

**Factor 3: Performance Measures (20 Points)**

HHS will evaluate the applicant's description of performance measures, including measures of effectiveness, to determine the extent to which the applicant proposes objective and quantitative measures that relate to the performance goals stated in the "Purpose" section of this announcement, including the goals of the President's *National Strategy*, and whether the proposed measures will accurately measure the intended outcomes.

**Factor 4: Understanding of the Requirements (15 Points)**

HHS will evaluate the extent of the applicant's understanding of the operational tasks identified in this announcement to ensure successful performance of the work in this project. Because the focus of the work will be on countries in Central America, the applicant must demonstrate an understanding of the cultural, ethnic, political and economic factors that could affect successful implementation of this cooperative agreement.

The applicant's proposal must also demonstrate understanding of the functions, capabilities and operating procedures of host-country Ministries of Health and Agriculture and international organizations such as the WHO and FAO, and describe the applicant's ability to work with and within those organizations. The applicant must also demonstrate an understanding of the U.S. *National Strategy for Pandemic Influenza* and a commitment to the principles of the International Partnership on Avian and Pandemic Influenza.

**2. Review and Selection Process**

HHS/OPHEP will review applications for completeness. An incomplete application or an application that is non-responsive to the eligibility criteria will not advance through the review process. HHS will notify applicants if their applications did not meet submission requirements.

An objective review panel, which could include both Federal employees and non-Federal members, will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above.

**VI. Award Administration Information****1. Award Notices**

The successful applicant will receive a Notice of Award (NoA). The NoA shall be the only binding, authorizing document between the recipient and

HHS. An authorized Grants Management Officer will sign the NoA, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

**2. Administrative and National Policy Requirements**

A successful applicant must comply with the administrative requirements outlined in 45 CFR part 74 and part 92 as appropriate. The Fiscal Year 2006 Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, the issuance shall clearly state the percentage and dollar amount of the total costs of the program or project to be financed with Federal money and the percentage and dollar amount of the total costs of the project or program to be financed by non-governmental sources.

**3. Reporting Requirements**

The applicant must provide HHS with an original, plus two hard copies, as well as an electronic copy of the following reports in English:

1. A quarterly progress report, due no less than 30 days after the end of each quarter of the budget period. The progress report for the third quarter of the year will serve as the non-competing continuation application. The quarterly progress report must contain the following elements:

- a. Activities and Objectives for the Current Budget Period;
- b. Financial Progress for the Current Budget Period;
- c. Proposed Activity Objectives for the New Budget Period;
- d. Budget;
- e. Measures of Effectiveness; and
- f. Additional Requested Information.

2. An annual progress report, due 90 days after the end of the budget period, which must contain a detailed summary of the elements required in the quarterly progress report;

3. Final performance reports, due no more than 90 days after the end of the project period; and

4. A Financial Status Report (FSR) SF-269 is due 90 days after the close of each 12-month budget period.

Recipients must mail the reports to the Grants Management Specialist listed in the "Agency Contacts" section of this announcement.

**VII. Agency Contacts**

For program technical assistance, contact: Lily O. Engstrom, Senior Policy

Advisor to the Assistant Secretary for Public Health Emergency Preparedness, Office of Public Health Emergency Preparedness, Department of Health and Human Services. Telephone: 202.205.4727. E-mail: [lily.engstrom@hhs.gov](mailto:lily.engstrom@hhs.gov).

For financial, grants management, or budget assistance, contact: Grants Management Specialist, Office of Grants Management, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Suite 550, Rockville, MD 20857. Telephone: (240) 453-8822. E-Mail Address: [kcampbell@osophs.dhhs.gov](mailto:kcampbell@osophs.dhhs.gov).

Dated: May 9, 2006.

**Stewart Simonson,**

*Assistant Secretary for Public Health Emergency Preparedness, Department of Health and Human Services.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the Secretary****Federal Financial Participation in State Assistance Expenditures; Modifications in Federal Matching Shares for Medicaid and the State Children's Health Insurance Program for Alaska for October 1, 2005 Through September 30, 2006 and October 1, 2006 Through September 30, 2007**

**AGENCY:** Office of the Secretary, DHHS.

**ACTION:** Notice.

**SUMMARY:** The revised Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Alaska for Fiscal Years 2006 and 2007 have been calculated pursuant to section 6053(a) of the Deficit Reduction Act. These percentages will be effective from October 1, 2005 through September 30, 2006 and October 1, 2006 through September 30, 2007.

These revised Federal Medical Assistance Percentages for Alaska replace the percentages previously published for Fiscal Year 2006 (published November 24, 2004) and Fiscal Year 2007 (published November 30, 2005).

This notice announces the revised "Federal Medical Assistance Percentages" and "Enhanced Federal Medical Assistance Percentages" that we will use in determining the amount of Federal matching for State medical assistance (Medicaid) and State Children's Health Insurance Program (SCHIP) expenditures for Alaska. The

table gives the figure for Alaska, which is the only state affected by section 6053(a) of the Deficit Reduction Act.

