

FEDERAL MARITIME COMMISSION**Sunshine Act Meeting**

AGENCY HOLDING THE MEETING: Federal Maritime Commission.

TIME AND DATE: 5:00 a.m., October 23, 1997.

PLACE: 800 North Capitol Street, NW., Room 1000, Washington, D.C.

STATUS: Closed.

MATTER(S) TO BE CONSIDERED:

1. Docket No. 96-20—Port Restrictions and Requirements in the United States/Japan Trade.

CONTACT PERSON FOR MORE INFORMATION: Joseph C. Polking, Secretary, (202) 523-5725.

Joseph C. Polking,

Secretary.

[FR Doc. 97-28617 Filed 10-24-97; 8:45 am]

BILLING CODE 6730-01-M

FEDERAL RESERVE SYSTEM**Sunshine Act Meeting**

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:00 a.m., Monday, November 3, 1997.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Status Report of the Committee on the Federal Reserve in the Payments Mechanism (Alternative Roles for the Federal Reserve in the Retail Payments System). (This item was originally announced for a closed meeting on October 20, 1997.)

2. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

3. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board; (202) 452-3204. You may call (202) 452-3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: October 24, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-28682 Filed 10-24-97; 2:45 pm]

BILLING CODE 6210-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary****Office of Inspector General; Statement of Organization, Functions and Delegations of Authority**

This notice amends Part A (Office of the Secretary) of the Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (HHS) to reflect recent changes in Chapter AF, Office of Inspector General (OIG). Chapter AF was published in its entirety on June 5, 1997 (62 FR 30859).

The statement of organization, functions and delegations of authority reflects the original transfer of the statutory basis for the Office of Inspector General from Pub. L. 94-505 to Pub. L. 95-452 (and made under the Inspector General Act Amendments of 1988, Pub. L. 100-504), and conforms to and carries out the statutory requirements for operating the Office of Inspector General. A number of revisions have been made to reflect the reassignment of functions exercised by the Office of Enforcement and Compliance to two other components. As a result, the Office of Investigations will now be responsible for the development and processing of all program exclusion actions. The Office of Counsel to the Inspector General will now be responsible for final decisions regarding administrative sanctions, including program exclusions and civil money penalties (CMPs), and for developing corporate integrity and model compliance programs, as well as the monitoring of corporate integrity agreements. These organizational changes have been made in an effort to assist the Office of Inspector General in accomplishing its mission with greater efficiency and effectiveness.

As amended, Chapter AF now reads as follows:

Section AF.00, Office of Inspector General (OIG)—Mission.

This organization was established by law as an independent and objective oversight unit of the Department to carry out the mission of promoting economy, efficiency and effectiveness through the elimination of waste, abuse and fraud. In furtherance of this mission, the organization engages in a number of activities:

- A. Conducting and supervising audits, investigations, inspections and evaluations relating to HHS programs and operations.

- B. Identifying systemic weaknesses giving rise to opportunities for fraud and abuse in HHS programs and operations and making recommendations to prevent their recurrence.

- C. Leading and coordinating activities to prevent and detect fraud and abuse in HHS programs and operations.

- D. Detecting wrongdoers and abusers of HHS programs and beneficiaries so appropriate remedies may be brought to bear.

- E. Keeping the Secretary and the Congress fully and currently informed about problems and deficiencies in the administration of such programs and operations and about the need for and progress of corrective action, including imposing sanctions against providers of health care under Medicare and Medicaid who commit certain prohibited acts.

In support of its mission, the Office of Inspector General carries out and maintains an internal quality assurance system and a peer review system with other Offices of Inspectors General, that include periodic quality assessment studies and quality control reviews, to provide reasonable assurance that applicable laws, regulations, policies, procedures, standards and other requirements are followed; are effective; and are functioning as intended in OIG operations.

