of its components, is a party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case, HHS determines that such disclosure is compatible with the purpose for which the records were collected.

5. HHS contractors who have been engaged by HHS to assist in the performance of a service related to this system of records and who have a need to access the records in order to perform the activity.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE

These records are maintained in file folders, computer disks, and on password-protected computers or servers.

RETRIEVABILITY:

Records are normally retrieved numerically by the "M Number," a number assigned by the MOD when it receives a record. Records will be crossreferenced by the beneficiary's health insurance claim number; beneficiary's, physician's, provider's, supplier's, or other appellant's name; or ALJ appeal number.

SAFEGUARDS:

- a. Authorized Users: Only agency employees and contractor personnel whose duties require the use of information in the system. In addition, such agency employees and contractor personnel are advised that the information is confidential and of criminal sanctions for unauthorized disclosure of information.
- b. Physical Safeguards: Paper records are maintained in file cabinets, offices, and other secure areas to which only authorized individuals have access. Computer terminals are in secured areas that only authorized individuals may
- c. Procedural Safeguards: Employees who maintain records in the system are instructed to grant regular access only to authorized users. Data stored in computers or on servers are accessed through the use of passwords known only to authorized personnel. Contractors who maintain records in this system are instructed to make no further disclosure of the records except as authorized by the system manager and permitted by the Privacy Act.

Privacy Act language is included in contracts related to this system.

RETENTION AND DISPOSAL:

The period of retention of the paper case file depends upon the final action taken by the MAC. If the final action requires the CMS contractor to effectuate a decision, the case file is sent to the contractor immediately after the MAC has entered its final decision. When a case is remanded to an ALJ, the case file is forwarded with the order of remand to the appropriate hearing office. If the MAC enters an unfavorable decision or a denial of review of an ALJ decision, the case file is stored and maintained in the MAC file room for 6 months. If the MAC enters an order of dismissal or a denial of review of an ALI dismissal, the case file is stored and maintained for 3 months. At the end of the applicable period, the case file is sent to the designated CMS contractor or SSA. If a case is appealed to Federal District Court, the case file is stored and maintained for 3 months after the certified copy of the record has been furnished to the Court and at that point is sent to the contractor or SSA.

Workpaper documents created by the MAC or MOD are not included in the case file and are destroyed at the time the MAC final action is released.

Electronic versions of case disposition documents are saved on the computer database for four years and then deleted. Electronic case tracking records are maintained indefinitely on the computer database, with daily updating to the storage area network.

SYSTEM MANAGER AND ADDRESS:

Chief, Medicare Operations Division, Departmental Appeals Board, Department of Health and Human Services, Office of the Secretary, MS 6127, 330 Independence Avenue, SW., Cohen Building, Room G–644, Washington, DC 20201.

NOTIFICATION PROCEDURE:

Individuals inquiring whether this system of records contains information about them should contact the System Manager indicated above. The requester must specify the appellant's name, social security number, health insurance claim number, or docket number.

RECORD ACCESS PROCEDURE:

Same as notification procedures. Requesters should also reasonably specify the record contents being sought.

CONTESTING RECORD PROCEDURE(S):

Contact the System Manager at the address specified above, reasonably identify the record, and specify the

information to be contested and corrective action sought with the supporting justification.

RECORD SOURCE CATEGORIES:

The DAB obtains the identifying information in this system from the request for review or referral. Claim file records are obtained from Medicare contractors and ALJ hearing offices.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

[FR Doc. E6–3010 Filed 3–3–06; 8:45 am]

BILLING CODE 4150–23–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Notice of Grant Award to The National Council on the Aging, To Evaluate a Project Entitled, "Cost-Effective and Scalable Strategies for Enrolling Medicare Beneficiaries in Medicare Prescription Drug Extra Help"

AGENCY: Centers for Medicare and Medicaid Services (CMS), HHS. **ACTION:** Notice of grant award.

SUMMARY: The Centers for Medicare and Medicaid Services has awarded a grant entitled, "Cost-Effective and Scalable Strategies for Enrolling Medicare Beneficiaries in Medicare Prescription Drug Extra Help" to The National Council on the Aging, 300 D Street, SW., Suite 801, Washington, DC 20024, in response to an unsolicited proposal. The period of performance is March 1, 2006 through February 28, 2007 (Year 1). The applicant proposes to use private-public partnerships to support a five-year strategy of identifying and enrolling eligible beneficiaries through a series of tailored, list-driven intervention approaches already known to be effective in Low-Income Subsidy (LIS) enrollment. The National Council on the Aging (NCOA) is partnering with Benefits Data Trust (BDT) to lead this list-driven intervention research project. They have already received private funds which they plan to award in grants to support test interventions for the proposed study. NCOA expects to test 24-30 intervention approaches over a five-year period.

The NCOA team is soliciting CMS cooperation and support to accomplish two objectives critical to the success of the interventions. First, the proposed project will facilitate an ongoing partnership between NCOA and CMS to refine marketing lists by identifying beneficiaries already enrolled in the

Medicare Part D Low-Income Subsidy (LIS) or Medicaid. This will allow BDT to create the "cleanest" list possible of potential LIS-eligibles. BDT reported that use of similarly refined lists for outreach efforts to low income populations has increased the enrollment success rate, and decreased the cost of enrollment.