Section 6053(a) of the Deficit Reduction Act of 2005 provides for a modification of Alaska's Medicaid FMAP for Fiscal Years 2006 and 2007. The provision permits a maintenance of the Fiscal Year 2005 FMAP for Fiscal Year 2006 and Fiscal Year 2007 if the 2006 or 2007 FMAPs as calculated pursuant to section 1905(b) of the Act are less than the 2005 FMAP. Since the calculated Fiscal Year 2006 and 2007 FMAPs for Alaska are less than the 2005 FMAP, Alaska's 2005 FMAP will apply for Fiscal Years 2006 and 2007.

Section 6053(a) applies to expenditures under Title XIX and Title XXI. Therefore, the Enhanced Federal Medical Assistance Percentages for Alaska for 2006 and 2007 will be calculated from Alaska's revised Federal Medical Assistance Percentages for 2006 and 2007.

Federal Medical Assistance Percentages are used to determine the amount of Federal matching for State expenditures for assistance payments for certain social services such as Temporary Assistance for Needy Families (TANF) Contingency Funds, Child Care Mandatory and Matching Funds for the Child Care and Development Fund, Title IV-E Foster Care Maintenance payments, Adoption Assistance payments, and State medical and medical insurance expenditures for Medicaid and the State Children's Health Insurance Program (SCHIP). However, the modification of the Federal Medical Assistance Percentages and the Enhanced Federal Medical Assistance Percentages under the Deficit Reduction Act of 2005 affect only medical expenditure payments under Title XIX and all expenditure payments for the State Children's Health Insurance Program under Title XXI. The Department believes that the percentages in this notice do not apply to payments under Title IV of the Act. In addition, the Title XIX statute provides separately for Federal matching of administrative costs, which is not affected by the Deficit Reduction Act of 2005.

The Deficit Reduction Act of 2005, section 6053(b) also instructs the Secretary of HHS to disregard Katrina evacuees and income attributable to them in calculating the FMAPs for states with a significant number of evacuees. This provision would affect the calculation of the Federal Medical Assistance Percentages for Fiscal Year 2008, which HHS will publish in Fall 2006.

**DATES: Effective Dates:** The percentages listed will be effective for Fiscal Year 2006 and Fiscal Year 2007.

**FOR FURTHER INFORMATION CONTACT:** Kate Bloniarz or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.778: Medical Assistance Program; 93.767: State Children's Health Insurance Program)

Dated: May 9, 2006.

**Michael O. Leavitt,**

*Secretary of Health and Human Services.*

**FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES FOR ALASKA, EFFECTIVE OCTOBER 1, 2005–SEPTEMBER 30, 2006 (FISCAL YEAR 2006) AND OCTOBER 1, 2006–SEPTEMBER 30, 2007 (FISCAL YEAR 2007)**

State	Federal medical assistance percentage	Enhanced federal medical assistance percentage
Alaska .....	57.58	70.31

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Meeting of the Citizens' Health Care Working Group**

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of public meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Citizens' Health Care Working Group (the Working Group) mandated by section 1014 of the Medicare Modernization Act.

**DATES:** A business meeting of the Working Group will be held on Tuesday, May 23, 2006; Wednesday, May 24, 2006; and, Thursday, May 25, 2006. Sessions on May 23 and May 24 will be from 8:30 a.m. to 4 p.m. The session on May 25 will begin at 8:30 a.m. and end at 2 p.m.

**ADDRESSES:** The meeting will take place at the conference room of the United

Food and Commercial Workers International Union, in Washington, DC. The office is located at 1775 K Street, NW., Washington, DC 20006. The main receptionist area is located on the 7th floor; the conference room is located on the 11th floor. The meeting is open to the public.

**FOR FURTHER INFORMATION CONTACT:** Caroline Taplin, Citizens' Health Care Working Group, at (301) 443-1514 or [caroline.taplin@ahrq.hhs.gov](mailto:caroline.taplin@ahrq.hhs.gov). If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, at (301) 443-1144.

The agenda for this Working Group meeting will be available on the Citizens' Working Group Web site, <http://www.citizenhealthcare.gov>. Also available at that site is a roster of Working Group members. When a summary of this meeting is completed, it will also be available on the Web Site.

**SUPPLEMENTARY INFORMATION:** Section 1014 of Public Law 108-173, (known as the Medicare Modernization Act) directs the Secretary of the Department of Health and Human Services (DHHS), acting through the Agency for Healthcare Research and Quality, to establish a Citizens' Health Care Working Group (Citizen Group). This statutory provision, codified at 42 U.S.C. 299 n., directs the Working Group to: (1) Identify options for changing our health care system so that every American has the ability to obtain quality, affordable health care coverage; (2) provide for a nationwide public debate about improving the health care systems; and, (3) submit its recommendations to the President and the Congress.

The Citizens' Health Care Working Group is composed of 15 members: the Secretary of DHHS is designated as a member by statute and the Comptroller General of the U.S. Government Accountability Office (GAO) was directed to name the remaining 14 members whose appointments were announced on February 28, 2005.

**Working Group Meeting Agenda**

The Working Group business meeting on May 23rd through May 25th will be devoted to ongoing Working Group business. The principal topic to be addressed will be the development of the Working Group's interim recommendations.