Section AF.10, Office of Inspector General—Organization

There is at the head of the OIG a statutory Inspector General, appointed by the President and confirmed by the Senate. The Office of Inspector General consists of six organizational units:

- A. Immediate Office of the Inspector General (AFA).

- B. Office of Management and Policy (AFC).

- C. Office of Evaluation and Inspections (AFE).

- D. Office of Counsel to the Inspector General (AFG).

- E. Office of Audit Services (AFH).

- F. Office of Investigations (AFI).

Section AF.20, Office of Inspector General—Functions

The component sections which follow describe the specific functions of the organization.

Section AFA.00, Immediate Office of the Inspector General (IOIG)—Mission

The Inspector General is directly responsible for meeting the statutory mission of the OIG as a whole and for promoting effective OIG internal quality assurance systems, including quality assessment studies and quality control

reviews of OIG processes and products. The Office of Inspector General also plans, conducts and participates in a variety of inter-agency cooperative projects and undertakings relating to fraud and abuse activities with the Department of Justice (DOJ), the Health Care Financing Administration (HCFA) and other governmental agencies.

Section AFA.10, Immediate Office of the Inspector General—Organization

The Immediate Office is comprised of the Inspector General, the Principal Deputy Inspector General, and an immediate staff.

Section AFA.20, Immediate Office of the Inspector General—Functions

As the senior official of the organization, the Inspector General supervises the Chief Counsel to the Inspector General and the Deputy Inspectors General who head the major OIG components. The Inspector General is appointed by the President, with the advice and consent of the Senate, and reports to and is under the general supervision of the Secretary or, to the extent such authority is delegated, the Deputy Secretary, but does not report to and is not subject to supervision by any other officer in the Department. In keeping with the independence intended in the statutory basis for the OIG and its mission, the Inspector General assumes and exercises, through line management, all functional authorities related to the administration and management of the OIG and all mission related authorities stated or implied in the law or delegated directly from the Secretary.

The Inspector General provides executive leadership to the organization and exercises general supervision over the personnel and functions of its major components. The Inspector General determines the budget needs of the OIG, sets OIG policies and priorities, oversees OIG operations and provides reports to the Secretary and the Congress. In this capacity the Inspector General is empowered under the law with general personnel authority, e.g., selection, promotion, assignment of employees, including members of the senior executive service. The Inspector General delegates related authorities as appropriate.

The Principal Deputy Inspector General assists the Inspector General in the management of the OIG, and during the absence of the Inspector General, acts as the Inspector General.

Section AFC.00, Office of Management and Policy (OMP)—Mission

This office is responsible for the reporting and legislative and regulatory review functions required in the law; for formulating and executing the OIG budget; for managing external affairs; and for establishing functional policies for the general management of the OIG. In support of its mission, the office carries out and maintains an internal quality assurance system. The system includes quality assessment studies and quality control reviews of OMP processes and products to ensure that policies and procedures are followed effectively and function as intended.

Section AFC.10, Office of Management and Policy—Organization

This office is directed by the Deputy Inspector General for Management and Policy, and comprises the Deputy Inspector General for OMP and an immediate staff.

Section AFC.20, Office of Management and Policy—Functions

Through the Deputy Inspector General for Management and Policy:

A. The office conducts and coordinates OIG reviews of existing and proposed legislation and regulations related to HHS programs and operations to identify their impact on economy and efficiency and their potential for fraud and abuse. It serves as contact for the press and electronic media and serves as OIG congressional liaison. The office prepares or coordinates congressional testimony and confers with officials in the Office of the Secretary staff divisions on congressional relations, legislation and public affairs. It develops and publishes OIG newsletters, recruitment brochures and other issuances to announce and promote OIG activities and accomplishments.

