

experienced by citizens with intellectual disabilities and their families.

Dated: December 4, 2006.

**Ericka Alston,**

*Executive Assistant to the Director,  
President's Committee for People with  
Intellectual Disabilities.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

#### Neurological Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee:* Neurological Devices Panel of the Medical Devices Advisory Committee.

*General Function of the Committee:* To provide advice and recommendations to the agency on FDA's regulatory issues.

*Date and Time:* The meeting will be held on January 26, 2007, from 8 a.m. to 6 p.m.

*Location:* Hilton Washington, DC North/Gaithersburg, Salons A, B, and C, 620 Perry Pkwy., Gaithersburg, MD.

*Contact Person:* Janet L. Scudiero, Center for Devices and Radiological Health (HFZ-410), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 240-276-3737, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 3014512513. Please call the Information Line for up-to-date information on this meeting.

*Agenda:* The committee will discuss and make recommendations on a premarket notification application for a device intended for the treatment of major depressive disorder. The committee will also hear and discuss post approval study reports for two recently approved neurological device premarket approval applications. The agency intends to make background available to the public no later than 1 business day before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will

be made publicly available at the location of the advisory committee meeting, and the background material will be posted on the agency Web site after the meeting. Background material is available at <http://www.fda.gov/ohrms/dockets/ac/acmenu.htm>, click on the year 2006 and scroll down to the appropriate advisory committee link.

*Procedure:* Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before January 19, 2007. Oral presentations from the public will be scheduled for 30 minutes at the beginning of the committee deliberations and for 30 minutes near the end of the committee deliberations. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before January 11, 2007. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by January 12, 2006.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact AnnMarie Williams, Conference Management Staff, at 301-827-7291, at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: November 29, 2006.

**Randall W. Lutter,**

*Associate Commissioner for Policy and Planning.*

[FR Doc. E6-20552 Filed 12-5-06; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Announcement of a Funding Priority for Service Multiple Counties Under the Fiscal Year 2007 New Access Points in High Poverty Counties Grant Opportunity

**AGENCY:** Health Resources and Services Administration (HRSA), HHS

**ACTION:** Solicitation of comments.

**SUMMARY:** The President's Health Center Initiative, which began in fiscal year (FY) 2002, was established to significantly impact 1,200 communities by creating new or expanded health center access points. Building on the successes of this Initiative, a second health center initiative has been proposed by the President for FY 2007 to continue to increase access to high quality comprehensive primary health care for the most vulnerable populations in the Nation. The goal of the President's new High Poverty Counties Health Center Initiative is to increase access to primary health care in 200 of the Nation's poorest counties that do not have a health center. This new Initiative is subject to the availability of funds in the FY 2007 Health Center Program appropriation.

The President's High Poverty Counties Health Center Initiative contains two components, New Access Point and Planning grants to be funded under the Consolidated Health Center Program, as authorized by section 330 of the Public Health Service Act (42 U.S.C. 254b, as amended). New Access Point grants will be made for the provision of high quality comprehensive primary and preventive health care services through a new delivery site to a designated medically underserved area or population located in an eligible high poverty county.

As part of the Initiative, it is anticipated that the New Access Points in High Poverty Counties grant opportunity will contain a funding priority. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. The adjustment is typically made by a set, pre-determined number of points. For this grant opportunity, a funding priority is planned for applicants proposing to serve multiple counties (i.e., the proposed target population comes from other county(ies) in addition to the eligible high poverty county). Please

note that this priority will not be given to applicants applying for the Planning opportunity of the High Poverty Counties grant opportunities as Planning grant applicants may not have a defined service area, and will not be providing health services through the grant funding. More detailed information about the funding priority will be included in the funding opportunity guidance.

**DATES:** Please send comments no later than COB January 5, 2007. The comments can be e-mailed to [DPDGeneral@hrsa.gov](mailto:DPDGeneral@hrsa.gov) or mailed to Ms. Preeti Kanodia, New Access Point Coordinator, Health Resources and Services Administration, Parklawn Building, Room 17-61, 5600 Fishers Lane, Rockville, Maryland 20857. Comments will be incorporated, as appropriate, into the final guidance for the FY 2007 New Access Points in High Poverty Counties funding opportunity, subject to the availability of FY 2007 funds.

