01	0038	0157
0212.02	0039.01	0158
0213	0046	0159
		0160
<i>San Joaquin</i>	<i>Larimer</i>	0161
0040	0014	
0044	0017.02	Kansas
0045	0019.02	<i>Butler</i>
0052.01	0020.01	0201

0203	0033.01	0016
0204	0033.02	
0205	0033.03	Pennsylvania
0209	0033.04	<i>Lycoming</i>
Louisiana	0034	0101
<i>Rapides</i>	New Mexico	0102
0106	<i>Dona Ana</i>	South Dakota
0135	0014	<i>Pennington</i>
0136	0019	0116
<i>Terrebonne</i>	<i>Santa Fe</i>	0117
0122	0101	Texas
0123	0102	<i>Bexar</i>
Minnesota	0103.01	1720
<i>St. Louis</i>	New York	1821
0105	<i>Herkimer</i>	1916
0112	0101	<i>Brazoria</i>
0113	0105.02	0606
0114	0107	0609
0121	0108	0610
0122	0109	0611
0123	0110.01	0612
0124	0110.02	0613
0125	0111	0614
0126	0112	0615
0127	0113.01	0616
0128		0617
0129	North Dakota	0618
0130		0619
0131	<i>Burleigh</i>	0620.01
0132	0114	0620.02
0133	0115	0621
0134		0622
0135	<i>Grand Forks</i>	0623
0137.01	0114	0624
0137.02	0115	0625.01
0138	0116	0625.02
0139	0118	0625.03
0141		0626.01
0151	<i>Morton</i>	0626.02
0152	0205	0627
0153		0628
0154	Oklahoma	0629
0155	<i>Osage</i>	0630
<i>Stearns</i>	0103	0631
0103	0104	0632
0105	01050106	<i>Harris</i>
0106	0107	0354
0107	0108	0544
0108		0546
0109	Oregon	
0110	<i>Clackamas</i>	<i>Hidalgo</i>
0111	0235	0223
Montana	0236	0224
<i>Cascade</i>	0239	0225
0105	0240	0226
<i>Yellowstone</i>	0241	0227
0015	0243	0228
0016	<i>Jackson</i>	0230
0019	0024	0231
Nevada	0027	0243
<i>Clark</i>	<i>Lane</i>	Washington
0057	0001	<i>Benton</i>
0058	0005	0116
0059	0007.01	0117
<i>Washoe</i>	0007.02	0118
0031.04	0008	0119
0032	0013	0120
	0014	<i>Franklin</i>
	0015	0208

King
0327
0328
0330
0331

Snohomish
0532
0536
0537
0538

Spokane
0101
0102
0103.01
0103.02
0133
0138
0143

Whatcom
0110

Yakima
0018
0019
0020
0021
0022
0023
0024
0025
0026

Wisconsin

Douglas
0303

Marathon
0017
0018
0020
0021
0022
0023

Wyoming

Laramie
0016
0017
0018

Appendix II

Bureau of the Census Regional Information Service

Atlanta, GA—404-730-3957
Alabama, Florida, Georgia

Boston, MA—617-424-0501
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Upstate New York

Charlotte, NC—704-344-6144
Kentucky, North Carolina, South Carolina, Tennessee, Virginia

Chicago, IL—708-562-1350
Illinois, Indiana, Wisconsin

Dallas, TX—214-767-7105
Louisiana, Mississippi, Texas

Denver, CO—303-969-7750
Arizona, Colorado, Nebraska, New Mexico, North Dakota, South Dakota, Utah, Wyoming

Detroit, MI—313-259-0056
Michigan, Ohio, West Virginia

Kansas City, KS—913-551-6711

Arkansas, Iowa, Kansas, Missouri, New Mexico, Oklahoma
Los Angeles, CA—818-904-6339
California
Philadelphia, PA—215-597-8313
Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania
Seattle, WA—206-728-5314
Idaho, Montana, Nevada, Oregon, Washington

[FR Doc. 95-30417 Filed 12-13-95; 8:45 am]
BILLING CODE 4160-15-P

Office of Inspector General

Program Exclusions: November 1995

AGENCY: Office of Inspector General, HHS.
ACTION: Notice of program exclusions.

During the month of November 1995, 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
Program-Related Convictions	
Amigoni, Nicholas A., Beckley, WV	12/20/95
Bethea, Nesbit, Philadelphia, PA	12/20/95
Bordley, Thomas J., Baltimore, MD	12/20/95
Britos-Bray, Anibal, Baltimore, MD	12/20/95
Burl, Shawn, Birmingham, AL ..	12/17/95
Chernick, Alan J., New City, NY	12/18/95
Crowe, Steven M., Benwood, WV	12/20/95
Darbro, David A., Greenfield, IN	12/11/95

Subject, City, State	Effective date
Frederick, Angela Kay, Brighton, CO	12/18/95
Frost, Rosalyn Francine, Severn, MD	12/20/95
Harbert, Charlea, Perry, OH	12/18/95
Haygood, Regina J., Brooklyn, CA	12/18/95
Jefferson, Hilda Diane, Compton, CA	12/19/95
Koh, Yung Hie, Ashland, KY	12/20/95
McAllister, Katrina, Baltimore, MD	12/20/95
McCall, Shirley A., Spokane, WA	12/19/95
Muscari, Pietro J., Broken Arrow, OK	12/12/95
Nappi, Gerald J., Louisville, OH	12/18/95
Ortiz, Ramon, Englewood, CO ..	12/18/95
Pal, Bimal K., Ellicott City, MD ..	12/20/95
Patel, Sharad C., Elizabethtown, KY	12/17/95
Pollock, Hamilton D., Baltimore, MD	12/20/95
Polvinale, David A., Brownsville, PA	12/20/95
Rutgard, Jeffrey Jay, Fort Dix, NJ	12/19/95
Sanchez-Galvan, Julio C., Denver, CO	12/18/95
Stevens, Bruce, Mt Vernon, IL ..	12/18/95
Teresita, Earley, P.C., New York, NY	12/18/95
Tilghman, Anitra D., Essex, MD ..	12/20/95
Warren, Vinita R., Wheaton, MD	12/20/95
Wertz, David, Philadelphia, PA ..	12/20/95
Winder, Tyrone D., Baltimore, MD	12/20/95

Patient Abuse/Neglect Convictions

Brown, Laurie Ann, Waco, TX ..	12/17/95
Brown, Gaynelle H., Colorado Springs, CO	12/18/95
Crumitie, Audrey E., Baltimore, MD	12/20/95
Davis, Angela Deshawn, Baton Rouge, LA	12/17/95
Desierra, Elvia L., Denver, CO ..	12/18/95
Fears, Lashandra S., Tyler, TX ..	12/17/95
Ferguson, Sandra H., Baltimore, MD	12/20/95
Gannie, Osmond Jr., Olympia, WA	12/19/95
Irvin, Violet, Selma, AL	12/17/95
Laury, Amanda Lee, Rockdale, TX	12/17/95
Nachalis, Allan D., Chester, PA ..	12/20/95
Skavron, Debra, L., Central Falls, RI	12/19/95
Smart, Sheri A., Plattsburgh, NY	12/18/95
Souder, Maria C., Cincinnati, OH	12/18/95
Wilson, Willard M., Spokane, WA	12/19/95

Conviction for Health Care Fraud

Kones, Richard J., Rochester, MN	12/20/95
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