B. The office coordinates the development of the OIG long-range strategic plan. It compiles the Semiannual and other legislatively-mandated reports to the Congress and operates the Executive Secretariat. It formulates and oversees the execution of the OIG budget and confers with the Office of the Secretary, the Office of Management and Budget and the Congress on budget issues. It issues quarterly grants to States for Medicaid fraud control units. It conducts management studies and analyses and establishes and coordinates general management policies for the OIG and publishes those policies in the OIG Administrative Manual. It serves as OIG liaison to the Office of the Secretary for personnel issues and other

administrative policies and practices, and on equal employment opportunity and other civil rights matters. It coordinates internal control reviews for the OIG.

C. The office is responsible for OIG information resources management (IRM), as defined by the Paperwork Reduction Act, OMB Circular A-130, the Federal Information Resources Management regulations, the Computer Security Act of 1987, HHS IRM Circulars, and by related guidance. The office also provides information technology support to the OIG through management of its local area networks nationwide, provision of headquarters computer end-user support, and support of OIG information systems as required. Through this office, the Deputy Inspector General for Management and Policy serves as the OIG Chief Information Officer.

Section AFE.00, Office of Evaluation and Inspections (OEI)—Mission

The Office of Evaluation and Inspections is responsible for conducting inspections of HHS programs, operations and processes to identify vulnerabilities, to prevent and detect fraud, waste and abuse, and to promote economy, efficiency and effectiveness in HHS programs and operations.

Section AFE.10, Office of Evaluation and Inspections—Organization

This office is directed by the Deputy Inspector General for Evaluation and Inspections, and comprises the Immediate Office, including the Deputy Inspector General for OEI and an immediate staff, and eight regional offices.

Section AFE.20, Office of Evaluation and Inspections—Functions

The office is responsible for carrying out inspections supporting the OIG mission. The Deputy Inspector General provides general supervision to the OEI immediate office staff and supervises the Regional Inspectors General for Evaluation and Inspections who carry out OEI's mission and activities in assigned geographic areas. The Immediate Office carries out OEI's mission in headquarters.

A. The immediate office develops OEI's evaluation and inspections policies, procedures and standards. It manages OEI's human and financial resources. It develops and monitors OEI's management information systems. It conducts management reviews within the HHS/OIG and for other OIG's upon request. The office carries out and maintains an internal quality assurance

system. The system includes quality assessment studies and quality control reviews of OEI processes and products to ensure that policies and procedures are effective; are followed; and are functioning as intended.

B. The immediate office manages OEI's work planning process, and develops and reviews legislative, regulatory and program proposals to reduce vulnerabilities to fraud, waste and mismanagement. It develops evaluation techniques and coordinates projects with other OIG and departmental components. It provides programmatic expertise and information on new programs, procedures, regulations and statutes to OEI regional offices. It maintains liaison with other components in the Department, follows up on implementation of corrective action recommendations, evaluates the actions taken to resolve problems and vulnerabilities identified, and provides additional data or corrective action options, where appropriate.

C. The immediate office provides statistical and data base advice and services for inspections conducted by the regional offices. It carries out analyses of large data bases to identify potential areas of fraud and abuse, and provides technical assistance to the regional offices for these purposes. It operates a toll-free hotline for the OIG to permit individuals to call in suspected fraud or waste, refers the calls for appropriate action by HHS agencies or other OIG components, and analyzes the body of calls to identify trends and patterns of fraud and abuse needing attention.

D. The regional offices carry out OEI's mission in the field. The regional offices evaluate HHS programs and produce the results in inspection reports. They conduct data and trend analyses of major HHS initiatives to determine the effects of current policies and practices on program efficiency and effectiveness. They recommend changes in program policies, regulations and laws to improve efficiency and effectiveness, and to prevent fraud, abuse, waste and mismanagement. They analyze existing policies to evaluate options for future policy, regulatory and legislative improvements.

