

• Mail: Jennifer J. Johnson, Secretary, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue, N.W., Washington, DC 20551.

All public comments are available from the Board's web site at www.federalreserve.gov/generalinfo/foia/ProposedRegs.cfm as submitted, unless modified for technical reasons. Accordingly, your comments will not be edited to remove any identifying or contact information. Public comments may also be viewed electronically or in paper in Room MP-500 of the Board's Martin Building (20th and C Streets, N.W.) between 9:00 a.m. and 5:00 p.m. on weekdays.

Additionally, commenters should send a copy of their comments to the Desk Officer for the agencies by mail to U.S. Office of Management and Budget, 725 17th Street N.W., #10235, Washington, DC 20503 or by fax to 202-395-6974.

FOR FURTHER INFORMATION CONTACT:

Additional information or a copy of the collection may be requested from Michelle Long, Federal Reserve Board Clearance Officer, 202-452-3829, Division of Research and Statistics, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W., Washington, DC 20551. Telecommunications Device for the Deaf (TDD) users may call 202-263-4869, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W., Washington, DC 20551.

Proposal to request approval from OMB of the extension for three years, without revision, of the following currently approved collection of information:

Report Title: Country Exposure Report for U.S. Branches and Agencies of Foreign Banks

Form Number: FFIEC 019

OMB Number: 7100-0213

Frequency of Response: Quarterly

Affected Public: U.S. branches and agencies of foreign banks

Estimated Number of Respondents: 162

Estimated Average Time per Response: 10 hours

Estimated Total Annual Burden: 6,480 hours

General Description of Reports: This information collection is mandatory: 12 U.S.C. 3906 for all agencies; 12 U.S.C. 3105 and 3108 for the Board; sections 7 and 10 of the Federal Deposit Insurance Act (12 U.S.C. 1817, 1820) for the FDIC; and the National Bank Act (12 U.S.C. 161) for the OCC. The FFIEC 019 information collection is given confidential treatment under the

Freedom of Information Act (5 U.S.C. 552(b)(8)).

Abstract: All individual U.S. branches and agencies of foreign banks that have more than \$30 million in direct claims on residents of foreign countries must file the FFIEC 019 report quarterly. Currently, all respondents report adjusted exposure amounts to residents of their home country, regardless of amount, and to residents of the five other countries for which their adjusted exposure amounts are largest, provided these amounts are at least \$20 million. The agencies collect these data to monitor the extent to which such branches and agencies are pursuing prudent country risk diversification policies and limiting potential liquidity pressures. No changes are proposed to the FFIEC 019 reporting form or instructions.

Request for Comment

Comments are invited on:

a. Whether the information collection is necessary for the proper performance of the agencies' functions, including whether the information has practical utility;

b. The accuracy of the agencies' estimate of the burden of the information collection, including the validity of the methodology and assumptions used;

c. Ways to enhance the quality, utility, and clarity of the information to be collected;

d. Ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology; and

e. Estimates of capital or start up costs and costs of operation, maintenance, and purchase of services to provide information.

Comments submitted in response to this notice will be shared among the agencies. All comments will become a matter of public record. Written comments should address the accuracy of the burden estimate and ways to minimize burden including the use of automated collection techniques or the use of other forms of information technology as well as other relevant aspects of the information collection request.

Board of Governors of the Federal Reserve System, August 18, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-13939 Filed 8-22-06; 8:45 am]

BILLING CODE 6210-01-S

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than September 7, 2006.

A. Federal Reserve Bank of Kansas City (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Helen D. Roberts Trust for Bruce Lauritzen, and by Elizabeth D. Lauritzen, as individual trustee*, to acquire control of Cypress Corporation, all of Omaha, Nebraska, and thereby indirectly acquire voting shares of Sibley State Bank, Sibley, Iowa.

Board of Governors of the Federal Reserve System, August 18, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-13972 Filed 8-22-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-5035-N]

Medicare Program; Senior Risk Reduction Demonstration

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

ACTION: Notice.

SUMMARY: This notice informs interested parties of an opportunity to apply to participate in a risk reduction/health management demonstration project. This notice also contains information on how to obtain the complete solicitation and supporting information.

DATES: Applications will be considered timely if we receive them on or before November 21, 2006.

ADDRESSES: Mail applications for the Senior Risk Reduction Demonstration to—Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Medicare Demonstrations Program Group, Mail stop S3–02–01, Attention: Pauline Lapin.

