

periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports Clearance Office at (202) 619-2118 or e-mail Geerie.Jones@HHS.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project 1. Temporary Assistance to Needy Families (TANF) Caseload Survey—NEW—The Assistant Secretary for Planning and Evaluation has developed a common TANF beneficiary survey instrument to be used by five states and the District of Columbia awarded TANF caseload grants. The grantees are: California, Colorado, Maryland, Missouri, South Carolina and Washington DC. The purpose of this survey is to develop a better understanding of the characteristics and needs of states' current TANF caseloads. *Respondents:* Individuals; *Number of respondents:* 6500; *Burden per Response:* 45 minutes; *Total Burden:* 4,875 hours.

Send comments via e-mail to Geerie.Jones@HHS.gov, or mail to OS Reports Clearance Office, Room 503H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington DC, 20221. Comments should be received within 60 days of this notice.

Dated: November 20, 2001.

Kerry Weems,

Acting Deputy Assistant Secretary, Budget.
[FR Doc. 01-29797 Filed 11-29-01; 8:45 am]

BILLING CODE 4154-05-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities; Proposed Collections; Comment Request

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Proposed Project 1. A National Study of Stroke Post-Acute Care and Outcomes—NEW—The Office of the Assistant Secretary for Planning and Evaluation proposes a study to compare risk-adjusted quality indicators related to care provided across the three post-acute care (PAC) settings. The three settings are skilled nursing facilities, home health agencies, and inpatient rehabilitation facilities. Stroke was chosen as the tracer condition for this study because it is a common condition in PAC, accounting for approximately 10% of all Medicare PAC admissions, and because stroke patients are treated in all three PAC settings. *Respondents:* Individuals, Business or other for-profit; *Facilities Burden Information—Number of Respondents:* 74; *Average Burden per Facility:* 9.81 hours; *Facilities Burden Total:* 726 hours—*Patients' Burden Information—Number of Respondents for Informed Consent:* 1051; *Average Burden per Response:* 10 minutes; *Burden for Informed Consent:* 175 hours—*Number of Respondents for Admission Interview:* 1051; *Average Burden per Response:* 37.8 minutes; *Burden for Admission Interview:* 662 hours—*Number of Respondents for 90-*

day Follow-up Interview: 915; *Average Burden per Response:* 29.4 minutes; *Burden for 90-day Follow-up Interview:* 448 hours—*Total Patients Burden:* 1,285 hours—*Total Burden:* 2,011 hours.

Send comments via e-mail to Geerie.Jones@HHS.gov, or mail to OS Reports Clearance Office, Room 503H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Comments should be received within 60 days of this notice.

Dated: November 20, 2001.

Kerry Weems,

Acting Deputy Assistant Secretary, Budget.
[FR Doc. 01-29798 Filed 11-29-01; 8:45 am]

BILLING CODE 4154-05-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the State Children's Health Insurance Program, and Aid to Needy, Aged, Blind, or Disabled Persons for October 1, 2002 Through September 30, 2003

AGENCY: Office of the Secretary, DHHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2003 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2002 through September 30, 2003. This notice announces the calculated "Federal Medical Assistance Percentages" and "Enhanced Federal Medical Assistance Percentages" that we will use in determining the amount of Federal matching for State medical assistance (Medicaid) and State Children's Health Insurance Program (SCHIP) expenditures, and Foster Care Maintenance and Adoption Assistance payments. The table gives figures for each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Programs under title XIX of the Act exist in each jurisdiction; programs under titles I, X, and XIV operate only in Guam and the Virgin Islands; while a program under title XVI (AABD) operates only in Puerto Rico. Programs under title XXI began functioning in fiscal year 1998. The percentages in this notice apply to State expenditures for assistance payments, most medical services and

medical insurance services. The statute provides separately for Federal matching of administrative costs.

Sections 1905(b) 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services to publish the Federal medical assistance percentages each year. The Secretary is to figure the percentages, by formulas in sections 1905(b) and 1101(a)(8)(B), from the Department of Commerce's statistics of average income per person in each State and in the Nation as a whole. The percentages are within the upper and lower limits given in those two sections of the Act. The statute specifies the percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. A provision in the Medicare, Medicaid,

and SCHIP Benefits Improvement and Protection Act of 2000 modified the formula to calculate the percentages to be applied to Alaska only for fiscal years 2001 through 2005.

The "Federal Medical Assistance Percentages" are for Medicaid.

The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program under Title XXI, and in the Medicaid program for certain children for expenditures for medical assistance described in sections 1905(u)(2) and 1905(u)(3). There is no specific requirement to publish these percentages. We include them in this notice for the convenience of the States.

