

data collection/entry employee well documented (e.g., letter of commitment/contract, position descriptions, resumes)?—3 Points.

V.2. Review and Selection Process

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness by NCCDPHP. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that their application did not meet submission requirements.

A Special Emphasis Review Panel consisting of external experts will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

The review process will be directed by the Procurement and Grants Office (PGO) staff to ensure compliance with HHS and CDC grant review guidelines.

In addition, the following factors may affect the funding decision:

- Geographic diversity—Not more than one grant awarded per state.
- Rural and urban settings—A balanced mix of grants to Native populations living in urban settings and reservation/rural communities.

CDC will provide justification for any decision to fund out of rank order.

V.3. Anticipated Announcement and Award Dates

The anticipated award announcement date is August 31, 2005.

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer, and mailed to the recipient fiscal officer identified in the application. Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

45 CFR part 74 and part 92. For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

The following additional requirements apply to this project:

- AR-9 Paperwork Reduction Act Requirements.
- AR-10 Smoke-Free Workplace Requirements.
- AR-11 Healthy People 2010.
- AR-12 Lobbying Restrictions.
- AR-14 Accounting System Requirements.
- AR-15 Proof of Non-Profit Status.
- AR-25 Release and Sharing of Data.

Additional information on these requirements can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/ARs.htm>.

An additional Certifications form from the PHS 5161-1 application needs to be included in your Grants.gov electronic submission only. Refer to <http://www.cdc.gov/od/pgo/funding/PHS5161-1Certificates.pdf>. Once the form is filled out, attach it to your Grants.gov submission as Other Attachment Forms.

VI.3. Reporting Requirements

You must provide CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
 - a. Current Budget Period Activities Objectives.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Program Proposed Activity Objectives.
 - d. Budget.
 - e. Measures of Effectiveness.
 - f. Additional Requested Information.
 2. Financial status report, no more than 90 days after the end of the budget period.
 3. Final financial and performance reports, no more than 90 days after the end of the project period.
- These reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

We encourage inquiries concerning this announcement.

For general questions, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341; Telephone: 770-488-2700.

For program technical assistance, contact: Maria E. Burns, Project Officer, c/o 1720 Louisiana Blvd., NE, Suite 208, Albuquerque, New Mexico 87110; Telephone: (505) 240-0477; e-mail: mburns@cdc.gov.

For financial, grants management, or budget assistance, contact: Tracey Sims, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341; Telephone: 770/488-2739; e-mail: atu9@cdc.gov.

VIII. Other Information

This and other CDC funding opportunity announcements can be found on the CDC Web site, Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

William P. Nichols,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*
[FR Doc. 05-10297 Filed 5-23-05; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-2214-N]

Medicaid Program; Establishment of the Medicaid Commission and Request for Nominations for Members

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the establishment of the Medicaid Commission and discusses the group's purpose and charter. It also solicits nominations for members.

DATES: Nominations for membership will be considered if they are received by June 3, 2005.

ADDRESSES: Send nominations to: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore Maryland 21244-1850, Policy Coordination and Planning Group, Mail stop S2-26-12, Attention: Mary Beth Hance

FOR FURTHER INFORMATION CONTACT: Mary Beth Hance, (410) 786-4299. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION:

I. Background

The Secretary of the Department of Health and Human Services is establishing a Medicaid Commission under Pub. L. 92-463, Federal Advisory Committee Act, to advise the Secretary on ways to modernize the Medicaid program so that it can provide high-quality health care to its beneficiaries in a financially sustainable way.

II. Charter, General Responsibilities, and Composition of the Medicaid Commission

A. Charter Information and General Responsibilities

On May 19, 2005, the Secretary signed the charter establishing the Medicaid Commission. The Commission will terminate 30 days after the date of submission of the final report to the Secretary, but no later than January 31, 2007. The Commission, as chartered under the legal authority of 42 U.S.C. 217a, section 222 of the Public Health Service Act, is also governed by the provisions of the Pub. L. 92-463, as amended (5 U.S.C. appendix 2), which sets forth standards for the formation and use of advisory committees, and the provisions of the Government in the Sunshine Act, 5 U.S.C. 552b(b).

