vaccines or future common protein pneumococcal vaccines.

Inventors: Maria da Gloria Carvalho, Jacquelyn S. Sampson, Edwin W. Ades, George Carlone and Karen McCaustland, CDC Ref. #: I–001–05.

Dated: September 9, 2005.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention.

[FR Doc. 05–18791 Filed 9–20–05; 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 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 (CDC) announces the following committee meeting:

Name: Working Group of the Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH).

Time and Date: 10 a.m.–5 p.m., October 6, 2005.

Place: Westin Cincinnati Hotel, 21 E. 5th Street, Cincinnati, Ohio 45202. Telephone: (513) 621–7700; Fax: (513) 852–5670.

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

Background: The ABRWH was established under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 to advise the President, delegated to the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by 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 to the Special Exposure Cohort (SEC).

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

Purpose: This 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 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: The agenda for this working group meeting will focus on the discussions of Site Profile Reviews, particularly Bethlehem Steel, Y–12, and the Savannah River Site; discussions of Task 3 of the contract with S. Cohen & Associates (SC&A) Review; and other SC&A Review activities.

The agenda is subject to change as priorities dictate.

In the event a member of the working group 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.

Contact Person for More Information: 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: September 16, 2005.

Alvin Hall,

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

[FR Doc. 05–18905 Filed 9–20–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Oklahoma State Plan Amendment 04–06

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

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to be held on October 27, 2005, at 9 a.m. in Conference Room 820, 1301 Young Street, Dallas, Texas, to reconsider our decision to disapprove Oklahoma State Plan Amendment 04–06.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by October 6, 2005.

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 Oklahoma State Plan Amendment (SPA) 04–06, which was submitted on September 23, 2004. Under SPA 04–06, Oklahoma sought to increase the per diem rate for residential behavioral management services provided to children residing in therapeutic foster care homes. By letter dated June 20, 2005, CMS disapproved the SPA because it does not comport with the requirements set forth in title XIX of the Social Security Act (the Act) as discussed below:

At issue in this reconsideration is whether the State's payment methodology complies with section 1902(a)(4) of the Act, which requires that the State plan must provide for such methods of administration as are found by the Secretary to be necessary for the proper and efficient administration of the plan. The regulations at 42 CFR 430.10 and 430.12 require that the State plan and amendments contain all information necessary for the CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation in the State program. The State's payment methodology is not explained in sufficient detail for CMS to determine whether the proposed increase is consistent with proper and efficient administration of the plan, as required by section 1902(a)(4).

Also at issue is whether an increase in the State's per diem rate is consistent with section 1902(a)(30)(A) of the Act, which requires that States have methods and procedures to ensure that payments are consistent with efficiency, economy, and quality of care. The State's per diem rate represents a bundled payment methodology wherein the State pays a single rate for one or more of a group of different services furnished to an eligible individual during a fixed period of time. The payment is the same regardless of the number of services furnished, the specific costs, or otherwise available rates. The State has not provided sufficient information to determine whether the bundled rate for behavioral management services, and the proposed increase, accurately reflect true costs or reasonable fees for the services included in the bundle, and whether the proposed increase in Medicaid payment is due to permissible

increases in costs of Medicaid services specifically.

In summary, the State lacks a clear and auditable methodology for setting the payment rate and justifying the proposed payment increase consistent with the requirement of sections 1902(a)(4) and 1902(a)(30)(A).

For the reasons cited above, and after consulting with the Secretary of Health and Human Services, as required by Federal regulations at 42 CFR 430.15(c)(2), CMS disapproved Oklahoma SPA 04–06.

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 notice.

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 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 at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

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

Mr. Howard J. Pallotta,
General Counsel,
Oklahoma Health Care Authority,
Lincoln Plaza, 4545 N. Lincoln Boulevard,
Suite 124, Oklahoma City, OK 73105.

Dear Mr. Pallotta: I am responding to your request for reconsideration of the decision to disapprove Oklahoma State plan amendment (SPA) 04–06, which was submitted on September 23, 2004, and disapproved on June 20, 2005.

Under SPA 04–06, Oklahoma sought to increase the per diem rate for residential behavioral management services provided to children residing in therapeutic foster care homes. The Centers for Medicare & Medicaid Services (CMS) disapproved the SPA because it does not comport with the requirements set forth in title XIX of the Act.

At issue in this reconsideration is whether the State's payment methodology complies with section 1902(a)(4) of the Act, which requires that the State plan must provide for such methods of administration as are found by the Secretary to be necessary for the proper and efficient administration of the plan. The regulations at sections 42 CFR 430.10 and 430.12 require that the State plan and amendments contain all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation in the State program. The State's payment methodology is not explained in sufficient detail for CMS to determine whether the proposed increase is consistent with proper and efficient administration of the plan, as required by section 1902(a)(4).

Also at issue is whether an increase in the State's per diem rate is consistent with section 1902(a)(30)(A) of the Act, which requires that States have methods and procedures to assure that payments are consistent with efficiency, economy, and quality of care. The State's per diem rate represents a bundled payment methodology wherein the State pays a single rate for one or more of a group of different services furnished to an eligible individual during a fixed period of time. The payment is the same regardless of the number of services furnished, or the specific costs, or otherwise available rates. The State has not provided sufficient information to determine whether the bundled rate for behavioral management services, and the proposed increase, accurately reflect true costs or reasonable fees for the services included in the bundle and whether the proposed increase in Medicaid payment is due to permissible increases in costs of Medicaid services specifically.

In summary, the State lacks a clear and auditable methodology for setting the payment rate and justifying the proposed payment increase consistent with the requirement of sections 1902(a)(4) and 1902(a)(30)(A).

For the reasons cited above, and after consulting with the Secretary of Health and Human Services, as required by Federal regulations at 42 CFR section 430.15(c)(2), CMS disapproved Oklahoma SPA 04–06.

I am scheduling a hearing to be held on October 27, 2005, at 9 a.m. at 1301 Young Street, Conference Room 820, Dallas, Texas, to reconsider the decision to disapprove SPA 04–06. 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 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. 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. The presiding officer may be reached at (410) 786–2055.

Sincerely,

Mark B. McClellan, M.D., Ph.D.

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

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

Dated: September 15, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05–18843 Filed 9–20–05; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Evaluation of Child Care Subsidy Strategies.

OMB No.: New Collection.

Description: To conduct four experiments to test aspects of the child care subsidy system. Two simultaneous experiments will occur in Cook County, Illinois; one will occur in Washington State; and one will occur in Massachusetts.

Illinois. The State of Illinois has agreed to conduct two simultaneous experiments, which will occur in Cook County. The first will test the impact of receiving a child care subsidy on parental employment and income, and on the stability of child care arrangements; the second experiment will test the impact of losing a subsidy on the same set of outcomes. For the first experiment, families with incomes above the current income eligibility ceiling who apply for subsidies will be approved to receive subsidies. In the second experiment, families in the treatment group with incomes above the eligibility ceiling who apply to be recertified to continue using subsidies will remain eligible. In addition, each experiment will test the effects of a longer certification period by certifying eligibility for some families for six months and other families for one year. Families in the two treatment groups will retain eligibility for subsidies over the two-year study period, provided their income remains below the experimental limit and they comply with other requirements (e.g., continue to work). Outcomes will be measured through administrative records and periodic interviews with parents.

Washington. In Washington State, the study will test a co-payment schedule that smoothes out what are currently abrupt increases in co-payments that occur when a family moves from one income category to the next and reduces the co-payment burden for many