FOR FURTHER INFORMATION CONTACT: Pauline Lapin, (410) 786–6883 or Sidney Trieger, (410) 786–6613.

SUPPLEMENTARY INFORMATION:

I. Background

The aging of the population, the prevalence of chronic disease, and the rapidly rising cost of health care in the United States provides a sense of urgency and immediacy for finding innovative solutions that would improve the health and well-being of seniors and prevent or delay debilitating and costly disease onset.

Recent research suggests that well-structured risk reduction programs can achieve significant improvements in a population's health risk profile. Successful programs are founded on solid behavior change theory, use tailored interventions, are personalized and sufficiently intensive, and are delivered with adequate social supports. In 2001, CMS commissioned RAND, and RAND prepared, a report on risk reduction programs entitled, "The Evidence Report and Evidence Based Recommendations: Health Risk Appraisals and Medicare." This report concluded that effective risk reduction programs, beginning with the administration of a Health Risk Appraisal (HRA) and including evidence-based and tailored behavior change through follow-up interventions, exert a beneficial effect on behavioral, physiological, and general health status outcomes. Other supportive studies have shown that multicomponent health promotion programs that engage participants in self-care activities and increase their involvement in health care decision-making can achieve long-term behavior changes and health risk reductions in large populations.

Also, evidence is mounting that successful risk reduction programs may produce a positive return on investment. Based on this evidence, the RAND report concluded that health promotion and disease prevention programs using HRAs and ongoing tailored interventions may be cost beneficial. Experts agree that the approach used in risk reduction programs is promising for Medicare beneficiaries and should be tested in a demonstration project.

II. Provisions of the Notice

The purpose of the notice is to inform interested parties of an opportunity to implement a risk reduction/health management program as part of the Medicare Senior Risk Reduction Demonstration. The goal of this demonstration project is to determine whether risk reduction programs (also referred to as health promotion, health management, demand management, and disease prevention programs) that have been developed and tested in the private sector can also be tailored to, and work well with, Medicare beneficiaries to improve their health and reduce avoidable health care utilization. The specific aims are to—

- Determine whether a senior risk reduction service provided by Medicare will—
 - Be viewed positively by beneficiaries.
 - Be accepted by beneficiaries.
 - Achieve high participation rates.
 - Reduce health risk factors, improve health behaviors, improve functioning, and prevent disability.
- Produce cost savings for the Medicare program.

Applicants must be willing to accept a 10 percent withhold of their fee each year, and as much as a 15 percent withhold over the course of the demonstration should Medicare expenditures for the intervention group exceed those of the control group by more than 5 percent after the first 18 months of the demonstration.

We intend to use a competitive application process to select up to five existing health promotion, disease prevention, health management, or risk reduction organizations to participate in the demonstration project. Interested parties can obtain complete solicitation and supporting information on the CMS Web site at http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/Senior_Risk_Reduction_Solicitation.pdf.

We anticipate that we will make final award decisions by April 1, 2007, and that project implementation activities would begin July 1, 2007.

III. Collection of Information Requirements

The document does impose information collection and recordkeeping requirements. However, since we believe there are less than 10 potential respondents, of which CMS will be selecting 5 applicants to participate in the demonstration, this collection is exempt from the PRA as stipulated under 5 CFR 1320.3(c)(4).

Authority: Section 402(a)(1)(B) of the Social Security Amendments of 1967, Pub. L.

No. 90–248, as amended, 42 U.S.C. 1395b–1(a)(1)(B) and (a)(2).

(Catalog of Federal Domestic Assistance No. 93.773 Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program).

Dated: July 20, 2006.

Mark B. McClellan,

Administrator, Centers for Medicaid & Medicare Services.

[FR Doc. 06–7120 Filed 8–21–06; 4:00 pm]

BILLING CODE 4120–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Fogarty International Center; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Fogarty International Center Advisory Board.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 552b(c)(9)(B), Title 5 U.S.C., as amended. The grant applications and/or contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which could constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Fogarty International Center Advisory Board.

Date: September 11–12, 2006.

Closed: September 11, 2006, 1 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Place: National Institutes of Health, Lawton Chiles International House, Bethesda, MD 20892.

Open: September 12, 2006, 8:30 a.m. to 5 p.m.

Agenda: Preliminary Discussions of the Strategic Planning for the Fogarty International Center.

Place: National Institutes of Health, Lawton Chiles International House, Bethesda, MD 20892.