Secondly, NCOA is seeking CMS funding to evaluate alternative, list-based outreach strategies. NCOA intends to partner with L&M Policy Research for the evaluation of intervention approaches. In addition, NCOA will rely on Bridgespan to be an advisor for cost-effectiveness studies. Evaluation of these approaches could supplement existing market research knowledge, and be useful for quality improvement of ongoing and future beneficiary outreach efforts for LIS.

FOR FURTHER INFORMATION CONTACT:

Susie Butler, Project Officer, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Blvd., Stop S2–22–05, Baltimore, MD 21244, (410) 786–7211 or Judy Norris, Grants Officer, Department of Health and Human Services, OAGM/CMS, 7500 Security Blvd., Stop C2–21–15, Baltimore, MD 21244, (410) 786–5130.

Authority: Catalog of Federal Domestic Assistance Program No. 93–779, Center for Medicare and Medicaid Services, Research, Demonstrations and Evaluations; Section 1110 of the Social Security Act.

Dated: February 28, 2006.

Mark B. McClellan,

Administrator, Centers for Medicare and Medicaid Services.

[FR Doc. 06–2092 Filed 3–1–06; 1:52 pm] **BILLING CODE 4120–01–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions and Delegations of Authority

Notice is hereby given that I have delegated to the Director of the Division of Unaccompanied Children's Services (DUCS) and to the DUCS Program Specialists, the following authority vested in the Director of the Office of Refugee Resettlement under the Homeland Security Act of 2002, Public Law No. 107–296, 462, 6 U.S.C. 279.

(a) Authority Delegated

Authority to make placement determinations for all unaccompanied alien children who are in Federal custody by reason of their immigration status and to implement such placement determinations under the Homeland Security Act of 2002, Public Law 107–296, 462(b)(1)(C) and (D), 6 U.S.C. 279(b)(1)(C) and (D).

(b) Limitations and Conditions

This delegation shall be exercised under financial and administrative requirements applicable to all Administration for Children and Families authorities. In making placement determinations, the DUCS Director and DUCS Program Specialists shall consult with the Department of Homeland Security to ensure that such determinations ensure that unaccompanied alien children: Are likely to appear for all hearings or proceedings in which they are involved; are protected from smugglers, traffickers, or others who might seek to victimize or otherwise engage them in criminal, harmful, or exploitive activity; and are placed in a setting in which they are not likely to pose a danger to themselves or others. In making placement determinations, the DUCS Director and DUCS Program Specialists shall not release unaccompanied alien children upon their own recognizance. The DUCS Director and DUCS Program Specialists will follow the policies and procedures on placement determinations set forth in DUCS placement guidelines. In appropriate cases, as set forth in DUCS placement guidelines, DUCS Program Specialists will obtain approval from the DUCS Director prior to making and implementing placement determinations. This authority may not be further redelegated.

(c) Effect on Existing Delegations

None.

(d) Effective Date

This delegation of authority is effective upon date of signature. In addition, I hereby affirm and ratify any actions taken by the DUCS Director or the DUCS Program Specialists, which, in effect, involved the exercise of this authority prior to the effective date of this delegation.

Dated: December 14, 2005.

Nguyen Van Hanh,

Director, Office of Refugee Resettlement. [FR Doc. E6–3087 Filed 3–3–06; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2006D-0079]

Draft Guidance for Industry: Guide to Minimize Food Safety Hazards of Fresh-Cut Fruits and Vegetables; Availability

AGENCY: Food and Drug Administration. **ACTION:** Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance for industry entitled "Guidance for Industry: Guide to Minimize Microbial Food Safety Hazards of Fresh-Cut Fruits and Vegetables" (the draft fresh-cut guidance). This document complements FDA's current good manufacturing practices (CGMP) regulations by providing specific guidance on the processing of fresh-cut produce. The draft fresh-cut guidance and the CGMP regulations are intended to assist processors in minimizing microbial food safety hazards common to the processing of most fresh-cut fruits and vegetables sold to consumers in a readyto-eat form.

DATES: Submit written or electronic comments on the draft guidance and the collection of information provisions by May 5, 2006. General comments on agency guidance documents are welcome at any time.

ADDRESSES: Submit written requests for single copies of the draft guidance entitled "Guidance for Industry: Guide to Minimize Microbial Food Safety Hazards of Fresh-Cut Fruits and Vegetables" to the Office of Plant and Dairy Foods (HFS-306), Center for Food Safety and Applied Nutrition, 5100 Paint Branch Pkwv., College Park, MD 20740, 301-436-1400, FAX: 301-436-2651. Send one self-addressed adhesive label to assist that office in processing your request. See the SUPPLEMENTARY **INFORMATION** section for electronic access to the draft guidance. A copy of the draft guidance is available for public examination in the Division of Dockets Management, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, between 9 a.m. and 4 p.m., Monday through Friday.

Submit written comments on the draft guidance and the proposed collection of information provisions to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to http://www.fda.gov/dockets/ecomments.