Section AFG.00, Office of Counsel to the Inspector General (OCIG)—Mission

The Office of Counsel to the Inspector General (OCIG) is responsible for providing all legal services and advice to the Inspector General, Principal Deputy Inspector General and all the subordinate components of the Office of Inspector General, in connection with OIG operations and administration, OIG

fraud and abuse enforcement activities, and OIG activities designed to promote efficiency and economy in the Department's programs and operations. The OCIG is also responsible for imposing and litigating CMP and program exclusion cases within the jurisdiction of the OIG, for the coordination and disposition of False Claims Act *qui tam* and criminal, civil and administrative matters, and for the resolution of voluntary disclosure and program compliance activities. The OCIG develops models for corporate integrity, compliance and enforcement programs; monitors ongoing compliance; and promotes industry awareness of corporate integrity models.

Section AFG.10, Office of Counsel to the Inspector General—Organization

The office is directed by the Chief Counsel to the Inspector General, and the Assistant Inspector General for Legal Affairs. The office is comprised of the following components:

- A. Advice.
- B. Civil Recoveries.
- C. Administrative Litigation.
- D. Industry Guidance.

Section AFG.20, Office of Counsel to the Inspector General—Functions

A. Advice

This office provides legal advice to the various components of the OIG on legal issues that arise in the exercise of the OIG's responsibilities under the Inspector General Act of 1978. Such issues include the scope and exercise of the Inspector General's authorities and responsibilities; investigative techniques and procedures (including criminal procedure); the sufficiency and impact of legislative proposals affecting the OIG; and the conduct and resolution of investigations, audits and inspections. The office evaluates the legal sufficiency of OIG recommendations and develops formal legal opinions to support those recommendations. When appropriate, the office coordinates formal legal opinions with the HHS Office of the General Counsel. The office provides legal advice on OIG internal administration and operations, including appropriations, delegations of authority, ethics, OIG regulations, personnel matters, the disclosure of information under the Freedom of Information Act and the safeguarding of information under the Privacy Act. The office is responsible for conducting and coordinating litigation activities on personnel and Equal Employment Opportunity matters and Federal tort actions involving OIG employees. The

office is responsible for the clearance and enforcement of subpoenas issued by the OIG, and defends the OIG in litigation matters as necessary.

B. Civil Recoveries

This office oversees all False Claims Act cases, including *qui tam* cases, and handles final sign-off on False Claims Act settlements for the Department, including the amount of restitution and resolution of the CMP and program exclusion authorities that have been delegated to the OIG. It coordinates DOJ and U.S. Attorney's offices resource requests, participates in settlement negotiations and provides litigation support. Where necessary, the office litigates appeals of program exclusions imposed in such global cases before the Department Appeals Board (DAB) and assists DOJ in handling any subsequent appeals of such cases to the Federal courts. The office coordinates and resolves all voluntary disclosure cases through: (1) Liaison activities with DOJ and the U.S. Attorney's office; (2) the disclosure verification efforts of OAS and OI; and (3) final disposition and sign-off of the matter. The office, in coordination with other OIG components, develops both the standards governing the use of program exclusion authorities, and the criteria for evaluating whether to impose program exclusions against health care providers. The office is responsible for developing and maintaining a comprehensive and coordinated data base on all settled and pending False Claims Act and CMP cases under its authority.

The Civil Recoveries Branch also develops and monitors corporate and provider integrity plans adopted as part of settlement agreements, and develops audit and investigative review standards for monitoring such plans in cooperation and coordination with other OIG components. The office resolves breaches of integrity plans through the development of corrective action plans, on-site reviews, and through the imposition of sanctions. It serves to increase industry awareness of corporate compliance integrity issues by promoting voluntary adoption of corporate compliance plans through speeches, articles, visits and other liaison activities with governmental and private sector groups, as well as developing model or best practice recommendations.

C. Administrative Litigation

This office is responsible for determining whether to impose administrative sanctions, including CMPs within the jurisdiction of the OIG,

assessments and program exclusions (with the exception of those handled by the Civil Recoveries Branch). It effectuates all such health care mandatory and permissive exclusions under the Social Security Act, and decides on waiver requests and requests for reinstatement. The office participates in developing standards governing the imposition of these exclusion authorities. The office coordinates with the Public Health Service and DOJ to effectuate repayment agreements with those excluded individuals who have defaulted on HEAL loans. The office litigates appeals of program exclusions before the DAB and assists DOJ in handling any subsequent appeals of such cases to the Federal courts.

