

submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with an initiative of the Administration. CMS does not have sufficient time to complete the normal PRA clearance process while making corrections and enhancements to the software and ensuring that organizations have ample time to complete and submit their tools by the statutory deadline in June 2006. The normal PRA clearance process would result in violating this statutory deadline which would prevent Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations from providing benefits to millions of Medicare beneficiaries.

CMS is requesting to continue its use of the Plan Benefit Package software, formulary and Bid Pricing Tool for the collection of benefits, pricing and related information for CY 2007 through CY 2009 as part of the annual bidding process. CMS estimates that MA and PDP organizations will be required to submit this information, per year, throughout this time period. Based on operational changes and policy clarifications to the Medicare program and continued input and feedback by the industry, CMS has made the necessary changes to the Bid Pricing Tool and plan benefit package submission.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDPs); *Use:* Under the Medicare Modernization Act (MMA), Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations are required to submit plan benefit packages for all Medicare beneficiaries residing in their service area. CMS requires that MA and PDP organizations submit a completed formulary and PBP as part of the annual bidding process. During this process, organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to CMS for review and approval; *Form Number:* CMS-R-262 (OMB#: 0938-0763); *Frequency:* On occasion, Annually, and Other: As required by new legislation; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 553; *Total*

Annual Responses: 5,807; *Total Annual Hours:* 13,272.

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Bid Pricing Tool (BPT) for Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs); *Use:* Under the Medicare Prescription Drug, Improvement, and Modernization (MMA), Medicare Advantage organizations (MAO) and Prescription Drug Plans (PDP) are required to submit an actuarial pricing "bid" for each plan offered to Medicare beneficiaries. CMS requires that MAOs and PDPs complete the BPT as part of the annual bidding process. During this process, organizations prepare their proposed actuarial bid pricing for the upcoming contract year and submit them to CMS for review and approval. The purpose of the BPT is to collect the actuarial pricing information for each plan. The BPT calculates the plan's bid, enrollee premiums, and payment rates. *Form Number:* CMS-10142 (OMB#: 0938-0944); *Frequency:* On occasion, Annually, and Other: As required by new legislation; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 570; *Total Annual Responses:* 4,830; *Total Annual Hours:* 36,190.

CMS is requesting OMB review and approval of these collections by *March 16, 2006*, with a 180-day approval period. Written comments and recommendation will be considered from the public if received by the individuals designated below by *March 5, 2006*.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995/> or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by *March 5, 2006*:

Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD

21244-1850, Fax Number: (410) 786-5267, Attn: Bonnie L Harkless and,

OMB Human Resources and Housing Branch, Attention: Carolyn Lovett, New Executive Office Building, Room 10235, Washington, DC 20503.

Date: January 31, 2006.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Follow-Up Study of Issues Affecting the Duration of Child Care Subsidy Use.

OMB No.: New Collection.

Description: Child care subsidies provide an important benefit to low-income working families, offering them increased access to forms of child care that would otherwise be beyond their means. However, recent research suggests that, for many families, this benefit may be short-lived or unstable. There are many possible explanations for these patterns, and the explanations may be different for different types of families.

Recognizing that information about the reasons for short subsidy duration would be helpful to States, the Child Care Bureau has funded Abt Associates Inc. to conduct a two-State investigative study on the duration and use of child care subsidies. This study will, in the short term, provide States with information to shape or modify their child care subsidy procedures. In addition, the study will generate hypotheses that could be systematically tested in later research.

The study will examine the use of child care subsidies by 840 families in Illinois and 840 in Oregon. In each State, the sample will be a representative sample of current Temporary Assistance for Needy Families (TANF) families and non-TANF families—all of whom apply and are approved for subsidies and who use them for at least one month. Families will be contacted by telephone approximately nine months after they began using subsidies and will be asked to participate in the study. If they agree, a 45-minute telephone interview will

ensue immediately or will be scheduled. It is expected that, after the nine months, over half of the families will no longer be using subsidies. Patterns of subsidy use prior to and during the study period will be tracked through State administrative data.

The parent telephone interview will include questions about parents' employment, subsidy status and experience, child care usage, and changes in household composition over the nine-month period. Although the

analyses will rely heavily on identification of trigger events, the survey will include questions about other less tangible considerations that may have influenced the duration of parents' subsidy use. Telephone interviews will be conducted using Computer-Assisted-Telephone Interviewing (CATI). Responses are voluntary and confidential.

The study will also analyze State administrative data on all families who are approved for subsidies during the

recruitment period for the study. This will allow the researchers to assess the generalizability of the smaller sample of families recruited for the study.

No existing data sources can provide all the information needed to complete the Follow-Up Study of Issues Affecting the Duration of Child Care Subsidy Use. These data will help the Child Care Bureau and States to better understand reasons for short child care subsidy duration.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number or responses per respondent	Average burden hours per response (hours)	Total burden hours
Illinois parent survey	840	1	.75	630
Oregon parent survey	840	1	.75	630
Estimated Total Annual Burden Hours:				1,260

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: infocollection@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: January 30, 2006.
Robert Sargis,
Reports Clearance Officer.
 [FR Doc. 06-1011 Filed 2-2-06; 8:45am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Public Comment on the Proposed Adoption of ANA Program Policies and Procedures

AGENCY: Administration for Native Americans (ANA), HHS.

ACTION: Notice of public comment.

SUMMARY: Pursuant to section 814 of the Native American Programs Act of 1974 (the Act) as amended by 42 U.S.C. 2992b-1, ANA herein describes its proposed interpretive rules and general statements of policy and rules of agency procedure or practice in relation to the Social and Economic Development Strategies (SEDS) Special Initiative Program Announcement: Improving the Well-Being of Children/Native American Healthy Marriage Initiative (NAHMI). Under the Act, ANA is required to provide members of the public an opportunity to comment on proposed changes in interpretive rules and general statements of policy and rules of agency procedure or practice and give notice of the final adoption of such changes at least thirty (30) days before the changes become effective. This Notice also provides additional

information about ANA's plan for administering NAHMI.

DATES: The deadline for receipt of comments is thirty (30) days from the date of publication in the **Federal Register**.

ADDRESSES: Comments in response to this Notice should be addressed to Sheila K. Cooper, Director of Program Operations, Administration for Native Americans, 370 L'Enfant Promenade, SW., Mail Stop: Aerospace 8-West, Washington, DC 20447. Delays may occur in mail delivery to Federal offices; therefore, a copy of comments should be faxed to (202) 690-7441. Comments will be available for inspection by members of the public at the Administration for Native Americans, Aerospace Center, 901 D Street, SW., Washington, DC 20447.

FOR FURTHER INFORMATION CONTACT: Sheila K. Cooper, Director of Program Operations, toll-free at (877) 922-9262.

SUPPLEMENTARY INFORMATION: Section 814 of the Native American Programs Act of 1974, as amended, requires ANA to provide notice of its proposed interpretive rules and general statements of policy and rules of agency procedure or practice. These proposed clarifications, modifications, and new text will appear in the ANA FY 2006 Special Initiative Program Announcement. This Notice serves to fulfill this requirement.