

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]

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## 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

families. Families that apply (or reapply) for subsidies and are determined to be eligible under current rules will be randomly assigned to the experimental co-payment schedule or the existing schedule. (Families with co-payments from the experimental schedule will either pay the same amount, or less, than families whose co-payments are calculated using the existing schedule.) Families will retain the same co-payment schedule for two years, provided they continue to be eligible for subsidies. Outcomes will be measured through analysis of administrative data and periodic interviews with parents.

**Massachusetts.** In Massachusetts, the study is an experimental test of the effectiveness of a developmental curriculum implemented in family child care homes. Family child care providers who serve subsidized and other low-

income children and are linked to family child care networks will be randomly assigned to a treatment or control group. Providers in the treatment group will use the developmental curriculum and be trained through regular visits to the home by specially trained mentors. These providers will receive materials to use with children from 0 to 5 years of age. Providers in the control group will receive the more general technical assistance and support visits that they currently receive. Impacts on provider behavior and the home environment will be measured through direct observations in the homes. Child assessments will be conducted through provider reports for the younger children and through standardized tests for children 30 months and older.

**Respondents: Illinois.** Parents who apply (or reapply) for subsidies and are

eligible and agree to be in the study will be interviewed by telephone up to three times in the 24 months after they enter the study.

**Washington State.** Parents who apply (or reapply) for subsidies and are eligible and agree to be in the study will be interviewed by telephone up to three times over the 24 months of the study. Approximately 30 state employees working at the Department of Health and Human Services in the Division of Child Care and Early Learning or the Division of Community Service will be interviewed as part of the implementation study.

**Massachusetts.** Children will be assessed 7 months after implementing the curriculum, after 11 months, and after 23 months. Providers will be asked to respond to a brief survey 7 and 23 months after the study begins.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Illinois parent survey .....	5,000	1.5	.58	4,350
Washington parent survey .....	2,000	1.5	.58	1,740
Washington process study interview .....	30	.5	.5	8
Massachusetts child assessments .....	700	1.5	.5	525
Massachusetts provider questionnaire .....	350	1	.16	56

Estimated Total Annual Burden Hours: 6,679.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [grjohnson@acf.hhs.gov](mailto:grjohnson@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 15, 2005.

**Robert Sargis,**

*Reports Clearance, Officer.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Office of Refugee Resettlement

##### Grant to United States Conference of Catholic Bishops

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families (ACF), Department of Health and Human Services (DHHS).

**ACTION:** Award announcement.

**CFDA#:** The Catalog of Federal Domestic Assistance (CFDA) number for this program is 93.576. The title is the Refugee Family Enrichment Program.

**Amount of Award:** \$194,000.

**SUMMARY:** Notice is hereby given that a noncompetitive single source program expansion supplement to an ongoing competitive award is being made to the United States Conference of Catholic Bishops (USCCB) in response to an unsolicited application. The application is not within the scope of any existing or expected to be issued program announcement for the Fiscal Year 2006. USCCB's application is expected to address issues critical to the development and implementation of marriage education programs for refugees by opening three new program sites.

In September of 2003, ORR awarded USCCB a grant of \$1,000,000,000 to develop a Refugee Family Enrichment program which included technical assistance to subgrantees. Over the past two years, USCCB has established an effective program in sites that have successfully prepared thousands of refugee families for the challenges they will face during resettlement. Because other Refugee Marriage Enrichment grantees are primarily regional in scope, we believe USCCB is uniquely suited to effectively implement this supplemental award. USCCB has affiliates across the country and has no physical or