The office reviews all cases referred by HCFA under the patient anti-dumping authority of the Social Security Act, and resolves the liability for CMPs and program exclusions for hospitals and physicians. Where appropriate, the office imposes and litigates CMPs and program exclusions with respect to hospitals and physicians for violations of the patient anti-dumping statute.

The office imposes and litigates CMPs and assessments under the CMP law, and ensures that all monetary recoveries are promptly and accurately reported to the appropriate OIG data base. It represents the OIG in coordinating all CMP actions initiated by other Federal health care programs that are authorized to prosecute health care providers. The office provides guidance and monitors all actions in this area until completion of these actions.

The Administrative Litigation Branch also has primary responsibility for developing and promulgating all OIG regulations for codification into the Code of Federal Regulations, all OIG-related **Federal Register** notices, and the review and drafting of legislative proposals relating to fraud and abuse enforcement activities.

D. Industry Guidance

This office is responsible for drafting and issuing advisory opinions to the health care industry and members of the public on whether an activity (or proposed activity) would constitute grounds for the imposition of a sanction under the anti-kickback statute, the CMP law or the program exclusion authorities, and on other issues pertaining to the anti-kickback statute. The office develops and updates procedures for the submission of requests for advisory opinions and for determining the fees that will be imposed. The office solicits and responds to proposals for new

regulatory safe harbors to the anti-kickback statute, modifications to existing safe harbors, and new fraud alerts. The office consults with, and obtains the concurrence of, DOJ on all proposed advisory opinions and safe harbors before issuance or publication. The office provides legal advice to the various components of the OIG, other offices of the Department, and DOJ concerning matters involving the interpretation of the anti-kickback statute and other legal authorities, and assists those components or offices in analyzing the applicability of the anti-kickback statute to various practices or activities under review.

Section AFH.00, Office of Audit Services (OAS)—Mission

The Office of Audit Services provides policy direction for and conducts and oversees comprehensive audits of HHS programs, operations, grantees and contractors, following generally accepted Government auditing standards (GAGAS), the Single Audit Act of 1984, applicable Office of Management and Budget (OMB) circulars and other legal, regulatory and administrative requirements. This includes investigative audit work performed in conjunction with other OIG components, directed toward the prosecution of both civil and criminal cases of program abuse. It maintains an internal quality assurance system, including periodic quality assessment studies and quality control reviews, to provide reasonable assurance that applicable laws, regulations, policies, procedures, standards and other requirements are followed in all audit activities performed by, or on behalf of, the Department. In furtherance of this mission, the organization engages in a number of activities:

A. The office coordinates and confers with officials of the central Federal management agencies (OMB, the General Accounting Office (GAO), the Office of Personnel Management (OPM) and the Department of the Treasury) on audit matters involving HHS programs and operations. It provides technical assistance to Federal, State and local investigative offices on matters concerning the operation of the Department's programs. It participates in interagency efforts implementing OMB Circulars A-128 and A-110, which call for use of the single audit concept for most external audits. It performs audits of activities administered by other Federal departments, following the system of audit cognizance administered by OMB. It participates in the President's Council on Integrity and Efficiency (PCIE)

initiatives and other Government-wide projects. It works with other OIG components on special assignments and projects. It responds to congressional oversight interests related to audit matters in the Department.

B. The Office of Audit Services helps HHS operating divisions and the Office of the Secretary staff divisions to develop policies to manage grants and procurements and policies to establish indirect cost rates. It performs pre-award audits of grant or contract proposals to determine the financial capability of the grantees or contractors and conducts post-award audits.