EFFECTIVE DATES: The percentages listed will be effective for each of the 4 quarter-year periods in the period

beginning October 1, 2002 and ending September 30, 2003.

FOR FURTHER INFORMATION CONTACT:

Adelle Simmons or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 442E—Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.563—Child Support Enforcement; 93.658—Foster Care Title IV-E; 93.659—Adoption Assistance; 93.778—Medical Assistance Program; 93.767—State Children's Health Insurance Program)

Dated: November 28, 2001.

Tommy G. Thompson,

Secretary of Health and Human Services.

BILLING CODE 4110-60-M

Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages,
Effective October 1, 2002-September 30, 2003 (Fiscal Year 2003)

State	Federal Medical Assistance Percentages	Enhanced Federal Medical Assistance Percentages
Alabama.....	70.60	79.42
Alaska**.....	58.27	70.79
American Samoa*.....	50.00	65.00
Arizona.....	67.25	77.08
Arkansas.....	74.28	82.00
California.....	50.00	65.00
Colorado.....	50.00	65.00
Connecticut.....	50.00	65.00
Delaware.....	50.00	65.00
District of Columbia**.....	70.00	79.00
Florida.....	58.83	71.18
Georgia.....	59.60	71.72
Guam*.....	50.00	65.00
Hawaii.....	58.77	71.14
Idaho.....	70.96	79.67
Illinois.....	50.00	65.00
Indiana.....	61.97	73.38
Iowa.....	63.50	74.45
Kansas.....	60.15	72.11
Kentucky.....	69.89	78.92
Louisiana.....	71.28	79.90
Maine.....	66.22	76.35
Maryland.....	50.00	65.00
Massachusetts.....	50.00	65.00
Michigan.....	55.42	68.79
Minnesota.....	50.00	65.00
Mississippi.....	76.62	83.63
Missouri.....	61.23	72.86
Montana.....	72.96	81.07
Nebraska.....	59.52	71.66
Nevada.....	52.39	66.67
New Hampshire.....	50.00	65.00
New Jersey.....	50.00	65.00
New Mexico.....	74.56	82.19
New York.....	50.00	65.00
North Carolina.....	62.56	73.79

North Dakota.....	68.36	77.85
Northern Mariana Islands*.....	50.00	65.00
Ohio.....	58.83	71.18
Oklahoma.....	70.56	79.39
Oregon.....	60.16	72.11
Pennsylvania.....	54.69	68.28
Puerto Rico*.....	50.00	65.00
Rhode Island.....	55.40	68.78
South Carolina.....	69.81	78.87
South Dakota.....	65.29	75.70
Tennessee.....	64.59	75.21
Texas.....	59.99	71.99
Utah.....	71.24	79.87
Vermont.....	62.41	73.69
Virgin Islands*.....	50.00	65.00
Virginia.....	50.53	65.37
Washington.....	50.00	65.00
West Virginia.....	75.04	82.53
Wisconsin.....	58.43	70.90
Wyoming.....	61.32	72.92

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI and Part A of title IV will be 75 per centum.

** The values for Alaska and the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for Alaska is 53.99 and for D.C. is 50.00.

[FR Doc. 01-29855 Filed 11-29-01; 8:45 am]
BILLING CODE 4110-60-C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

Jason Elster, Saint Louis University: Based on the report of an investigation conducted by Saint Louis University, Mr. Elster's admission, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Mr. Elster, former undergraduate research assistant, School of Public Health, Saint Louis University, engaged in scientific misconduct by falsifying or fabricating data in at least eight of the 125 questionnaires he collected with

support from Centers for Disease Control and Prevention cooperative agreement U48 CCU710806, "Rural Chronic Disease Prevention Center."

Specifically, the objective of the questionnaire was to assess the extent of media exposure by the community and opinions regarding local media coverage of health issues as well as to determine baseline health-related behavior. The intent of the study was to use this information in developing effective strategies for delivering information on disease prevention to the public. No publications were affected, but because of the removal of Mr. Elster's 125 questionnaires from the study, interviews with 125 new participants were required to achieve the sample size needed to have sufficient statistical power.

Mr. Elster has entered into a Voluntary Exclusion Agreement (Agreement) with PHS in which he has voluntarily agreed for a period of three (3) years, beginning on November 13, 2001:

(1) To exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer

review committee, or as a consultant; and

(2) That any institution that submits an application for PHS support for a research project on which his participation is proposed or that uses him in any capacity on PHS supported research, or that submits a report of PHS-funded research in which he is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of Mr. Elster's research contribution. The institution must also submit a copy of the supervisory plan to ORI.

FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 01-29744 Filed 11-29-01; 8:45 am]

BILLING CODE 4150-31-P