requirements of section 1902(a)(10)(B) of the Act.

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

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

Ms. Lisa M. Esgar, *Senior Director,*
Operations and Finance Office,
Department of Health Care Policy and Financing,
1570 Grant Street,
Denver, CO 80203–1818.

Dear Ms. Esgar: I am responding to your request for reconsideration of the decision to disapprove the Colorado State plan amendment (SPA) 05–006, which was submitted on July 26, 2005, and disapproved on July 13, 2006.

In SPA 05–006, Colorado was proposed to modify the reimbursement methodology in the State plan for covered Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services provided in schools. Specifically, this amendment specified cost elements used to determine reimbursement rates for school-based services and targeted case management.

The amendment was disapproved because it did not comport with the requirements of sections 1902(a)(2), 1902(a)(4), 1902(a)(23), 1902(a)(30)(A), 1902(a)(10)(B), and 1903(a)(1) of the Social Security Act (the Act).

The issues to be decided in the hearing are:

• Whether Colorado has established that the indirect cost elements specified in Colorado SPA 05–006 would not duplicate direct cost elements also specified, to ensure that the payment rate is consistent with efficiency and economy as required by section 1902(a)(30)(A) of the Act.

• Whether Colorado has shown that certified public expenditures that will be used as the basis for claims under SPA 05–006 will be documented through auditable methods for determining or documenting actual and non-duplicative Medicaid expenditures incurred for school-based health services by a governmental entity, so that the claims will be consistent with section 1902(a)(2), 1902(a)(4) and 1903(a)(1) of the Act.

• Whether the State has assured that the payment methodology specified under SPA 05–006, when read together with the State plan provisions authorizing the covered services that are the subject of SPA 05–006, would allow beneficiaries the ability to receive services from any willing and qualified provider within the State, consistent with the requirements of section 1902(a)(23) of the Act.

• Whether the State has established that the covered EPSDT services that are the subject of SPA 05–006 would be available in a comparable amount, duration and scope to the EPSDT services available to all eligible Medicaid beneficiaries, including those who do not attend schools paid under SPA 05–006, consistent with the requirements of section 1902(a)(10)(B) of the Act.

I am scheduling a hearing on your request for reconsideration to be held on December 29, 2006, at the Colorado State Bank Building, 1600 Broadway, Suite 700, Keystone Conference Room, Denver, CO, 80202–4967, to reconsider the decision to disapprove SPA 05–006. 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 by Federal regulations 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 at (410) 786–2055. 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.

Sincerely, Leslie V. Norwalk, Esq., Acting Administrator.

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

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

Dated: November 6, 2006.

Leslie V. Norwalk,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. E6–19069 Filed 11–9–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (44 U.S.C. 3506(c)(2)(A)), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) 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) ways to enhance 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.

Proposed Project: Assessment of the Bioterrorism Training and Curriculum Development Program Performance—NEW

The goal of the Bioterrorism Training and Curriculum Development Program (BTCDP) is the development of a competent healthcare workforce with the knowledge, skills, and abilities to: (1) Recognize indications of a terrorist event; (2) meet the acute care needs of patients, including pediatric and other vulnerable populations, in a safe and appropriate manner; (3) participate in a local, regional, statewide, and national response, and (4) rapidly and effectively alert the public health system of such an event at the community, state, and national levels. Response issues include other forms of terrorism (*e.g.*, the use of chemical, explosive, and incendiary agents, acute radiation exposure in a nuclear explosion), natural disasters, and catastrophic events.

HRSA will collect data relevant to the preparedness training of healthcare providers from existing BTCDP

awardees to evaluate and report performance and outcome information. This information will be used by the U.S. Department of Health and Human Services (HHS) to evaluate the effectiveness and outcomes of the BTCDP. HRSA will use standard data collection forms to record the number of healthcare providers trained by profession and by course category, qualitative information on progress being achieved on approved objectives within the cooperative agreement, and performance outcomes of healthcare providers participating in training. The data collection forms do not duplicate other data collection efforts.

The BTCDP is the only Federal program solely committed to the preparedness training of healthcare providers. As such, BTCDP awardees share curriculum, accomplishments, and lessons learned through an established network on a regular basis, a network vital to the development of a prepared healthcare workforce. Awardees stand uniquely prepared to respond to Congressional demand for efficient and effective training within the fiscal and time constraints of this program. Collecting data from awardees regarding their performance is the first step in meeting this demand.

The estimated annual burden is as follows:

Submission type	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
Performance and Outcome Data	32	1	32	16	512

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 3, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–19087 Filed 11–9–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

A Simian Immunodeficiency Virus Expressing HIV–1 Reverse Transcriptase for the Study of Antiviral Drug Resistance in Macaques

Description of Technology: Antiviral drug-resistance is the primary source for the decreased efficacy of currently available human immunodeficiency virus-1 (HIV–1) therapies. The available material provides a model system in which to test new antiviral treatment efficacy as well as the development of multi-drug-resistance to HIV–1 reverse transcriptase inhibitors, which is a widespread obstacle of existing antiretroviral therapies. This invention describes a simian immunodeficiency virus (SIV) that expresses HIV–1 reverse transcriptase. The available virus infects and replicates in macaques and has demonstrated use in the study of drug-resistance in an animal model. This technology represents an advantage over traditional SIVs, which are not susceptible to FDA-approved antiretroviral drugs and as a result cannot be used to study HIV drug-resistance in animals. Thus, the current research tool provides a novel resource for advancing the study of drug-resistance to antiretroviral therapy and has the potential to contribute to the development of innovative therapeutic agents that are successful against drug-resistant HIV strains.

Application: Research and development of novel therapeutics for the treatment of drug-resistant HIV.

Development Status: Biological Material is sufficient for use as a research tool.

Inventors: Vineet N. KewalRamani and Zandrea Ambrose (NCI).

Related Publication: Z Ambrose, V Boltz, S Palmer, JM Coffin, SH Hughes, VN KewalRamani. *In vitro* characterization of a simian immunodeficiency virus-human immunodeficiency virus (HIV) chimera expressing HIV type 1 reverse transcriptase to study antiviral resistance in pigtail macaques. J Virol. 2004 Dec;78(24):13553–13561.

Patent Status: HHS Reference No. E–315–2006/0—Biological Material.

Licensing Status: Available for non-exclusive licensing under a Biological Materials License Agreement.

Licensing Contact: Sally Hu, PhD; 301/435–5606; *HuS@mail.nih.gov.*

Collaborative Research Opportunity: The National Cancer Institute's HIV Drug Resistance Program is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize animal models in which to evaluate anti-HIV–1 therapy. Please contact Betty Tong, PhD at 301–594–4263 or *tongb@mail.nih.gov* for more information.

Anti-H5N1 Influenza Activity of the Antiviral Protein Cyanovirin

Description of Technology: Influenza A viral subtype H5N1 causes avian influenza and is currently the subject of increasing international attention. Usually, avian influenza infection is limited to birds and pigs; however H5N1 has the unique capacity to bring about severe illness and death in humans. H5N1 is highly contagious, fast spreading and rapidly evolving and therefore has the potential to cause a worldwide health epidemic.

The available technology embodies methods of using a cyanovirin-N (CV–N) peptide, protein, or nucleic acid in the prevention and/or treatment of infection. Methods, which utilize CV–N in the treatment of certain influenza strains, have previously been demonstrated. However, the novel use of CV–N to treat the H5N1 strain is