C. The office reviews legislative, regulatory and policy proposals for audit implications. It recommends improvements in the accountability and integrity features of legislation, regulations and policy. It prepares reports of audits and special studies for the Secretary, heads of HHS operating divisions, Regional Directors and others. It gathers data on unresolved audit findings for the statutorily required Semiannual Reports to the Congress and for the Deputy Secretary as Chairman of the Audit Resolution Council. It conducts follow-up examinations and special analyses of actions taken on previously reported audit findings and recommendations to ensure completeness and propriety.

D. The office decides when audits can or may be performed by audit organizations outside the Department, including those by other Federal or nonfederal governmental agencies, contractors, or public accounting firms. It assures that any audit performed by non-OIG auditors complies with the Government auditing standards established by the Comptroller General of the United States. It evaluates audits performed for the Department by outside organizations. It coordinates the development of the OIG Annual Work Plan and produces the Red Book—a summary of significant monetary recommendations not yet implemented.

E. The office serves as the focal point for all financial audit activity within the Department and provides the primary liaison conduit between the OIG and departmental management. The office provides overall leadership and direction in carrying out the responsibilities mandated under the Chief Financial Officers Act relating to financial statement audits.

Section AFH.10, Office of Audit Services—Organization

The Office of Audit Services comprises the following components:

A. Immediate Office.

B. Audit Operations and Financial Statement Activities.

C. Health Care Financing Audits.

D. Administrations of Children, Family and Aging Audits.

E. Public Health Audits.

Section AFH.20, Office of Audit Services—Functions

A. Immediate Office of the Deputy Inspector General for Audit Services

This office is directed by the Deputy Inspector General for Audit Services who carries out the functions designated in the law for the position, Assistant Inspector General for Auditing. The Deputy Inspector General for Audit Services is responsible to the Inspector General for carrying out OIG's audit mission and supervises the Assistant Inspectors General heading OAS offices described below.

The Immediate Office manages the human and financial resources of the Office of Audit Services including developing staffing allocation plans and issuing policy for, coordinating and monitoring all budget, staffing, recruiting and training activities of the office. Included in this is the responsibility to track court ordered or agreed-to costs of audits recouped from health care providers found to have violated Medicare fraud and abuse program provisions. It maintains a professional development program for Office of Audit Services staff which meets the requirements of Government auditing standards. The office provides liaison with the General Accounting Office. It reviews all replies to GAO reports to ensure they are responsive, properly coordinated and representative of HHS policy and advises the Secretary and other officials about significant findings.

B. Audit Operations and Financial Statement Activities

This office is directed by the Assistant Inspector General for Audit Operations and Financial Statement Activities. In addition to directing this office, the Assistant Inspector General supervises the eight Regional Inspectors General for Audit Services. The office's principal functions include providing direction and oversight to OAS through its work planning and quality assurance activities; the direct-line responsibility for audits of financial statements and financial related audits, including internal audits of functional areas within the Department; and directing field audit operations.

1. The office serves as the focal point for all financial statement and financial related audit activity within the

Department and serves as the primary liaison conduit between the OIG and departmental management.

2. The office operates an internal quality assurance system that provides reasonable assurance that applicable laws, regulations, policies, procedures, standards and other requirements are followed in all audit activities performed by, or on behalf of, the Department.

3. The office evaluates audit work, including performing quality control reviews of audit reports, and develops and monitors audit work plans. It develops audit policy, procedures, standards, criteria and instructions for all audit activities performed by, on behalf of, or conforming with departmental programs, grants, contracts or operations in accordance with GAGAS and other legal, regulatory and administrative requirements.

4. The office tracks, monitors and reports on audit resolution and follow-up in accordance with OMB Circular A-50.

5. The office provides oversight for audits of governments, universities and nonprofit organizations conducted by nonfederal auditors and those under contract with the OIG (external audit resources).

