the number of participants who have registered in advance to speak at the meeting. Individuals who wish to make formal statements must contact Nancy Archer at (410) 786–0596 or via e-mail, *narcher@cms.hhs.gov* as soon as possible. Those individuals must subsequently submit their formal statements in writing no later than 5 p.m., Thursday, October 24, 2002. Send written submissions to: Nancy Archer, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop S3–02–01, Baltimore, Maryland 21244 or *narcher@cms.hhs.gov.* Comments from individuals not registered to speak will be heard following individuals with scheduled statements, as time permits.

III. Registration Instructions

The Clinical Standards Group is coordinating registration for the meeting. While there is no registration fee, all individuals must register to attend. Because this meeting will be located on Federal property, for security reasons, any persons wishing to attend this meeting must call or e-mail Nancy Archer at (410) 786–0596 (*narcher@cms.hhs.gov*) to register at least 72 hours in advance. Attendees must show photographic identification to the Federal Protective Service or Guard Service personnel before they will be permitted to enter CMS grounds. Individuals who have not registered in advance will not be allowed to enter the building to attend the meeting. Seating capacity is limited to the first 250 registrants. Individuals requiring sign language interpretation for the hearing impaired or other special accommodations should contact Aileen Bullock at (410) 786–5637 (*abullock@cms.hhs.gov*) at least 10 days before the meeting. There will be a TTY system access number available.

Authority: 42 U.S.C 1395x(e) and (f).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)

Dated: October 7, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare and Medicaid Services.

[FR Doc. 02–25948 Filed 10–10–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: ACF–196.

OMB No.: 0970–0199.

Description: The form provides specific data regarding claims and provides a mechanism for States to request grant awards and certify the availability of state matching funds. Failure to collect this data would seriously compromise ACF's ability to monitor expenditures. This information is also used to estimate Outlays and may be used to prepare ACF budget submissions to Congress. The following citations should be noted in regard to this collection: 405(c)(1); 409(a)(7); and 409(a)(1).

Respondents: State TANF Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–196	54	4	8	1,728
Estimated Total Annual Burden Hours				1,728

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20508, Attn: Desk Officer for ACF.

Dated: October 7, 2002.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 02–25975 Filed 10–10–02; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Program Exclusions: September 2002

AGENCY: Office of Inspector General, HHS.

ACTION: Notice of program exclusions.

During the month of September 2002, 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	
ADEKOLA, ADEMOLA J CHICAGO, IL	10/20/2002
ALEMAN, ALBERTO MIAMI, FL	10/20/2002
AMABILE, JOHN C WRIGHTSTOWN, NJ	10/20/2002
ANTONOV, ROMAN	10/20/2002