You may view obtain a copy of the Secretary's charter for the Medicaid Commission at <http://www.cms.hhs.gov/faca/stcomm.asp>.

The Commission shall submit two reports to the Secretary for his consideration and submission to Congress. By September 1, 2005, the Commission will provide recommendations on options to achieve \$10 billion in scorable Medicaid savings over five years while at the same time make progress toward meaningful longer-term program changes to better serve beneficiaries. The Commission will also consider, to the extent feasible, specific performance goals for the Medicaid program, as a basis for its longer-term recommendations. By December 31, 2006, the Commission is tasked with making longer-term recommendations on the future of the Medicaid program that ensures the long-term sustainability of the program.

Meetings shall be open to the public except when closure is specifically allowed by statute, and after all statutory and regulatory requirements for doing so have been met. The Secretary or other official to whom the authority has been delegated shall make such determinations. Notice of all meetings shall be given to the public.

The Commission shall develop proposals that address the following long-term issues:

- Eligibility, benefits design, and delivery;
- Expanding the number of people covered with quality care while recognizing budget constraints;
- Long term care;
- Quality of care, choice, and beneficiary satisfaction;
- Program administration; and
- Other topics that the Secretary may submit to the Commission.

The Secretary will request the representatives of the three public policy organizations (as referenced below) to consider these issues and provide relevant information to the Commission within specified timeframes. The Commission shall consider how to address these issues under a budget scenario that assumes Federal and State spending under the current baseline; a scenario that assumes Congress will choose to lower the rate of growth in the program; and a scenario that may increase spending for coverage. The Commission shall assume that the basic matching relationship between the Federal Government and States will be continued.

B. Composition of the Medicaid Commission

The Commission shall consist of three types of member groups, of which only one will have authority to vote on the recommendations to be provided to the Secretary. The first group will consist of up to 15 voting members.

Voting Members:

- Former or current Governors.
- Three representatives of public policy organizations involved in major health care policy issues for families, individuals with disabilities, low-income individuals, or the elderly.
- Former or current State Medicaid Directors.
- Individuals with expertise in health, finance, or administration.
- Federal officials who administer programs that serve the Medicaid population.
- The Secretary (or the Secretary's designee) and such other members as the Secretary may specify.
- Ex Officio Members.

Non-Voting Advisor Members:

A group of up to 15 non-voting advisors will support the Commission's deliberations with their special expertise. These will include State and local government officials, consumer and provider representatives who have an inherent interest in the Medicaid program.

Non-voting Congressional Advisor Members:

The Congressional Members will consist of eight non-voting members who are current members of the Senate and House of Representatives. The Secretary will request the following legislative leaders to make one Congressional selection each:

- Senate Majority Leader.
- Senate Minority Leader.
- Chairman, Senate Finance Committee.
- Ranking Member, Senate Finance Committee.

- Speaker, House of Representatives.
- Minority Leader, House of Representatives.
- Chairman, House Committee on Energy and Commerce.
- Ranking Member, House Committee on Energy and Commerce.

III. Submission of Nominations

We are requesting nominations for membership as voting members or as non-voting members on the Medicaid Commission. We will consider qualified individuals who are self-nominated or are nominated by organizations representing States, beneficiaries, and providers when we select these representatives. The Secretary will appoint members to serve on the Commission from among those candidates that we determine have the technical expertise to meet specific agency needs in a manner to ensure an appropriate balance of membership.

Any interested person may nominate one or more qualified individuals for each of the categories listed in section II.B of this notice. Each nomination must include the following information:

1. A letter of nomination that contains contact information for both the nominator and nominee (if not the same).
2. A statement from the nominee that he or she is willing to serve on the Commission for its duration (that is, through January 31, 2007) and an explanation of the nominee's interest in serving on the Commission. (For self-nominations, this information may be included in the nomination letter.)
3. A curriculum vitae that indicates the nominee's educational and Medicaid experiences.
4. Two letters of reference that support the nominee's qualifications for participation on the Commission. (For nominations other than self-nominations, a nomination letter that includes information supporting the nominee's qualifications may be counted as one of the letters of reference.)

To ensure that a nomination is considered, we must receive all of the nomination information specified in section III of this notice by June 3, 2005. Nominations should be mailed to the address specified in the **ADDRESSES** section of this notice.