6. The office coordinates with the other OIG components in developing the semiannual report to Congress.

C. Health Care Financing Audits

This office is directed by the Assistant Inspector General for Health Care Financing Audits. The office conducts programmatic and fraud and abuse oriented audits of HCFA program operations and oversees nationwide the audits of the Medicare and Medicaid programs, their contractors, and providers of services and products. It maintains an internal quality assurance system, including periodic quality control reviews, to provide reasonable assurance that applicable laws, regulations, policies, procedures, standards and other requirements are followed in all HCFA audit activities performed by, or on behalf of, the Department.

D. Administrations of Children, Family and Aging Audits

This office is directed by the Assistant Inspector General for Administrations of Children, Family and Aging Audits. The office conducts and oversees audits of the operations and programs of the Administration for Children and Families and the Administration on Aging, as well as statewide cost allocation plans. It maintains an internal quality assurance system, including

periodic quality control reviews, to provide reasonable assurance that applicable laws, regulations, policies, procedures, standards and other requirements are followed in its audit activities.

E. Public Health Audits

This office is directed by the Assistant Inspector General for Public Health Audits. The office conducts and oversees audits of the programs and activities of the public health related agencies, including the Food and Drug Administration; the National Institutes of Health; the Health Resources and Services Administration; the Substance Abuse and Mental Health Services Administration; the Centers for Disease Control and Prevention; the Agency for Toxic Substances and Disease Registry; the Indian Health Service and the Surgeon General, as well as those colleges, universities and nonprofit organizations that receive research grants from the Federal Government. It maintains an internal quality assurance system, including periodic quality control reviews, to provide reasonable assurance that applicable laws, regulations, policies, procedures, standards and other requirements are followed in all public health related audit activities performed by, or on behalf of, the Department.

Section AFJ.00, Office of Investigations (OI)—Mission

The Office of Investigations is responsible for conducting and coordinating investigative activities related to fraud, waste, abuse and mismanagement in HHS programs and operations, including wrongdoing by applicants, grantees, or contractors, or by HHS employees in the performance of their official duties. It serves as OIG liaison to DOJ on all matters relating to investigations of HHS programs and personnel, and reports to the Attorney General when the OIG has reasonable grounds to believe Federal criminal law has been violated. The office serves as a liaison with HCFA, State licensing boards and other outside organizations and entities with regard to exclusion, compliance and enforcement activities. It works with other investigative agencies and organizations on special projects and assignments. In support of its mission, the office carries out and maintains an internal quality assurance system. The system includes quality assessment studies and quality control reviews of OI processes and products to ensure that policies and procedures are followed effectively, and are functioning as intended.

Section AFJ.10, Office of Investigations—Organization

The Office of Investigations comprises the following components:

- A. Immediate Office.
- B. Criminal Investigations.
- C. Investigations Policy and Oversight.

Section AFJ.20, Office of Investigations—Functions

A. Immediate Office of the Deputy Inspector General for Investigations

This office is directed by the Deputy Inspector General for Investigations who is responsible for the functions designated in the law for the position, Assistant Inspector General for Investigations. The Deputy Inspector General for Investigations supervises the Assistant Inspector General and Division Director who head the OI offices described below.

The Deputy Inspector General for Investigations is responsible to the Inspector General for carrying out the investigative mission of the OIG and for leading and providing general supervision to the OIG investigative component. The Immediate Office coordinates quality assurance studies to ensure that applicable laws, regulations, policies, procedures, standards and other requirements are followed in all investigative activities performed by, or on behalf of, the Department.

B. Criminal Investigations

This office is directed by the Assistant Inspector General for Criminal Investigations who supervises a headquarters policy and review staff and the Regional Inspectors General for Investigations who carry out investigative activities in their assigned geographic areas.

1. The headquarters staff assists the Deputy Inspector General for Investigations to establish investigative priorities, to evaluate the progress of investigations, and to report to the Inspector General on the effectiveness of investigative efforts. It develops and implements investigative techniques, programs, guidelines and policies. It provides programmatic expertise and issues information on new programs, procedures, regulations and statutes. It directs and coordinates the investigative field offices.