**FOR FURTHER INFORMATION CONTACT:** Preeti Kanodia, Division of Policy and Development, Bureau of Primary Health Care, Health Resources and Services Administration. Ms. Kanodia may be contacted by e-mail at [DPDGeneral@hrsa.gov](mailto:DPDGeneral@hrsa.gov) or via telephone at (301) 594-4300.

Dated: November 29, 2006.

**Elizabeth M. Duke,**  
Administrator.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### HIV/AIDS Bureau Policy Notice 99-02

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of opportunity to provide written comments.

**SUMMARY:** The HRSA HIV/AIDS Bureau (HAB) Policy Notice 99-02 entitled, *The Use of Ryan White CARE Act funds for Housing Referral Services and Short-term or Emergency Housing Needs*, provides grantees with guidance on the use of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds for short-term and emergency housing assistance for persons living with HIV/AIDS. The current policy does not establish a time limit for such assistance under the Ryan White CARE Act. An amendment to Policy Notice 99-02 is

proposed, which places a cumulative lifetime period of 24 months on short-term and emergency housing assistance under the Ryan White CARE Act.

This proposed amendment results from an Office of Inspector General audit encouraging HRSA to clarify the definition of short-term housing and emergency housing assistance. This amendment will help align the HRSA definition of short-term housing with the widely accepted program standard used by the U.S. Department of Housing and Urban Development, Continuum of Care Homeless Assistance Programs and the Housing Opportunities for Persons with AIDS program. This policy becomes effective March 1, 2007.

**SUPPLEMENTARY INFORMATION:** The proposed amendment to HRSA HAB Policy Notice 99-02 establishes a cumulative lifetime period of 24 months use of Ryan White CARE Act funds for short-term and emergency housing assistance. Such assistance is limited to a time period totaling a cumulative lifetime period of 24 months per household. HRSA is seeking comments only on the proposed amendment to HRSA HAB Policy Notice 99-02 notated in bold text below.

**DATES:** Submit written comments no later than February 5, 2007.

**ADDRESSES:** Written comments should be sent to HRSA, HAB, Division of Science and Policy, Attention: LCDR Gettie A. Butts, 5600 Fishers Lane, Room 7-18, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** LCDR Gettie A. Butts, via e-mail: [GButts@hrsa.gov](mailto:GButts@hrsa.gov) or by writing to the address above.

#### **Proposed Policy: HRSA HAB Policy Notice-99-02, Amendment # 1**

*Document Title:* The Use of Ryan White CARE Act Funds for Housing Referral Services and Short-term or Emergency Housing Needs.

The following policy establishes guidelines for allowable housing-related expenditures under the Ryan White CARE Act. The purpose of all Ryan White CARE Act funds is to ensure that eligible HIV-infected persons and families gain or maintain access to medical care.

A. Funds received under the Ryan White CARE Act (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

i. Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, State, and Federal

housing programs and how they can be accessed; or

ii. Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:

a. Housing services that include some type of medical or supportive service (a listing of supportive services can be found at <http://hab.hrsa.gov/reports/data2b.htm>) including, but not limited to, residential substance abuse or mental health services (not including facilities classified as an Institute of Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or

b. Housing services that do not provide direct medical or supportive services but are essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment. Necessity of housing service for purposes of medical care must be certified or documented by a case manager, social worker, or other licensed healthcare professional(s).

B. Short-term or emergency housing assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Such assistance is limited to a cumulative lifetime period of 24 months per household. Short term or emergency assistance must be accompanied by a strategy to:

i. Identify, relocate, and/or ensure the individual or family is moved to a long-term, stable housing; or

ii. Identify an alternate funding source for support of housing assistance.

C. Housing funds cannot be in the form of direct cash payments to recipients or services and cannot be used for mortgage payments.

D. The Ryan White CARE Act must be the payer of last resort. In addition, funds received under the Ryan White CARE Act must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing HAB with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

E. Ryan White CARE Act housing-related expenses are limited to Titles I, II, and IV and are not an allowable expense for Title III.

Dated: November 29, 2006.

**Elizabeth M. Duke,**  
Administrator.

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