Authority: 42 U.S.C. 217 (a), section 222 of the Public Health Service Act, as amended. The Medicaid Commission is governed by the provisions of Pub. L. 92-463 as amended (5 U.S.C. appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: May 10, 2005.

Mark McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05-10409 Filed 5-20-05; 12:01 pm]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Head Start National Training and Technical Assistance Quality Assurance Study.

OMB No.: New Collection.

Description: The Head Start National Training and Technical Assistance Quality Assurance study is being undertaken to document and provide feedback on the work of the newly designed Head Start Training and Technical Assistance (T/TA) system. The Head Start Bureau awarded this contract to Mathematica Policy Research, Inc., and its subcontractor, Xtria LLC, in October 2004.

Providing training and technical assistance has long been a crucial component of the national-regional Head Start system. Through the new T/TA system, however, the Head Start Bureau has placed greater emphasis on quality and consistency of T/TA service delivery. Under the new T/TA system, the Head Start Bureau's T/TA Branch annually sets national priorities.

Regional Office T/TA liaisons oversee the system's 12 contracts, awarded in December 2003, which include locally-based content experts in the area of disabilities, early literacy, child development, fiscal administration and management, health, and family and community partnerships. These content experts support locally-based TA specialists (TAS), who work with a caseload of 10 to 12 programs to develop T/TA training plans based on each grantee's self-assessment and the results from the Program Review Instrument for Systems Monitoring (PRISM) process. National contractors provide training and other resources according to priorities determined by the Head Start Bureau and in line with Administration initiatives. Programs can also use their special T/TA grant funds and, when necessary, additional funds from their basic Head Start grant funds to hire consultants or attend training events.

In addition, through Higher Education Grants, universities provide coursework to meet Head Start staff's credentialing needs in partnership with Head Start programs. The Higher Education grantees (HEGs) are organized into three consortia, representing Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic/Latino-serving institutions.

For the regional Head Start system, the Quality Assurance Study will assess (1) Each Head Start region's implementation and structure of the new system, (2) regional T/TA strategies and services provided to grantees, (3) grantees' progress in assessing T/TA

needs and identifying appropriate ways to meet these needs, (4) grantees' annual T/TA plans, and (5) grantees' perceptions about the systems' impact on program quality and child outcomes. The study also will analyze whether the HEGs meet their goal of increasing the early childhood credentials of Head Start staff and teachers. In 2005, the study will collect information about the delivery of T/TA services to Head Start and Early Head Start programs through site visits to 48 representative programs (about 4 per region) and site visits to 15 HEGs (5 of each of the 3 types of HEGs). In 2006, the study will visit 36 of the 48 representative Head Start and Early Head Start programs to learn about changes in the T/TA system. All data collection activities have been designed to minimize the burden on respondents by minimizing the time required to respond. Participation in the study is voluntary.

The research will provide the Head Start Bureau and the Administration for Children and Families with information about exemplary practices as well as areas in the T/TA system which could be improved.

Respondents: Early Head Start and Head Start directors, coordinators, specialists, center administrators, teachers, and home visitors; locally-based TA specialists; university-based HEG project directors, university faculty, Head Start program administrators, and Head Start program staff and teachers.

Annual Burden Estimates

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Program Site Visit Protocols (2005)				
Director	48	1	1.5	72
Coordinator/Specialist	144	1	1.25	180
Center Administrator	288	1	1.25	360
Teacher/Home Visitor	480	1	1.25	600
Locally-Based TA Specialists	48	1	1.5	72
Program Reviews ^a	48	1	0.5	24
HEG Site Visit Protocols (2005)				
HEG Project Director/Coordinator	15	1	1.5	22.5
HEG Staff/Faculty	45	1	1	45
HS Director	30	1	1	30
HS Staff	60	1	1	60
Total for 2005	1465.5
Grantee Site Visit Protocols (2005)				
Director	36	1	1.5	54
Coordinator/Specialist	108	1	1.25	135
Center Administrator	216	1	1.25	270
Teacher/Home Visitor	360	1	1.25	450
Locally-Based TA Specialist	36	1	1.5	54