2. The headquarters staff reviews completed reports of investigations to ensure accuracy and compliance with guidelines. It issues the reports to pertinent agencies, management officials and the Secretary and recommends appropriate debarment actions, administrative sanctions, CMPs

and other civil actions, or prosecution under criminal law. It identifies systemic and programmatic vulnerabilities in the Department's operations and makes recommendations for change to the appropriate managers.

3. The staff provides for the personal protection of the Secretary.

4. The field offices conduct investigations of allegations of fraud, waste, abuse, mismanagement and violations of standards of conduct and other investigative matters within the jurisdiction of the OIG. They coordinate investigations and confer with HHS operating divisions, staff divisions, OIG counterparts and other investigative and law enforcement agencies. They prepare investigative and management improvement reports.

5. The office develops all health care mandatory and permissive program exclusions, and ensures enforcement of exclusions imposed through liaison with HCFA, DOJ and other governmental and private sector entities. It is responsible for developing, improving and maintaining a comprehensive and coordinated OIG data base on all OIG exclusion actions, and promptly and accurately reports all exclusion actions within its authority to the data base. It informs appropriate regulatory agencies, health care providers and the general public of all OIG exclusion actions, and is responsible for improving public access to information on these exclusion actions to ensure that excluded individuals and entities are effectively barred from program participation.

C. Investigations Policy and Oversight

This office is directed by the Division Director for Investigations Policy and Oversight who leads outreach activities to State and local investigative agencies, and the general management functions of the Office of Investigations.

1. The office oversees State Medicaid fraud control units and is responsible for certifying and recertifying these units and for auditing their Federal funding. The office provides pertinent information from HHS records to assist Federal, State and local investigative agencies to detect, investigate and prosecute fraud.

2. The office maintains an automated data and management information system used by all OI managers and investigators. It provides technical expertise on computer applications for investigations and coordinates and approves investigative computer matches with other agencies.

3. The office develops general management policy for the OI. It develops and issues instructional media

on detecting wrongdoing and on investigating and processing cases. The office reviews proposed legislation, regulations, policies and procedures to identify vulnerabilities and recommends modification where appropriate. It reviews investigative files in response to Privacy and Freedom of Information Act requests, and serves as OIG liaison to the Office of the Secretary for Freedom of Information and Privacy Act requests. It plans, develops, implements and evaluates all levels of employee training for investigations, management, support skills and other functions. It coordinates general management processes, e.g., compiles reports on the budget, on awards and on other personnel matters for OI as a whole; implements policies and procedures published in the OIG Administrative Manual; and processes procurement requests and other service related actions. It oversees a law enforcement techniques and equipment program.

Dated: October 6, 1997.

June Gibbs Brown,
Inspector General.

[FR Doc. 97-28541 Filed 10-27-97; 8:45 am]
ILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

Notice of Meeting

The Agency for Toxic Substances and Disease Registry announces the following meeting.

Name: Expert Workshop 13 Regarding Medical Monitoring in Bunker Hill, Idaho.

Times and Dates: 8 a.m.-5 p.m., November 5, 1997; 8 a.m.-5 p.m., November 6, 1997.

Place: Elk's Temple #1841, 202½ McKinley Avenue, Kellogg, Idaho 83837, telephone 208/786-3901.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Purpose: The Agency for Toxic Substances and Disease Registry (ATSDR) is considering the appropriateness of medical monitoring for populations who lived around the Bunker Hill former lead smelting facility (the Bunker Hill Superfund Site) in the Silver Valley of Idaho at a time of excess exposures of public health significance. As part of this consideration process, ATSDR is convening a series of workshops to examine the appropriateness and feasibility of a medical monitoring program.

The purpose of the medical monitoring program is to provide a public health service to communities affected by exposures to hazardous substances by screening target populations at significant risk of a specific