Dated: November 6, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–19088 Filed 11–9–06; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH); Advisory Board on Radiation and Worker Health

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention announces the following committee meeting:

Name: Subcommittee for Dose Reconstruction and Site Profile Reviews, Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health.

Time and Date: 10 a.m.–4 p.m., November 16, 2006.

Place: Holiday Inn Cincinnati Airport, 1717 Airport Exchange Blvd., Erlanger, Kentucky, 41018. Phone 859.371.2233, Fax 859.371.5002.

Conference Call Access: 866–643–6504. Participant Pass Code 9448550.

Status: Open to the public, but without a public comment period.

Background: The Advisory Board on Radiation and Worker Health was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers on to the Special Exposure Cohort.

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the

Secretary, HHS, advise the Secretary, HHS, on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Discussed: Individual Dose Reconstruction Reviews and planning for future meetings and activities.

The agenda is subject to change as priorities dictate. In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Due to programmatic matters, this **Federal Register** Notice is being published on less than 15 days notice to the public (41 CFR 102–3.150(b)).

For Further Information Contact: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513.533.6825, fax 513.533.6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: November 2, 2006.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. E6–19080 Filed 11–9–06; 8:45 am] BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Colorado State Plan Amendment 05–006

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to be held on December 29, 2006, at the Colorado State Bank Building, 1600 Broadway, Suite 700, Keystone Conference Room, Denver, CO 80202–4967, to reconsider CMS' decision to disapprove Colorado State plan amendment 05–006.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by November 28, 2006.

FOR FURTHER INFORMATION CONTACT:

Kathleen Scully-Hayes, Presiding Officer, CMS, Lord Baltimore Drive,

Mail Stop LB–23–20, Baltimore, Maryland 21244, Telephone: (410) 786– 2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider CMS' decision to disapprove Colorado State plan amendment (SPA) 05–006 which was submitted on July 26, 2005. This SPA was disapproved on July 13, 2006.

In SPA 05–006, Colorado proposed to modify the reimbursement methodology in the State plan for covered Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services provided in schools. Specifically, this amendment specified cost elements used to determine reimbursement rates for school-based services and targeted case management.

The amendment was disapproved because it did not comport with the requirements of sections 1902(a)(2), 1902(a)(4), 1902(a)(23), 1902(a)(30)(A), 1902(a)(10)(B), and 1903(a)(1) of the Social Security Act (the Act).

The issues to be decided in the hearing are:

- Whether Colorado has established that the indirect cost elements specified in Colorado SPA 05–006 would not duplicate direct cost elements also specified, to ensure that the payment rate is consistent with efficiency and economy as required by section 1902(a)(30)(A) of the Act.
- Whether Colorado has shown that certified public expenditures that will be used as the basis for claims under SPA 05–006 will be documented through auditable methods for determining or documenting actual and non-duplicative Medicaid expenditures incurred for school-based health services by a governmental entity, so that the claims will be consistent with sections 1902(a)(2), 1902(a)(4) and 1903(a)(1) of the Act.
- Whether the State has assured that the payment methodology specified under SPA 05–006, when read together with the State plan provisions authorizing the covered services that are the subject of SPA 05–006, would allow beneficiaries the ability to receive services from any willing and qualified provider within the State, consistent with the requirements of section 1902(a)(23) of the Act.
- Whether the State has established that the covered EPSDT services that are the subject of SPA 05–006 would be available in comparable amount, duration, and scope to the EPSDT services available to all eligible Medicaid beneficiaries, including those who do not attend schools paid under SPA 05–006, consistent with the

requirements of section 1902(a)(10)(B) of the Act.

Section 1116 of the Act and Federal regulations at 42 CFR part 430, establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. CMS is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing, and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained in Federal regulations at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as amicus curiae must petition the presiding officer before the hearing begins in accordance with the requirements contained in Federal regulations at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The notice to Colorado announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Ms. Lisa M. Esgar, Senior Director, Operations and Finance Office, Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO 80203–1818.

Dear Ms. Esgar: I am responding to your request for reconsideration of the decision to disapprove the Colorado State plan amendment (SPA) 05–006, which was submitted on July 26, 2005, and disapproved on July 13, 2006.

In SPA 05–006, Colorado was proposed to modify the reimbursement methodology in the State plan for covered Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services provided in schools. Specifically, this amendment specified cost elements used to determine reimbursement rates for school-based services and targeted case management.

The amendment was disapproved because it did not comport with the requirements of sections 1902(a)(2), 1902(a)(4), 1902(a)(23), 1902(a)(30)(A), 1902(a)(10)(B), and 1903(a)(1) of the Social Security Act (the Act).

- The issues to be decided in the hearing are:
- Whether Colorado has established that the indirect cost elements specified in Colorado SPA 05–006 would not duplicate direct cost elements also specified, to ensure that the payment rate is consistent with efficiency and economy as required by section 1902(a)(30)(A) of the Act.
- Whether Colorado has shown that certified public expenditures that will be used as the basis for claims under SPA 05—

006 will be documented through auditable methods for determining or documenting actual and non-duplicative Medicaid expenditures incurred for school-based health services by a governmental entity, so that the claims will be consistent with section 1902(a)(2), 1902(a)(4) and 1903(a)(1) of the Act.

- Whether the State has assured that the payment methodology specified under SPA 05–006, when read together with the State plan provisions authorizing the covered services that are the subject of SPA 05–006, would allow beneficiaries the ability to receive services from any willing and qualified provider within the State, consistent with the requirements of section 1902(a)(23) of the Act.
- Whether the State has established that the covered EPSDT services that are the subject of SPA 05–006 would be available in a comparable amount, duration and scope to the EPSDT services available to all eligible Medicaid beneficiaries, including those who do not attend schools paid under SPA 05–006, consistent with the requirements of section 1902(a)(10)(B) of the Act.

I am scheduling a hearing on your request for reconsideration to be held on December 29, 2006, at the Colorado State Bank Building, 1600 Broadway, Suite 700, Keystone Conference Room, Denver, CO, 80202–4967, to reconsider the decision to disapprove SPA 05–006. If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed by Federal regulations at 42 CFR part 430.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer at (410) 786–2055. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing.

Sincerely, Leslie V. Norwalk, Esq., Acting Administrator.

Section 1116 of the Social Security Act (42 U.S.C. 1316); 42 CFR 430.18)

(Catalog of Federal Domestic Assistance program No. 13.714, Medicaid Assistance Program)

Dated: November 6, 2006.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E6–19069 Filed 11–9–06; 8:45 am] BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (44 U.S.C. 3506(c)(2)(A)), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) 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: Assessment of the Bioterrorism Training and Curriculum Development Program Performance— NEW

The goal of the Bioterrorism Training and Curriculum Development Program (BTCDP) is the development of a competent healthcare workforce with the knowledge, skills, and abilities to: (1) Recognize indications of a terrorist event; (2) meet the acute care needs of patients, including pediatric and other vulnerable populations, in a safe and appropriate manner; (3) participate in a local, regional, statewide, and national response, and (4) rapidly and effectively alert the public health system of such an event at the community, state, and national levels. Response issues include other forms of terrorism (e.g., the use of chemical, explosive, and incendiary agents, acute radiation exposure in a nuclear explosion), natural disasters, and catastrophic events.

HRSA will collect data relevant to the preparedness training of healthcare providers from existing BTCDP